UNITED STATES OF AMERICA

CENTERS FOR DISEASE CONTROL

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NATIONAL INSTITUTE FOR OCCUPATIONAL
SAFETY AND HEALTH

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ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

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71st MEETING

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TUESDAY
AUGUST 10, 2010

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The meeting convened at 8:15 a.m., Mountain Daylight Time, in the Shilo Inn Suites Hotel, 780 Lindsay Blvd., Idaho Falls, ID, James M. Melius, Chairman, presiding.

PRESENT:

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

PRESENT: (CONTINUED)

ROBERT W. PRESLEY, Member
DAVID B. RICHARDSON, Member
GENEVIEVE S. ROESSLER, Member
PHILLIP SCHOFIELD, Member
PAUL L. ZIEMER, Member
TED KATZ, Designated Federal Official

REGISTERED AND/OR PUBLIC COMMENT PARTICIPANTS:

ADAMS, NANCY, NIOSH Contractor
ANDERSON, H. JOHN
BAILEY, DONNA
BAILEY, KEN
BASTIAN, BEVERLY
BATEMAN, DEE
BEASLEY, DELOY
BRADFORD, SHANNON, DCAS
BREYER, LAURIE, DCAS
BROEHM, JASON, CDC
BURGOS, ZAIDA, NIOSH Contractor
CAMERON, BUCK, ATL
CANO, REGINA, DOE
CRUZ, RUBEN, CDC
DARNELL, PETE, DCAS
DAWDY, JOHN
FITZGERALD, JOE, SC&A
FRY, DAVID
GIBSON, PATRICIA
GLOVER, SAM, DCAS
GOODY, ARLA
GRAHAM, IRENE
GRAHAM, LINDA
HALL, DENNIS
HAND, DONNA, Pinellas Petitioner*
HANSON, GAYLON
HAROLDSEN, RAY E.
HOWELL, EMILY, HHS
HINNEFELD, STU, DCAS
JESTER, DON
JOHNSTON, RALPH
ANNA JONES
JONES, ROBERT
KINNEY, KAREN
KNIGHTON, RICHARD
KOTSCH, JEFF, DOL
LAMPRECHT, EGON
LEWIS, GREG, DOE
LIN, JENNY, HHS
MACKOWIAK, DAVID
MACKOWIAK, DEONNE

REGISTERED AND/OR PUBLIC COMMENT PARTICIPANTS (CONTINUED):

MAKHIJANI, ARJUN, SC&A
MCCRACKEN, JOHN
MECHAM, NORMAN
MERRELE, ENA
MULLINS, J.P.
NELSON, MARK
NETON, JIM, DCAS
ORR, MARVIN
OSTROW, STEVE, SC&A
OVERDORF, DOROTHY
OVERDORF, MARLOWE
PEREZ, ADOLFO
PODONSKY, GLENN, DOE
PETTINGILL, REED
PRESLEY, LOUISE
RABINOWITZ, RANDY, NIOSH Contractor
RAY, SARAH, Pantex Petitioner*
ROY, FRANCES
RUTHERFORD, LaVON, DCAS
SHEPHERD, BUDDY
SIPLE, RALPH J.
STEPHENS, BRENT
STONE, BARBARA
TEEL, DALE
THURNSON, KELEL
WADE, LEW, DCAS
WARD, JERRY
WILLIAMS, GARY

*Participating via telephone

C-O-N-T-E-N-T-S

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

8:43 a.m.

CHAIRMAN MELIUS: We will get started. Now we had a little technical problem with the sound system, particularly getting the people on the phone. We have three Board Members, a number of other people who hopefully will be able to hear us and we will be able to hear them on speaker phones. I think that we at least have that temporarily taken care of and hopefully it will get better later.

So anyway, welcome to meeting number 71 of the Advisory Board on Radiation and Worker Health. And let me turn it over to Ted for some updates.

MR. KATZ: Yes, so welcome also from Secretary Sebelius of HHS and from Dr. Howard of NIOSH to everyone here in the room and to everyone on the line.

And let me just, I'd just like to check at this point before we have any

speaking can the people on the line hear us. Maybe if someone on the line would just let us know that they can hear us and that we can hear them, that would be great.

So I am having an indication that they can hear us, but I need to know that we can hear them as well. If someone on the line would speak, like Dr. Lemen, perhaps.

Okay. We will proceed. We don't have to -- if they can hear us, that is good. We won't need to hear from them quite yet.

So just a few things to note. For the people on the line, at the point when we can hear you, it will matter. Please mute your phones, and if you don't have a mute button, please use the *6 to mute your phone and use *6 to take your phone back off mute. But keeping your phone on mute will help with the audio situation here.

And also we need to record a vote that was taken, actually, at the last Board meeting, which was a teleconference in July,

July 14th, which was on Blockson Chemical. And that was an SEC petition. The Board voted in favor of adding the Class at Blockson nine to six, but one Board Member, Dr. Lockey, was absent for that vote. And as is the tradition for this Board, we collect votes after the meeting when a Member is absent to complete the vote. Dr. Lockey voted on July 26th in opposition to adding that Class, which made the final vote nine to seven, still in favor of adding the Class.

So that action is completed, and I believe the Board's letter has been transmitted. Is that correct? Yes?

CHAIRMAN MELIUS: Just now.

MR. KATZ: Just now to Secretary Sebelius.

CHAIRMAN MELIUS: We just received it now.

MR. KATZ: Thank you. Dr. Melius.

CHAIRMAN MELIUS: Okay, well we have one other item that is not on the agenda

that we would like to do, and I will turn it over to Lew Wade.

DR. WADE: Thank you, Dr. Melius. I have a presentation to make on behalf of Secretary Sebelius and John Howard, the Director of NIOSH, presented to Paul L. Ziemer in grateful appreciation for your eight years of outstanding leadership and dedication as Chairman for the Advisory Board on Radiation and Worker Health, 2002 to 2010.

I had the pleasure of sitting next to Paul during a number of those eight years. And I had a number of opportunities to evidence the leadership that this plaque speaks about. I also watched Paul's uncanny ability to edit motions on the fly and his knowledge of Robert's Rules of Order. But what will stick with me the most is Paul's unlimited compassion and concern for the people that this program was designed to serve.

Paul, it was really an honor to

sit next to you during these times, and I add my thanks to those of the Secretary and Director.

(Applause.)

MEMBER ZIEMER: It's a nice plaque. The gavel is attached so I can't use it anymore.

(Laughter.)

MEMBER ZIEMER: Thank you very much.

CHAIRMAN MELIUS: You can, but it is awkward.

DR. WADE: You'd have to want it.

CHAIRMAN MELIUS: Good. Okay, one other announcement. It will be for people in the audience. It is confusing. We have two meetings going on here today about this program and one will be the DOE sponsoring a meeting which will involve people from NIOSH and people from Department of Labor, I believe, and is being held down the hall here, I think, starting at 10:00 this morning and

again at 6:00 tonight. So those of you that want to go also to that meeting, we will probably take a break a little bit before 10:00 so as not to disrupt. Just so you all know that that meeting will be taking place nearby here. Right next door.

Can we start? And, Stu, you are up, the NIOSH program update.

MR. HINNEFELD: Thank you, Dr. Melius. Good morning, everyone. For those of you who don't know who I am, I am Stu Hinnefeld. I am the interim director of the Division of Compensation Analysis and Support in the Office of NIOSH, who carries NIOSH's responsibilities under the EEOICPA program.

I am here today to give a little progress report. I do this pretty much at every meeting, kind of a status report and report on some things that we consider perhaps newsworthy, things that have been accomplished that may be of interest to the Board and to the audience.

So starting with the program news this time, the first thing I will mention is the completion, almost completion of the updating of our memorandum of understanding with the Department of Energy. When the program was first established, we entered into a memorandum of understanding with the Department of Energy about information sharing and how we would act in terms of information sharing. And we are now all familiar with that process because we have been doing it for about nine years.

But these memoranda of understanding have an end date and this one actually ended a while ago. We have continued to behave in accordance with it and share information as we have agreed. But since it expired and it needed to be redone, we made a few updates to it, none of which really affect too much or I don't think they affect anything with the operation of the Board and the Board's contractor, and very little of ours.

It mainly just cleans up some things.

But the update of backgrounds and responsibilities relates to essentially the elimination of Part D of this program because the original memorandum of understanding was written while Part D was still in effect. And so there is a paragraph in there that kind of describes the history and how Part D is not there any more and there is a Part E in its place.

It also directly references the security plans and policies that we have been working in accordance now for some time that we have developed with the DOE.

It updates the reference to the HHS Privacy Act System Notice update. That kind of describes things like routine use and identifies these DOE records, these certain DOE records available for us for our routine use in this program.

There is an added requirement for DOE to coordinate with us before they destroy

any records in certain particular categories that are described in there. And so they have asked us on a couple of occasions about acceptability to destroy certain kinds of records. And we make the best judgment we can about whether we think those records would ever have any utility to us or to help research in general before they proceed.

The clause that was added clarifying disposition of records just says that each agency will dispose of the records from the program in accordance with their own records retention policy. So when we obtain things from DOE, they essentially are in our system of records, and we treat them and disposition them in accordance with that.

And the final one is the clause adding clarifying responsibility for determination under FOIA for release ability determination describes the current practice we have followed for some time now. If we at NIOSH receive a FOIA request for information

from our data holdings and that data originated from the Department of Energy, we then provide that FOIA request to the Department of Energy for them to determine.

Now the basis -- I believe the basis for that is similar to the bases, you know, some reasons why we do some other things. The Department of Energy, in order to expedite providing us with the things we have asked for, does not necessarily review them for all the levels of control that you would put on that. And so they will send us official use only information. They will send us business sensitive information and anything else. So there are certain kinds of things that would fall into a FOIA exclusion that they don't worry about, they just provide it to us.

So since those are their records and they best know the purpose and the reason for that when a FOIA request comes in, we then provide that back to the DOE so they can then

make a determination at that time about the release ability of those things in a FOIA.

It also has to do with -- well, essentially, that is the reason for it. Now I think I got a slide out of -- no. No, this is right.

At the Board's last phone call, there was a discussion about the desirability to have NIOSH put out information to the claimant community about the list of specified cancers, the origin of the specified cancers and the fact that neither we, NIOSH, nor the Advisory Board can really affect the cancers that are on that list. That is a statutory-derived list. So we did that initially or what we have been able to accomplish so far is to put a frequently asked questions on our website on our frequently asked questions page that kind of describes the history of the list of cancers and also includes a sentence saying that neither NIOSH nor the Advisory Board developed the list of 22 specified cancers and

neither of us can modify the list.

So it kind of attempts to address the issue that was discussed at the last Board conference call. And then our FAQ includes a sort of table about the various statutory origins of the cancers and so what is covered where and how that evolves. So that is all on our website, our public website available for anyone there. I think we probably will also move that, something like that, to our SEC page. There is probably a link to specified cancers on our SEC page and so you should be able to get to it from there as well. So that was in response to the conversation at the last Board telephone call.

Okay, moving on now to -- I won't say anything about the program review which, of course, is still going on because Lew is going to say a few words about that when I am done. But that also is a newsworthy item for the program.

Moving on to the statistics for

claims processing, here is our tally so far on cases that have been referred to us for dose reconstruction and how we are doing in the disposition of those claims. I compared this number to the previous report I made, and the total number of claims that have been referred to us is almost exactly 600 higher than my previous report, which was three months ago. And I was kind of reassured to see that because I tell people we get about 200 new cases a month, and for the last three months, I was correct. We get about 200 new cases a month. But that seems to be the rate and that we have been kind of receiving claims, new claims at that rate for a while. It almost seems like a steady state sort of condition has been developed in terms of new claims coming into the program.

The breakdown of cases that we have returned to DOL, some 25,000 have gone with a dose reconstruction report. And then a number of claims have been pulled from dose

reconstruction and that falls into two categories. The Department of Labor will pull a case from us for any one of a number of reasons. I don't know that I can name them all, but I know that sometimes one will be incorrectly referred. Sometimes, this is really sad, a claimant will pass away without a survivor, and there is no one to continue the claim. But there are certainly many, many other categories as well for some reason a determination is made that this is not a valid claim or it is not a claim that should have gone to dose reconstruction.

For a while, there were some claims referred to us for chronic lymphocytic leukemia, which we don't do dose reconstructions on because, right now, in the regulation, it has a risk coefficient of zero and so they were actually kind of referred to us by mistake.

And then the cases that were pulled for SEC consideration are cases that

those are for sites where we have recommended and the Board has, or at least the Board has recommended to the Secretary and the Secretary has designated additional Classes beyond the statutory-defined ones. And in this instance, these claims would have already been sent to us for dose reconstruction at the time that the SEC case is added, the SEC Class is added. So they are then sent back to the Department of Labor because they no longer need a dose reconstruction.

For any claims that would come in for a Class after we have added the Class, we would never see those claims. The Department of Labor would just go ahead and process them. So we don't know the total count from that standpoint. I don't know an easy way for us to obtain from our statistics a count of the total number of claims that are compensated through SECs that have been added.

So you can see that remains, leaves about some nine percent still to be

dose reconstructed and that has excluded already, I believe if I did the arithmetic in my head correctly, the 600 and some that were administratively closed. I speak about that every time, but I guess not everyone is at every meeting so I guess I should speak about it in the end.

Cases were administratively closed for primarily the reason that the claimant essentially drops out of the process. In other words, the claimant has certain things to do in the process and most notably when the dose reconstruction is complete and the claimant has received the draft dose reconstruction, we ask them to essentially certify to us that they have no additional information to provide us that would be relevant to the dose reconstruction and they sign a form. They don't have to agree with the dose reconstruction. We just ask them to agree that they have no more information. And some people just decline. They kind of stop

participating in the process at that time.

The compensation outcome is usually pretty clear from the draft dose reconstruction and so some people choose to kind of drop out at that point.

This is just another more detailed breakdown of the claims and how they fall into categories. The same categories are there and then the claims that are with us for dose reconstruction are just broken into two categories down at the bottom, active and pending. Those are the ones that are still with us for dose reconstruction.

And a pending case, a pending is a classification or a case status that we assign to a case in an instance where there is some piece of information missing in order for us to complete the dose reconstruction. I have put in sort of the main -- did I go the wrong way? Okay. No, there was one slide in there I forgot about. Sorry about that.

So this is a description of the

cases that are still with us for dose reconstruction and talks about the various phases of how we work it. So 564 cases in the dose reconstruction process means those cases have a health physicist's name on it, and a health physicist is assigned to complete the dose reconstruction for that case.

Now we certainly don't have 564 health physicists working in the program so any particular health physicist has an in-box. And you know, any particular DR, just because it is assigned to a health physicist does not mean it is at the top of his or her inbox. But that is how many have been designated to be completed. And that also means the preliminary work has been completed like obtaining the exposure records and any other records we need.

Of those 2,747 claims that we say we still are responsible for completing a dose reconstruction for, we have completed a draft dose reconstruction for 416 of them. So those

draft dose reconstructions are in the hands of the claimant, and the claimant is determining, from the dose reconstruction and from their close-out interview, if they have additional information to provide. And they may provide additional information or they may say I have no more to provide and sign the OCAS-1 form. So that is where those 416 are at.

And then the remainder, the 1,700 are in development to begin dose reconstruction. And the things you do in development is you will request, of course, the exposure record if the person worked at a site where we are able to obtain individual exposure records. And then there is additional aligning, sort of getting the case ready to work so the dose reconstructors, the health physicists can work efficiently when they pick up that dose reconstruction case.

This is what I thought was the next slide. It describes the pended cases. And this is the five major categories. There

are additional categories that have smaller amounts in here so these numbers won't add up to 299.

You can see the largest single Class by far reflects the cases that are affected by the SEC Classes that the Board recommended at its May meeting. The process being what it is, the effective date on those SEC Classes, I believe, is this week. I think it is Thursday or Friday. So quite a number of those will be pulled on the effective date and sent back to the Department of Labor.

There may be some in there that are non-compensable claims that we will still do the dose reconstruction on. We have refrained from doing non-compensable dose reconstructions in this interim, between the recommendation of addition of a Class and the actual effective date of the Class, because when we do a dose reconstruction for a non-compensable claim from an SEC or a nonspecific, a non-SEC cancer claim from an

SEC site, we say in the dose reconstruction that there is some component of the dose that we could not reconstruct. That is the reason why the SEC Class was added.

And since we say that in the dose reconstruction, essentially there is no real official act that that has been adopted. And so we have generally waited to do those non-presumptive or the non-SEC cancer cases from SEC sites until the Classes are effective.

Some of the -- well the DR methodology and I think that actually pertains to some of those non-presumptives. They may all fit in that category. I am a little confused on my categories now.

On dose reconstruction on occasion we will find that the individual exposure record we receive for the individual we felt wasn't complete enough, there was some additional detail or there was maybe an incident described that we wanted to try to find information on and we will try to find

additional data and make an additional data request back to DOE. Now this doesn't relate to the original request we have made, but this is where we say oh, we need some more information and we go back to DOE. There are a certain number of cases and then we wait to hear from DOE before we proceed.

The COI issue means close out interview issue. And I told you a while ago about all those cases that are in the hands of claimants. The draft dose reconstruction is in the hands of the claimant, and the claimant is deciding whether they have more information that may be relevant, and they have a close out interview to talk to us about it. And when they identify information that seems that this is relevant to the dose reconstruction and there may be more information coming that we need to wait, we wait. And that is why those 27 are pended. Those are in that situation.

And then the Technical Basis

Document, there are still a few technical questions and details for certain circumstances at some sites where we still need to work out some of the details of how we are going to interpret the dose reconstruction from those places.

And a breakdown of compensability versus non-compensability of the cases that are completed by dose reconstruction. And we have been hanging around 30 percent for quite some time in the program and that is about where we are now, 31 percent being compensated. Recall that there are another roughly 2,700 that have been pulled from dose reconstruction for the SEC. And so you would expect somewhere around 2,700 additional cases that were originally referred to us from the 32,000 to be compensated as well, in addition to the 7,000 that are here.

And I show this slide every meeting. I am sure that the Board Members are probably full of it, you know, tired of it by

now because it is the same. It looks the same. Every three months it looks the same.

We have the large number of quite small -- Probability of Causation is kind of a declining slope down to the closest compensability line, the 40 to 49 percent, which of course we all are discouraged to get one of those. And then all of the above 50s are compiled into one bar and so it seems like quite a large bar there.

At our last meeting, I provided a graph of the percent of claims that were completed within one year of being referred to us. And it showed a really nice dramatic improvement. It was grouped by groupings of 5,000 claims. You know, claim one to claim 5,000, claim 5,001 to claim 10,000, because we assign those NIOSH tracking numbers on the order in which we receive the claim. And it showed this real nice upward movement, we are getting higher and higher percentages of claims done within one year.

And then since the last meeting, we have gotten a year past the original referral of claim 30,000 and we ran that chart again and it was the same number for 20,000 to 25,000 as it was 25,001 to 30,000. And I said this doesn't seem right to me because I know that we have made so much progress towards completing cases in one year.

I found what I think might be an error in how we ask the question. And so depending on how you ask the question to your computer people, you get exactly what you asked for. And I think we may have asked the question incorrectly. So we want to check on that and also look for the reasons on why that number isn't higher.

So I didn't include that graph here. I intend to provide it in the future, but I didn't include it here. By the time we ran the data because our data are up to date through July 31st, so we didn't run these data until last week and by the time we ran it, we

had just run out of time to diagnose it. So we didn't include it this time.

Okay, this is DOE's response to requests for exposure records. We have some 258 that are outstanding, 32 above 60 days. These numbers are down from last month. Both the numbers are down. Let's see if I have it. Last month was -- I'll have it for you in a minute. Yes, 278 were outstanding and 46 were above 60 days. And so it reflects the low number of claims total and the fewer number above 60 days reflects DOE continuing dedication to providing time to response to our exposure requests.

Our Special Exposure Cohort, we will have a more complete presentation of this later in the meeting. If we get to it early enough in the meeting, LaVon Rutherford will provide it, but he can't stay for the whole meeting. So if we provide it later in the meeting, I will be back again. So let that be a warning to everybody. Ted, if you don't

want to hear me up here again, you need to get him on the agenda.

There is one number that is incorrect on this slide, and that is the 103 qualified. That number should actually be 104 qualified. When the slide was put together, you can see the effective date is July 20th. A claim qualified right about on July 20th. It was the 20th, 21st, something like that and I think that is what happened here. The qualified number didn't get bumped up, but somehow when we looked at the number that were remaining, they were waiting for qualifications and so there were only five on July 20th. We managed to get that number right. So that seems to be what happened but that is the difference, the 104 have been qualified.

These numbers below the 103 or 104 don't add up to 103. For those of you who are like me and start adding up numbers who look like they should add up and they don't add up

on slides. And so they do not add up. The reason is because certain numbers of petitions were merged together in the addition of a Class.

For instance, down here you have got five between 62 petitions resulted in the addition of a Class, representing 57 Classes. That means five of those petitions got merged in with something, one other petition. And so that took care of those. Some of the petitions that are with the Board, I believe, also are the result of merged petitions. That accounts for some of them, the merging of petitions.

If you look carefully at the steps in the process we have described here, we actually have left out -- there are a couple of steps that aren't accounted for. And one is that there are eight petitions between the Secretary's recommendation and the effective date. So they are not with the Secretary awaiting a decision and the Class has not been

added yet. So there are eight in there. Those are the ones from the May Board meeting and there is one petition that the Board's recommendation has been made but it hasn't made it to the Secretary. The NIOSH position has not made it to the Secretary yet. So there are a number of odds and ends like that that are the reasons why the numbers don't add up there.

Okay, for the two processes, of course, for adding SEC Classes are described in 83.13 of 42 CFR 83 and then in Part 14 of that same regulation. Part 13 is the process by which a petitioner sends us a petition and provides a basis for believing that doses cannot be reconstructed. And then we do the investigation, and eventually the Class is added after a determination there is some infeasibility to dose reconstruction of that site. Twenty-nine of the 57 had gone through the 83.13 process.

The 83.14 process is where,

without being petitioned by anyone outside the office, we realized that, gee whiz, we don't have enough information to reconstruct radiation doses from this site and so we are going to recommend adding a Class. And then we solicit a petitioner and then the petition, then, really just consists of signing the form and returning it. That is really all the petitioner has to do at that point. For an 83.13, the petitioner is essentially required to provide the basis, a thought process for why they believe the dose is not reconstructable.

So it breaks pretty much even between the two processes. The Classes come from 44 sites and 4,331 potential claims. That number is higher than earlier because as far as I know, that may include the eight that are hanging on there and it may also include some claims that look to us as if they will be paid through SEC but the DOL determines, well, actually this for some reason did not meet the

qualifications for the SEC and they send it back for dose reconstruction. For instance, the employment wasn't 250 days or something like that, or the diagnosis they had referred us originally was incorrect and the correct diagnosis is not a specified cancer. Some reason like that.

This year, we also engaged by June 1st in obtaining a management objective to complete draft dose reconstructions within one year. I reported on this in May because we were almost at the date and I said how we expected to finish. And we did, in fact, finish at June 1st the way we expected we would. The cases from -- where SEC Classes have recommended, where the Class is not yet effective, there are certain cases where we require additional information really from DOE, not so much from DOL, but we have as one of those supplemental requests in the DOE. And it is not like DOE has waited a year. Usually a good portion of that year went by

and it was getting on, you know, after we had had the claim for close to a year, then we realized, you know, we are going to need to ask for more information on this. And so we make the request. So it is not like the request to DOE necessarily took a long time, but it is just that we are waiting for them before we get the data and the claim is one year apart. And then there are a few approaches still under discussion that for some pretty small, you know, like ones and twos kinds of claims.

To keep up with that, we monitor our claims now weekly and have a two-month look ahead every week to see what is coming up. So what do we need to worry about? What are the claims we need to get done? So we are always, when we say reviewed quarterly, we pretty much always are looking at the progress we are making on maintaining that one year objective.

Now going forward, it is our

intent to shorten up that one year to a shorter time period. We are working now on a strategy on changing that one year target to a nine month target by next May. So we are working with our contractor on that, and we believe that sometime next spring, we believe by May, we will be in a position to be able to complete dose reconstructions within nine months of them being referred to us.

And we also have adopted a secondary objective to completing a reworked claim within 60 days, if we don't have to ask for additional records. A rework is a case where we have completed the dose reconstruction. We sent the final dose reconstruction to the Department of Labor, and then some of the information about the claim changes.

A frequent and clearly understandable occurrence for this is that the claimant may in fact acquire an additional cancer. And so the causation for that

calculation, you do it for all the primary cancers, and so since they didn't have that second cancer or third cancer, the case is returned to us for new dose reconstruction.

There are other instances as well where there might be, at the Final Adjudication Board, they may question the diagnosis and the diagnosis that they ultimately determine is the correct diagnosis may not be the one that they referred to us for dose reconstruction. So cases will come back for that as well.

But anyway, that is what we call a rework case. And for those cases to come back to us, since they have already been in the system, it didn't seem fair to put them, essentially, at the bottom of the pile and so we try to get those in a more accelerated manner, and especially if we don't ask for additional records, we try to get those back out within a couple months.

That is the end of my slides. If

anyone has any questions, I will be happy to try to answer them.

CHAIRMAN MELIUS: Any questions for Stu? Paul.

MEMBER ZIEMER: Stu, you had been in the past reporting, at least on occasion, the status of the first 1,000 cases. There have been a few that were sort of hanging on. Can you remind us of where we are on those early cases? Are there still some not closed?

MR. HINNEFELD: We still generate that report internally, it just kind of comes out automatically, and the last one I remember seeing there were about two or three out of the first thousand that are not yet done. I don't know today which those are. I mean, they could be in those SEC sites which are about to become effective and that might take care of them. Or it could be that they were done for quite a while and then returned to us for some reason. And so this time around, they are relatively new and we may be having

to get additional information. But there were about two or three I think that were not done in the first thousand.

MEMBER ZIEMER: So we are almost done with those or --

MR. HINNEFELD: Yes.

MEMBER ZIEMER: -- pretty well along.

MR. HINNEFELD: Yes.

MEMBER ZIEMER: Are you in a position to talk about the next group, the second thousand?

MR. HINNEFELD: Well, we went to 5,000.

MEMBER ZIEMER: Oh, if you were at 5,000 okay.

MR. HINNEFELD: The second group we tracked was the first 5,000.

MEMBER ZIEMER: So is the two or three out of the first 5,000?

MR. HINNEFELD: No, it is two or three out of the first thousand.

MEMBER ZIEMER: Okay. And then the 5,000.

MR. HINNEFELD: The 5,000, I don't recall. I am pretty sure it is less than a hundred. It is considerably more than two or three.

CHAIRMAN MELIUS: Maybe update us on that at our next meeting.

MR. HINNEFELD: I can have it for you by tomorrow for sure --

CHAIRMAN MELIUS: Okay.

MR. HINNEFELD: -- if you want me to.

CHAIRMAN MELIUS: Yes, that would be good.

MEMBER ZIEMER: If I might add, I think, just as a matter of interest, we are of course trying to -- the Agency is trying to get the turnaround time down and I know you have been concentrating on those older cases as well, and some of them have had some particular problems, but I think it is helpful

for us to keep abreast of where we are on those. So if you would report on that, it would be helpful.

MR. HINNEFELD: I can make sure I report on that every time. I will report on that every time.

CHAIRMAN MELIUS: Any other questions for Stu? Does the phone have -- do we have people that --

MR. KATZ: For Board Members on the phone, do you have any questions?

(No response.)

MR. KATZ: Okay, we are reporting that they don't have questions, but let me just check attendance on the phone. One Board Member who should be here is running late, Mark Griffon. Everyone else we expected here in Idaho is here, but let me just check at this point. Can you give us an indication?

Dr. Lemen we have heard from, but Mr. Gibson, is he on the phone as well? And then Dr. Field. Very good.

So just to register for the record, all Members are in attendance, with the exception of Mr. Griffon, who I think probably has travel difficulties.

CHAIRMAN MELIUS: Okay, we will now hear from Lew Wade again.

DR. WADE: Thank you, Dr. Melius. I would like to give you an update on the ten year program review. I remind you that this is a ten year review of NIOSH's activities related to the program. It is not a review of the Board's activities or DOL or DOE, but it was commissioned by the NIOSH director to review NIOSH's performance relative to the program.

The design is to have the review accomplished in two phases. The first phase is to be largely a data-driven exploration of five areas. Those areas are performance with regard to individual dose reconstructions, performance with regard to SEC petitions, the timeliness of NIOSH's efforts, the quality of

science that's practiced by NIOSH, and NIOSH's customer service interactions.

The second phase is designed to build upon the results of that first phase and it will be John Howard as the NIOSH Director and a senior group of NIOSH leadership exploring ways in which the program can be changed, the program can be improved, based on lessons learned from that data-driven phase. So again, two phases. We are well into the first phase.

You now have in your possession three of the draft reports of the five promised relative to Phase I. They should be on the O: drive. They are on the table here. Those are the pieces with regard to individual dose reconstructions, the timeliness piece, and the Special Exposure Cohort piece. The authors of those three documents are here this week to answer your questions either now or to engage in one-on-one discussions with the Board Member,

concerning where they are, where they are headed, to take your suggestions.

Let me introduce those authors to you. Randy Rabinowitz, the author of the piece on Special Exposure Cohort in the back right of the room; Nancy Adams, the author of the piece on timeliness; and I am the author of the piece on individual dose reconstructions.

I had hoped to have in your possession today the piece on quality of science. That is about 80 percent complete. I hope to have it to you within a month. It is being authored by Doug Daniels of the NIOSH staff and Professor Spitz from the University of Cincinnati. We are waiting for one piece from Professor Spitz that deals with the vexing question of the use of surrogate data. As soon as that piece is complete, I will have it to you in draft.

The customer service piece will be the last piece you will get. Hopefully, have

it well before your next meeting for you to be able to comment. We are receiving comments from individual Board Members, and my commitment to you as sort of the overseer of this review is that any written comment we receive from a Board Member we'll either take to heart and make the suggested change or we will get back to you in writing with the reason why we didn't accept the recommendation made by the Board Member.

I would encourage you, while the authors are here this week, if you have concerns or issues, take the author aside and have a discussion with them. We really want to have heavy Board input in this. And remember, the ultimate purpose of all of this is for the NIOSH leadership to change the programs in ways that better serve the people that we are all here to serve, the claimants, and the petitioners, and the workers.

So if there are any questions, clarifying or substantive, now for either

myself or the authors, we can do that. Otherwise, they will be available to you throughout the week.

CHAIRMAN MELIUS: Lew, one question. What is the timetable? I am just trying to figure out how long do Board Members have to get comments in? Do we want to have this on our next agenda for our next call?

DR. WADE: Well, I would imagine, Dr. Melius, that we will finish the Phase I process after your November meeting, --

CHAIRMAN MELIUS: Okay.

DR. WADE: -- when you have had a chance to have all of the pieces in hand. And I would imagine Dr. Howard would begin his deliberations before the end of the calendar year in terms of changes in the program.

So the sooner the better, but, again, we will be taking comments from the Board through and after the November Board meeting.

CHAIRMAN MELIUS: I believe all of

us just received the drafts over the weekend or late last week. I don't know if anybody has any, any Board Members have comments at this point in time; do they? We will put it on the agenda for our next Board call also, but I think getting individual comments to Lew is also helpful. I know I will have some --

DR. WADE: Thank you.

CHAIRMAN MELIUS: -- and I know others will.

DR. WADE: I certainly appreciate it.

MEMBER RICHARDSON: Could you clarify? You have laid out a couple of different processes for providing you comments back. The first one was to provide you written comments. Another one was to take people aside and have a one-on-one conversation. Maybe could you give me a little bit more advice on what is the optimal way to get you feedback. How are we going to guarantee that it is effectively used?

I mean, the easiest thing for me is to take a hard copy and mark up comments in the margins, but we could do this a couple different ways, I suppose.

DR. WADE: I think the best way for us and for the commenter is to get your comments to us in writing, be it email or even a marked up copy that you would present to us with your comments clearly identified. Then we would commit to get back to you on each of your comments. If we have just a verbal interchange, then it depends upon our ability to capture the essence of what you were trying to tell us.

So I think the more formal you can be, the better, but whatever suits your level of concern, if you want to have sort of a probative discussion with the authors, feel free to do that, as well.

CHAIRMAN MELIUS: Any other questions for Lew? Okay.

DR. WADE: Thank you.

CHAIRMAN MELIUS: Thank you, Lew.

Jeff Kotsch.

MR. KOTSCH: Good morning. I am Jeff Kotsch with the Department of Labor. This is the update of -- the routine update that we provide for the Advisory Board.

Just a little bit of background for anybody that hasn't heard this presentation before, the background of the Energy Employee Occupational Illness Compensation Program Act. Part B became effective on July 31, 2001. Since that time, 72,003 cases or 108,506 claims have been filed. Just a note here that there are always more claims than cases because in the event of a survivor cases, there could be one or more survivors for that case.

The Department of Labor has referred 32,572 cases to NIOSH for dose reconstruction. And these numbers, unfortunately, never seem to -- they will never exactly jibe with numbers that Stu

presents because of the timing for the capture of the numbers.

Part E, which is the other part of our program, which we will also talk about a little bit, became effective on October 28, 2004. And since that time, about 63,500 cases or a little over 90,000 claims have been filed, and over 25,000 cases were transferred from the old Part D program from the DOE.

And this is just a brief summary pie chart of the compensation to date or as of August 2nd; 5.9 billion in total compensation, 3.4 billion for Part B, 2 billion for Part E, and 543 for the medical benefits that are supplied in addition to the compensation.

And cases paid under the Act, about 61,000 payees and about 45,500 Part B and E cases. You can see the other numbers for Part B, 41,696 payees for 27,200 cases. A little over 19,000 Part E payees for a little over 18,000 cases. About 60 percent Part B and 40 percent Part E.

A real quick overview for people in attendance that haven't heard, again, who haven't heard the presentation, Part B addresses radiation-induced cancers. It includes the Special Exposure Cohort and involves Probability of Causations that are developed from NIOSH's dose reconstruction effort.

Part B also includes chronic beryllium disease and beryllium sensitivity for the workers and silicosis for the miners in Nevada and Alaska, and the supplement for the RECA Section 5 uranium workers.

The eligibility under Part B is DOE employees, federal employees, DOE contractors and subcontractors, Atomic Weapons Employers, the beryllium vendors, and as listed there, the survivors of the deceased workers. That is a little bit different. You will see it in the Part E survivor list and the RECA Section 5 uranium workers.

Continuing with that, presumptive

coverage for workers with the 22 specified cancers at the Special Exposure Cohort sites. That started with the four legislated sites, the three gaseous diffusion plants, K-25 at Oak Ridge, Portsmouth, and Paducah, plus the Amchitka test site, I am not quite sure. And as of August second, 56 SEC classes have been added.

The general benefits under Part B are $150,000 lump sum payment, plus medical benefits for the covered conditions. And medical treatment and monitoring is only provided for cases involving beryllium sensitivity.

The distribution of the final decisions is 29,000 -- again, August 2nd numbers, 29,182 final decisions approved and 21,392 final decisions denied. And the other bars, the yellow, green, and light blue bars, 629 survivors not eligible, a little over 15,000 cases with Probability of Causations of less than 50 percent, and about 5,700 cases

where the medical information was insufficient to support the claim.

Just a quick overview for Part E. Again, this is a federal entitlement program like Part B and provides lump sum payments up to $250,000, usually on top of the Part B payment, plus medical benefits for accepted conditions.

The eligibility for Part E includes DOE contractors and subcontractors. It does not include the Atomic Weapons Employers or the beryllium vendor workers. And there is a listing of the survivors. It is a little different from the survivors for the Part B program but both of those survivor, I mean the survivor conditions were provided by Congress in the amendment to the Act.

Part E is any occupational disease, any toxic exposure, including Part B diseases. So there is essentially dual eligibility. Again, Part B is radiation, beryllium and silicosis, Part E is basically

any toxic exposure.

Part E also includes compensation for impairment and a determination of the percentage. A permanent whole-body impairment due to the covered illness is based on the AMA, the American Medical Association's Guide for the Evaluation of Permanent Impairment, 5th Edition and awards $2,500 per percent of impairment.

Part E also includes wage loss based on medical evidence showing a decreased capacity to work and there you see the employee compensation, the way that is allotted.

The final decisions for Part E cases, 24,296 approved, final decisions approved, 19,706 denied, roughly 6,200 of those, the cancer is not work related. The Probability of Causation is less than 50 percent and about 13,500 for insufficient medical information.

The status, the case status for

NIOSH referrals we are showing as of August 2nd, 32,572 cases referred to NIOSH. Of those, 28,881 returned by NIOSH that are currently at DOL, a little over 25,000 with dose reconstructions. A little over 3,800 without dose reconstructions that were basically pulled back.

There are 3,691 cases that are currently at NIOSH. We are indicating about 2,600 of these are initial referrals and a little over 5,000 are reworks. Again, reworks are cases that already have a dose reconstruction from NIOSH and have been returned, primarily because of an indication of additional employment or additional cancers.

This slide is for the HHS-added SEC classes; 3,077 cases have been withdrawn from NIOSH for SEC class review. About 2,600 had final decisions issued and 2,530 had final approvals.

The DOL process is such that after

the dose reconstruction comes back, a recommended decision is rendered by one of the four district offices and then after the claimant has the option to object or provide additional information during the period after that, in which case the final adjudication branch, which takes all the recommended decisions and basically makes them into final decisions, incorporates whatever information is provided. And things are cycling -- can cycle back to NIOSH either prior to the recommended decision or between the recommended and the final from the FAB or even afterwards if they are appealed, essentially or ask for reconsideration.

Continuing with those numbers, 88 recommended decisions but no final decisions. So those are the ones that are with the FAB. Then 169 cases were pending for additional information and 227 cases were closed. Those are actually July 19th numbers.

This slide is the NIOSH dose

reconstruction case status, indicating about 25,000 cases returned by NIOSH currently at DOL with a dose reconstruction. That has resulted in about 66 percent denials or 34 percent final approval. The numbers are about 7,500 final approvals with a PoC greater than 50 and a little less than 14,500 final denials.

And then this is just a summary of the Part B cancer cases with final decisions to accept, showing a little over 7,000 accepted dose-reconstructed cases for a little under 10,000 payees or about 1.04 billion in compensation. Accepted SEC cases, 11,314, a little over 18,000 payees, 1.65 billion in compensation.

Cases accepted based on SEC status and a PoC greater than 50, 421 and you see the payees of 62.9 million on compensation. And then the total for all accepted SEC and dose reconstructed cases, about 18,800 or about 2.7 billion in compensation.

This is just a quick graph or a chart of the last, what is it, ten months, eight or ten months. And like Stu said, we consider an average for about 200 cases that we send to NIOSH. We obviously get a few more in that are dispositioned without a dose reconstruction. But for the last couple months, 263 in May and 354 in June.

And this is our incoming, basically, into Department of Labor, Part B cases. It is trending upwards a little bit May 473, June 535.

Just of interest, the top four work sites of where we have new Part B cases coming in, Hanford, Y-12, Savannah River, Oak Ridge K-25. And, again, just the distribution for those, a little bit of an uptick, probably associated for Hanford with the SEC class a little while ago and dropping back down again. Again, new Part B cases. Y-12 essentially fairly steady. Savannah River looks pretty steady, at least recently. And K-25 again,

except for a peak back in March, it seems to be pretty steady.

These are the percentage of the Part B DOE cases. The next slide will be the AWE cases that are coming in every month. About 90 percent of our cases coming in every month are related to DOE sites and about ten percent or a little bit less are coming as new cases from the Atomic Weapons Employer sites.

And we won't go through all these numbers, but we try to provide the basic numbers for the sites that are either being recommended for SEC class status at this meeting or are of local interest like the Idaho National Lab.

And so just quick ones, Blockson Chemical we have had 216 Part B and E cases. Again, this is only a Part B facility. And we have had 54 approvals for 8.2 million. GE Evendale at Ohio, 744 cases, 34 Part B approvals, 56 Part E approvals, 10.1 million in compensation and medical bills paid.

With the Idaho National Lab, 4,167 cases. NIOSH has done 1,153 dose reconstructions that we have received. We have 1,473 final decisions, 356 Part B approvals and 554 Part E approvals. Total compensation and medical bill payment 89.9 million.

Revere Copper and Brass, 11 cases. We have had eight dose reconstructions returned, six Part B approvals, and a little under a million dollars in compensation.

The Ames Lab, 543 cases, 213 final Part B decisions, 138 approvals for Part B, 137 for Part E for 28.3 million.

The Met Lab, Metallurgical Lab, 87 cases, 31 final decisions for Part B, 27 Part B approvals, 15 Part E approvals for 5.5 million in compensation.

Mound, 1,731 Part B and E cases, 680 final decisions, 249 Part B approvals, 274 Part E approvals, 58 million, roughly.

BWXT, BWX Technologies, Part B

only 143 cases, 23 final decisions, five approvals for a little under a half a million in compensation.

Argonne West, Argonne National Lab West, 763 cases, 216 dose reconstructions, 269 Part B final decisions, 61 B approvals, 114 E approvals, and 18.2 million compensation and medical bill payment. And that is a pie chart of the Part B cases filed.

The rest of the handout or slides are from the last presentation which are not applicable to this presentation. I was on vacation for the last week and a half so I didn't get the opportunity to see what was put together. And so those are just sitting there from the last presentation.

The other thing we were asked to just quickly talk about was a status of the review of the Rocky Flats Worker Study Database, which is often called the Ruttenber Database. Department of Labor, we have been working with NIOSH on this, and our policy

unit is developing a bulletin on how we are going to use, we will call it the Ruttenber Database, the information in that database. We will use the building information that is provided in that database as a criteria for or as information to fulfill the criterion for the building designation for the SEC class.

Our bulletins 0801, 0803, and I forget the other one, basically. But the first two basically, in consultation with NIOSH, we have determined which buildings have neutron, potential neutron exposures. Those are listed in those buildings, I mean in those bulletins.

So information in the Ruttenber Database that provides any of those building numbers will be evidence that that person was in that building. And then that will be along with, obviously has to be considered along with a specified cancer and employment in the period of -- 250-day employment in the period of the class.

The other piece of that is the neutron data that is in that report. We evaluated it, looked through our database, looked at neutron numbers that were greater than zero, obviously positive numbers, neutron values. We looked for cases that have been denied that fit into the time period for the SEC class at Rocky Flats that had specified cancer. And we came up with a number. I forget exactly, but I know it is less than a dozen.

We are further evaluating those cases to determine, well, basically pooling them to determine whether when NIOSH did the dose reconstruction, whether there was neutrons accounted for in that dose reconstruction. If there were not, I don't know if we have completed this part but basically we will talk to NIOSH then and see whether, ask them, you know, whether -- well, it is their decision, obviously, whether they want to consider any kind of neutron dose for

those cases.

Obviously for the new cases that come in from now on, again we will look at the Ruttenber Database. If there is buildings indicated that fall within the class, the way that we have interpreted those buildings, they will be included in the SEC Class. And I guess we will just provide -- we haven't closed this loop, but I guess in our referral to NIOSH we have indicated that the Ruttenber Database indicates positive non-zero neutron dose and NIOSH can proceed with the dose reconstruction.

Any questions?

CHAIRMAN MELIUS: Board Members with questions for Jeff?

MEMBER RICHARDSON: Just a question about the Ruttenber data.

MR. KOTSCH: Sure.

MEMBER RICHARDSON: Are there indications of -- is there building information in the Ruttenber Database that you

didn't have from another electronic source?

MR. KOTSCH: That we don't have?

MEMBER RICHARDSON: Yes.

MR. KOTSCH: Well, I mean, the building information, well we also use the Neutron Dose Reconstruction Project, the NDRP data from Rocky. So that used to be like the primary source of information for each employee. Now we are supplementing essentially that with the Ruttenber Database information.

CHAIRMAN MELIUS: Paul?

MEMBER RICHARDSON: I'm sorry, I didn't --

MR. KOTSCH: The NDRP provides the primary information. The Ruttenber Database will now provide supplemental information as far as building information, other than what the person provides and/or what we get as far as verified.

MEMBER RICHARDSON: I mean, but Ruttenber's data, as I understood it, was a

request I think for -- it was electronic dosimetry files and maybe electronic payroll files. I don't think he did a lot of -- he didn't reconstruct buildings and manuals.

MR. KOTSCH: No.

MEMBER RICHARDSON: And so there should be an electronic source of this same information from Rocky Flats.

MR. KOTSCH: Well, I mean, we also get information from Rocky when we go to DOE for employment. Of course, I don't know whether that -- do either of you know whether that includes -- I can't say whether that includes building data or not.

MEMBER RICHARDSON: Yes, and why wouldn't they? I guess I am wondering -- an analytical file from a deceased epidemiologist derived from electronic records provided by the site, you should be able to get the same information directly from DOE, if you want a large electronic database that tells you the building information that was available is

coded on dosimetry and payroll records.

MR. KOTSCH: I understand. I mean, I understand what you are saying. I am just not sure. I have to admit that I am not that familiar with what comes back from when we query DOE as far as what information comes back for employment verification. But that is a good point.

CHAIRMAN MELIUS: Paul.

MEMBER ZIEMER: Well I wanted to follow up also a little bit on that and also ask whether our Rocky Flats Work Group had looked at this final use of the Ruttenber Data. But is it correct that the definition of the Class itself remains the same? Is that correct?

MR. KOTSCH: Yes.

MEMBER ZIEMER: You are just using this to help you identify those who are in the Class. Is that correct?

MR. KOTSCH: Yes, the Ruttenber Database, like I said, it is just, Paul, it is

just another supplemental source of information for us to place people in the Class.

MEMBER ZIEMER: I seem to recall that Mark Griffon and the Work Group were awaiting the outcome from the Department of Labor as to how this would be used. And I just wondered if they were planning to look at this at all and have additional comments, maybe along the lines of what David has raised here this morning.

CHAIRMAN MELIUS: I don't think they even knew about this yet.

MR. KOTSCH: This is the first they have heard about it. And like I said, the actual bulletin that will implement the use of the Ruttenber, I will just call it the Ruttenber Database, as a supplemental source is in process.

MEMBER ZIEMER: So there will be an official sort of document that will allow them to look at this and weigh in on it, I

guess.

MR. KOTSCH: Yes, because basically every time we implement an SEC Class, we create a bulletin.

MEMBER ZIEMER: Could I follow up with a separate question?

CHAIRMAN MELIUS: Yes.

MEMBER ZIEMER: On one of your slides, I think it was slide 19, where you indicated the monthly input of cases for Part B, and I know your numbers and NIOSH numbers don't always agree, but I recall Stu saying that they got almost exactly 600 cases from you in the last three months. And as I look at your slide, it looks like considerably more than that. Is it again just a matter of the dates? For example, May and June together exceed the 600 value that --

MR. KOTSCH: No Paul, it is not just the dates. This is basically the raw incoming numbers for us.

MEMBER ZIEMER: Oh, okay. So it

includes more than the --

MR. KOTSCH: Yes, from those --

MEMBER ZIEMER: I got you.

MR. KOTSCH: Yes, we will have disposition cases that don't meet the various criteria for SEC classes.

MEMBER ZIEMER: Thank you.

MR. KOTSCH: Yes.

CHAIRMAN MELIUS: I had the same question, Paul, and I was trying to figure it out.

MR. KOTSCH: Yes, I mean, basically --

MEMBER ZIEMER: Although I thought the slide indicated, let me look at 19, I thought it indicated the cases sent to NIOSH.

MR. KOTSCH: There is one there. I haven't gone back far enough, I don't think. Am I going in the right direction? Percentage Part B --

MEMBER ZIEMER: Slide 19 is cases sent to NIOSH, and that is where the, as I

read it --

MR. KOTSCH: I am going to the wrong way. I'm sorry.

MEMBER ZIEMER: If you notice, May and June themselves exceed the 600 value, which was -- and I know that the numbers never match exactly. I was just a little curious as to --

MR. KOTSCH: This one also includes the reworks.

MEMBER ZIEMER: Oh, okay. Got you. Thank you.

CHAIRMAN MELIUS: Any other Board Members with questions? And any Board Members on the phone with questions? And what we are going to do until we get the phone system fixed is give your question. Ted is listening in. Ted will then repeat the question into the microphone here and we will try that.

MR. KATZ: So just to do this in an orderly way, let me just start with Dr. Field, do you have any questions? Okay, no

questions from Dr. Field. Dr. Lemen? No questions from Dr. Lemen. And Mr. Gibson? No questions from Mr. Gibson.

And let me just also check, is Mark Griffon, any chance you are with us by phone? Okay, no.

CHAIRMAN MELIUS: We will check later and make sure you weren't just making that up.

Okay, good timing. Thank you, Jeff. We are scheduled for a break now. So we will take an extra -- come back at 10:14 for our next session.

(Whereupon, the above-entitled matter went off the record at 9:55 a.m. and resumed at 10:19 a.m.)

CHAIRMAN MELIUS: We will reconvene now. Ted, any updates?

MR. KATZ: No, no updates. Thanks.

CHAIRMAN MELIUS: Okay. And Board Members, we will now get an update from the

Department of Energy. Glenn Podonsky. Glenn, welcome back.

MR. PODONSKY: I have to note that half the workers left, but that is good because they went to the Ombudsman's meeting.

CHAIRMAN MELIUS: That's why I made the announcement.

MR. PODONSKY: Actually I want to thank you all. Thank you, the Board, for actually assembling. This is the first time I have addressed you in about a year.

For those of you who don't know, I am Glenn Podonsky. I am the Chief Health Safety and Security Officer for the Department of Energy.

I have actually worked for -- under the last nine Secretaries of Energy and directly for the last four, and I came out here because I think this is a very important program. There are about 24 programs like this that come under HSS, but none are more important than taking care of our workers.

Come October, the EEOICPA program will be ten years in its anniversary. And oftentimes when I talk to groups, I talk about the government, that is, all the federal contracts, all the different panels and boards. Sometimes we lose our humanity, and I talk about that frequently. The EEOICPA program, as far as I am concerned, is actually a program to help get the humanity back.

Sometimes we haven't done a very good job at DOE and other agencies. But early on, DOE and Labor were not getting along well. That is not the case today. We are at great relationships with DOE and NIOSH. And I hope also we are responsive to the Board, as well.

We have had problems obtaining records early on. Any time we have those problems now, we go directly to either the under secretaries or the assistant secretaries that are responsible and we try to get that fixed immediately. Immediate, by the way, by definition, is not as fast as we would like to

have it happen, as exemplified by when the Board -- you asked us for a letter to state the Department of Energy's position on the intimidation that some of the workers were feeling. And I remember that I made the commitment that I would get the letter. And I was terribly surprised that immediately meant about four and a half months, even after I went to each under secretary immediately, and I went to the deputy and I went to the Secretary. But by the time we got it out, it was about four and a half months. The good news is it got out. The bad news is it is not immediate by my definition.

We have also had problems getting the data to the public from the Site Exposure Matrix. But now I am happy to report that DOE has released 53 sites and we have got 20 more sites pending further review.

That is one of the things that was great -- I use the term loosely -- great about the creation of HSS four years ago this

October, is that we are able to put together those functions, the Office of the Classification, the Office of Security, the Offices of Worker and Health and Safety, so they all have to report to one individual group, as opposed to multiple assistant secretaries. So when the Office of Classification was slowing down the review of documents, I was able to pull in the Director of the Office of Classification, I was able to pull in the head of Worker Health and Safety, put them in the same room together and solve the problem. And that is where a lot of the improvements have come from, by putting people in the room together and getting them to do their responsible due diligence to get the records forwarded in a timely fashion.

Our office, I believe, and I have seen it first-hand, I hope the Board has, I hope NIOSH and DOL, is very dedicated to sustain the work that we are doing. As time goes on, our work is lessening in the amount,

but that doesn't lessen our commitment. I want the Board, NIOSH, DOL to know and the workers to know our commitment remains strong and it doesn't waiver.

Before the project officer, Greg Lewis, comes up to give you an actual detailed update, I do want to acknowledge and recognize the tremendous contributions of Gina Cano, who's worked both DOL and the Department of Energy. She will be moving on to another very important project in the Department that requires both her passion and her dedication. And we are going to miss her, but the organization that she is going to was as -- equally as impaired as this was when Gina first came on board. So I want to just acknowledge her to the Board today.

Let me go back to this inhumanity piece. I am a very frustrated bureaucrat in Washington. I get very concerned about how long it takes things to happen, just as I gave the example of the letter. One thing that has

frustrated me probably as much as it has frustrated some of you, for example, the tour at Pantex. I just heard today that this has been a long-standing delay and it wasn't because my folks haven't been talking to the right folks. It is just that we haven't been moving them.

I assure you, I assure you that, since the Board has decided and agreed upon what facilities you want to visit and Pantex have agreed, the fact that there is water damage from the floods that they had, that is not going to be an excuse to delay this further. I am meeting with the administrator, Under Secretary Tom D'Agostino on Friday. I will let him know that we want to do this before the end of this calendar year. That can be put on you all's schedule and we can work that. I don't want it to drag out.

When I was talking to my staff about just the bureaucracy of how this happens, when they finally got to right level

of people, then things started to happen. And something that I and HSS try to push all the time and that is, we have to remember when a board or individual workers, petitioners, they ask questions of the government, we need to be responsive. If any of the petitioners or the workers were our family members, we would not want the government to say, we are studying it. I know we have to be responsible. We have to be good stewards of the tax dollars, but the last thing we want to do is delay getting people help.

I want to commit here and now again to the Board, anything that DOE can do within the parameters that we are allowed to do, we will get it done. We will get it done timely, and when it is not timely, I want to know about it. I would like to know about it as the head of the HSS organization. I don't want to hear it just from my project officers. I would like to petition the Board to make sure that you contact us and let us know so

that we can help out at the right level. It is all about commitment and it is about action.

And I think from my perspective in all of our worker health and safety programs, I think our Former Worker Program and the EEOICPA program are vitally important to demonstrate not only to the former workers but current workers that DOE and the United States government, DOL and NIOSH, that we care about people.

I don't mean to lecture or preach but it is a passion I have for the last half a decade in working these programs. And when HSS was created, we discovered there is a lot more that we could be doing to help the Board and help the folks at DOL and NIOSH and that is what we are going to continue to do.

So with Gina's departure, that doesn't mean that we are going to stop. That means that we are going to put even more emphasis and broaden the responsibilities of

that office to make sure that inside the DOE, we can make things happen.

I just want to leave you with one example. When HSS was first stood up in October of 2006, before the end of that year, I had the Labor Department project manager go out to multiple sites with me to talk with the site managers, to talk to them about how important it was to help find the records and not to treat this like I experienced this during Hazel O'Leary's time at the Department when we were looking at human radiation experiments records, where you would go to a contractor and the contractor would say yes, DOE, we will be happy to give you the records. It is just going to cost you ten million dollars. We fixed that, and we are going to fix this as well and continue to fix it.

So we are passionate about the program. We are committed to it. I will leave to Greg Lewis the more details to answer -- to provide you on the updates. But I

wanted to at least even fly out here for a round trip ten hours for 20 minutes just to tell you that we are committed.

So thank you very much.

CHAIRMAN MELIUS: Thank you, Glenn. Are there questions for Glenn?

I would certainly like to thank you for the letter. Four and a half months was less than I expected it to take, and so I really do appreciate the effort. I think the effort on the records and dealing with the security issues has been very helpful. We have noticed that and noticed the improvement.

So Brad?

MEMBER CLAWSON: Excuse me. I usually like to be able to talk to someone right in the eyes but this won't allow it.

I am very happy to be able to hear your commitment. As you know from your staff, this tour is very frustrating to me over a year and a half. And I have a lot of petitioners wondering many things about it and

I am glad to see that we are proceeding on and going forward. And I understand about timeliness as what I consider immediate to other people really is.

But I want to thank you, number one for the letter; number two for having such great staff. Gina, she is going to be missed. I was a little bit upset to hear that she was leaving. Greg is still doing a wonderful job.

We still have areas at Pantex that we need to push and we will probably need your assistance. The thing that is frustrating to me is that we are able to reconstruct all of these doses for sites that have been destroyed and have been gone for 50 years but we can't even get into a working site that is there. We understand the national security and we hold that very important because most of the people in the Work Group are involved in homeland and national security. So I would like to tell you that I am thankful that you are pushing buttons, believe me, and I was

glad to hear that we will be in there before the end of this year. And I just wanted to tell you personally thank you for your support and what you are doing. And we may be calling you.

MR. PODONSKY: If I can comment on the statement.

CHAIRMAN MELIUS: Please.

MR. PODONSKY: Because the Office of Classification resides within HSS and because, yes, I am certain there are national security issues but we should never hide behind them because what happens for a delay of a tour for that long, yes, there is factors that include who is going to agree to what locations you want to go and the contractors, et cetera. But at the end of the day, there is no excuse to say you can't come because of national security. You work around it. That is why you put the right people who have the responsibilities together and say, solve the problem.

So I assure you if Pantex, its contractor, or the site office has any issues along national security, I will be happy to send the Director of Classification down there to help them work through that. And that is not a flip answer. It is just that that is why so many things in our federal government get delayed, because people don't get behind what it is that is being asked for with the urgency that those of us who are asking for it looked towards them to do.

So that is one of the things that I know Dr. Ziemer will remember when HSS first stood up a lot of concerns about the creation of HSS. But the reality is, we have sustainability because we have continuity because as the administrations change, we don't change the management structure of the organization. So you can continue wheedling away at the groups that are delaying.

The last thing. I don't believe and I don't know for a fact but I don't

believe that it was deliberate. I will be optimistic and say that the perception is there; the perception with the letter was originated out of Pantex, the perception of how long it is taking to get there. So we are going to have to break that through our actions.

CHAIRMAN MELIUS: Thank you. And I would also like to add our thanks to Gina for all her work. I think I can speak on behalf of all the Board and I think also NIOSH. We are going to miss you and we really thank you for all your efforts and being such a good person to be able to work with and try to deal with these issues. So thank you very much.

MR. LEWIS: All right. Well, I am Greg Lewis, and I am the Program Manager for DOE on the EEOICPA program. I just want to start out by thanking Glenn for his support. Obviously, we have tremendous management support on this program and as evident, it is

sometimes needed. So we are glad to have him and we are glad to be part of HSS.

And also before I get started, I do want to thank Gina again. Her staff is going to miss her, as well. We are going to do our best to live up to the standards she has established and the expectations that you all have of our office because of Gina's leadership. So we are going to do the best that we can as we go forward.

And so again, our core mandate at the Department of Energy is to work on behalf of the program claimants to ensure that all available worker and facility records and data are provided to DOL, NIOSH, and the Advisory Board. So basically what we do is provide records. We do everything we can to find the records that we have and provide them in a timely manner.

We have basically three main responsibilities under this program. We respond to the Department of Labor and NIOSH

for an individual request for each claim. We also provide support and assistance to DOL, NIOSH, and the Advisory Board for large-scale records research products like the Special Exposure Cohort research or the Site Exposure Matrix Database for the Department of Labor. And then our third responsibility which is a bit smaller but nonetheless important is we conduct research with DOL and NIOSH for issues related to covered facilities. So if there is a question of whether a facility should be covered for additional years or is incorrectly designated, we will look into that and try to find the right records to resolve the issue.

So as far as the first item on that list, the individual request, we respond to about 6,500 requests from Department of Labor for employment verification; about 3,000 requests from NIOSH for dose records and about 6,500 requests for DARs as we call them, and that is basically for all other exposure information, industrial hygiene, medical

records, that type of thing, for individual records.

And, again, as both Stu and Jeff mentioned, not all of these numbers match up. It is just the next slide that runs about 15,900 in 2009 total requests that we handled, and we anticipate about the same, 16,000, this year. And, again, the reason that doesn't quite match up with what Department of Labor and NIOSH have in their numbers, if many of these workers have worked in multiple facilities or there might be a supplemental Request for Additional Information. And we count by the request, not by the individuals. So we do multiple record searches for one individual.

So the backbone of our program is really our EEOICPA points of contact out in the field. They are the folks that manage the field activity. They respond to the requests that you all send, both individual and records research. Any time we have a problem or need

records from some part of the site, they are the ones who work within the site to find the right contacts and locate the records.

So some of the things they do, they attend local public meetings. So the outreach meeting next door for the Idaho workers, we have our Idaho point of contact, actually a few folks over there to talk to folks and handle any questions that may come up about records. They set up site visits and tours for NIOSH and DOL staff, which actually yesterday we set up a tour for many of the folks in this room to go around the site, showing some of the major facilities, giving an overall site history and kind of help the folks that in and around these facilities, you know, we understand that the better they are aware of our facilities and what they do, the better they will be able to do their job. So we hope that that tour went well. It seemed to be well received, and I hope everyone is a little bit more enlightened about the site

now.

We work with both DOL and NIOSH to facilitate interviews on site. Some of our points of contact are aware of the various site folks. They may even be retired, but because of our POC's knowledge of the site, they may be able to find folks with knowledge of radiological exposures or rad controls or site operations, and they will identify and locate some of these folks and arrange for interviews with the NIOSH and DOL technical staff.

We provide site experts to participate and contribute to the Advisory Board Working Group in conference calls. Every week or every few weeks, we usually have someone from our site participating on the Board calls in case we are needed.

And we are an onsite source of EEOICPA information to workers. So, again, just like we are participating in that outreach meeting, we will also provide

information and be a contact for current site workers who may have questions about the program. You know, they can always contact our POC.

And so again, the second major responsibility I mentioned was providing support to large-scale site research projects. These are a few of the projects we have supported in the last year. We haven't really been active on all of these in the last month or so. I am going to talk about a few of them, just as an example. But these are all research projects we have supported over the last year.

At Mound or for Mound, we have facilitated meetings where the Board and NIOSH have been able to discuss classified matters. I know when these SEC decisions get down to the important issues that are really giving them trouble, sometimes they have to deal with classified information, and we want to make sure that the Board and the contractors can

talk about this information without having to talk around certain things or omit certain information. So we are always willing to facilitate a secure space where they can discuss any and all issues at hand and hopefully come to a resolution.

At Mound, we have facilitated over 40 worker interviews. Some of those have been offsite, but in certain situations we have had to facilitate a secure location for a classified interview. And again for the same reasons, we want to allow workers to be able to talk about any and all of the issues that they feel it is important for the Board to know. And so when that happens, we want to make sure to facilitate classified locations so they can have full and unencumbered discussions.

And then we have set up numerous document review visits at a couple different locations. Actually for Mound, because it is a closure site, we had to work within the DOE

complex at a bunch of different locations to find the right records. So we have been at the NSA Service Center in Albuquerque, the NARA National Archives in College Park, Oak Ridge facility, Pantex, Los Alamos, Denver, and I am sure a few others that I have forgotten to mention. So we really do try to facilitate record searches anywhere we might find relevant records for these projects.

At Pantex, we already discussed that somewhat, we are continuing to facilitate worker interviews and obviously working on this tour, which we will do our best to get to you in a timely manner. Savannah River, I have a few stats. Again I think we have -- for the most part have responded to all of the requests but obviously, as issues come up, we will continue to do so.

And at Sandia, which is a relatively new SEC, I think the petition was recently qualified. We just held an open meeting there last week trying to identify all

of the relevant site and staff that are going to need to be involved that we are going to need to support the effort for NIOSH. And I think we had a good visit and it is probably going to be quite an extensive project and the site is ramping up and gearing up to support it in every way possible.

And then also with Sandia, we have recently identified a collection of Sandia radiological records. And I am not sure why we didn't find them until now but as we are going through records both for this program and for everything that the site does, at some point in the various records, they will find a box of records that may be mislabeled or labeled one thing and there may be other records in it. And that is what happened at Sandia. We found microfiche records with a lot of radiological information for individuals on there. We realized that we were not using this for EEOICPA and we hadn't had it in our system, so to speak.

So we contracted with a group we work with within DOE to scan, index, and create a database of these records. It will be searchable records. It can be used for all EEOICPA claimants. So we will work with NIOSH and DOL, if necessary, to go back through past claimants and make sure that we are providing all of the information and then, obviously for future claimants, this collection will be merged into our active records.

And then also this will be valuable for the SEC project. So we are anticipating we will be finished with this scanning effort at the end of September, actually hopefully the middle of September, if we can complete it a little bit early, and we are hoping that will be valuable to this SEC research effort.

Now document reviews, because within this program there have been classified records, we do review everything before it goes offsite, but as an extra check and

balance just to make sure that there is no national security information released, we review draft and final reports of documents from NIOSH. We want to make sure to not hold up the process and complete these in a timely manner. So you know, we try to get our folks, both at the site and the headquarters, to respond to these as soon as possible.

Our security plan details all of the procedures we follow for that. They can be found on our website. I have the link there, and the documents are on the back table. So if you need it, some of it is there. You can always, depending on secrecy, then can talk to me after.

So since May of 2010, NIOSH and their contractors have submitted 51 documents for review. The average turnaround for the reviews has been eight working days. So about two weeks. And in certain cases where an expedited review is necessary, the document is particularly important, we have been able to

turn it around in one to two days.

And then kind of a third major responsibility that I mentioned before is research to maintain a covered-facilities database. There are over 300 facilities covered under EEOICPA, including AWEs, beryllium vendors, DOE facilities. The full listing is also on our website.

And actually I will mention first Legacy Management supports us on this research. So we have folks that have been within DOE for, I guess, an average of 20 years each. There are four or five people that we can pull from that, not only can search their holdings in national archives and federal records centers but they also have contacts around DOE and in the records world within DOE. So if they need to get a record from Oak Ridge or think that Oak Ridge may have responsive records, they know who to call. And the same goes for the MSA sites --

MR. KATZ: Greg --

MR. LEWIS: -- or pretty much any site within the DOE.

MR. KATZ: Greg, I am sorry to interrupt. I just got an email from the phone. If you could just speak up a little louder. You are very soft-spoken.

MR. LEWIS: Sorry.

MR. KATZ: Thanks.

MR. LEWIS: I'm too tall for the mic here. I will try to bend down. Sorry about that.

And, again, just to mention a few of the facilities that we are working on right now, the St. Louis Airport Storage Facility, the United Nuclear Corporation in Hematite, Missouri, we are researching Shiprock Uranium Mill in Shiprock, New Mexico. I don't know exactly what the issues are, but there is always various questions and concerns about coverage and the years. And we want to make sure that what we have on our website and what we are covering under the program is accurate.

So we have a number of initiatives that we have undertaken recently over the last few months. We hold routine conference calls with NIOSH and its contractors to assure that everyone is getting the information they need from DOE sites, that there is no problems or issues. And if there are, we do do our best to try to resolve them as soon as possible.

I think I mentioned this before, but our subject matter experts participate in Advisory Board conference calls. We also facilitate secure meetings and video conference calls both for interviews and site research.

Stu mentioned this in his presentation, but for those of you who weren't there, we are just about to or just have reinitiated the MOU between DOE and Health and Human Services. We have basically been working under most of the provisions of the MOU since the last one expired, but we wanted to formalize it and get it official. So that

kind of sets forth the responsibilities and authorities under both agencies. The security plan and security provisions were included in there. We also talked about routine use to make sure that NIOSH has access to the right DOE records and we can provide them to them.

And again, we are going to make sure that all of the activities conducted under this MOU are coordinated within our office and we make sure to fulfill the needs of NIOSH, DOL, and the Advisory Board -- well, I guess NIOSH and the Advisory Board under this, but obviously we are going to support DOL and we are working on an MOU with them as well.

Another success that we have had recently is after probably two years, and Gina initiated this effort about two years ago working with some of our records folks, we have been working to revise the acquisition requirements within DOE. So when we have a contract or a subcontract, in the past many

times, particularly with subcontracts, that subcontractor, when the contract was over, would leave the site and take their records with them, particularly human resources records and things about their workers. You know, project records would, of course, stay with DOE, but we did not always have access to worker records, which obviously can present a problem for this program.

So recently we have this DEAR clause. It has been signed. It is going to the comment period, but when it gets through the comment period and is formally approved, this will make sure that DOE retains access and ownership to these vital records once the subcontracts are finished and that group leaves the site. So we think this will be of tremendous benefit to future EEOICPA claimants and to DOE workers in general. So we are very excited about this.

And then just to talk quickly about outreach. You know, along with the

Department of Labor, NIOSH, the Ombudsman's Office, we have all initiated what we call the Joint Outreach Task Group, and that is actually who is in the meeting next door. We are trying to combine efforts. We realize that all of these groups are essentially trying to reach the same group of former workers. And instead of having separate efforts, we wanted to pool resources and pool knowledge and make sure that these workers can have a one-stop shop to get any information they want to know about former worker screening, about the NIOSH program, dose reconstruction, about Labor's program, about how DOE provides records. And so those have been pretty successful. We have had a good turnout, including a pretty good turnout next door. So we are hoping that there are going to be new workers that are aware of these programs and are taking advantage of what they have to offer.

Oh and again, just to mention for

those of you who don't know, there is a meeting at 10:00 next door and there will also be one at 6:00 p.m. tonight. So for anyone who would like to attend that meeting, 6:00 p.m. tonight you will have your chance.

And then Glenn mentioned the review of the DOL Site Exposure Matrix Database but that has been a big project. Originally, that database was available only to the DOL claims examiners, but recently they had asked us to review that database and to allow it to be published on their website and that full information be available to the public. And we have initiated that process. We are working closely with DOL and with all of our sites to make sure that they are reviewing this information.

And currently, I guess as of April 30th, we have released 48 of the 116 DOE facilities, along with the uranium mills, mines, and ore buying stations. And then on June 30th, we released an additional 21 sites,

and we are hoping to have the rest of the almost 50 sites completed as soon as possible. We will probably have another release within the next couple of months. So, and again, the public website for the Department of Labor Site Exposure Matrix can be found at that link on the DOL website.

And then the Former Worker Medical Screening Program is a program that we work closely with within DOE. They provide free screenings to former workers, try to identify anything they may have been exposed to. They will refer them then for treatment and also, if necessary, they will refer them to the EEOICPA program. So further information on the Former Worker Program can be found on our website. And here are the local contacts, and representatives from both of those groups will be -- are next door right now and will be there this evening as well. So if anyone is looking for information on the Former Worker Program, you can find it this evening at 6:00

or contact either one of these individuals.

So have I forgotten anything? And if anyone has any questions --

CHAIRMAN MELIUS: Questions for -- want to check the -- yes. For those of you on the phone, Ted will be with you in a second here.

MR. KATZ: Okay, thank you. So let me start with Dr. Lemen, do you have any questions? No questions from Dr. Lemen. Dr. Field? Very good. No questions from Dr. Field. And Mr. Gibson? Thank you. No questions from Mr. Gibson.

And let me just check. Okay, thank you.

CHAIRMAN MELIUS: Good. Any other Board Members? If not, thank you. Yes, I am surprised, too.

Okay, our next topic is an update on GE Evendale. Evendale? I can't remember, even though I lived there.

MR. HINNEFELD: Most of us call it

Evendale, but I don't know if that is right nor not.

CHAIRMAN MELIUS: Jim?

MEMBER LOCKEY: Evendale.

CHAIRMAN MELIUS: Evendale. Yes, okay.

MR. HINNEFELD: You know, this is a really unusual meeting on three counts now. I am getting two presentations in the same morning. Well, I am talking so that happens twice, and three, I am doing tech support with the computer, which has never happened before.

Okay, I am here to provide the update for, or a report on our efforts on the General Electric SEC petition. I wanted to present this myself to make sure that no one is trying to conclude that this may be the evaluating health physicists' opinion. The evaluating health physicist, our point of contact for General Electric, is here at the meeting, Pete Darnell, and he may be able to help me if I get some questions I am not

prepared to answer.

But if you will recall a little bit of history here for this petition, a petition was first generated, and it was an 83.14, by us in December of 2009. And at that point, since in 83.14, we had reached the determination at that point, that based on the information we were able to find, that the reconstruction for the covered period at GE was not feasible. And we could also find very little information to sort out the workforce at GE. GE is an AWE, so they did other work in addition to the DOE work and we have not been able to find a method to sort people into the AWE work.

So we qualified the petition, of course, quite quickly since it was a .14 and the Evaluation Report was issued fairly shortly after that. Again, those are all functions of using the 83.14.

When describing the radiological work at GE, they actually had several periods

or maybe one long, continuous period of radiological work. But only one piece of that, sort of the middle piece, is covered out of the program because that was the work that was done for the Department of Energy or its predecessors. So they had done other work for the military, which is not covered under the program.

So when we are trying to find out what work they did and how much we can learn about it, we couldn't find a lot of information about the work. From what we can tell, the work they had with DOE was to do testing on reactor components, like reactor fuels and other components and, particularly, I believe, fast reactor kinds of effects, what happened to these various things, but we don't really have much information on how they did that, you know, what equipment was involved in that examination and testing.

And we also don't really know how much radioactive material -- what the source-

term of the radioactive material would be. Now you can presume, you can make some assumptions about what radionuclides were there and irradiated fast fuel but in terms of quantities, we weren't able to find any information.

We couldn't put job tittles or job assignments with the specific radiological operations or conditions. There didn't seem to be any unique name of job titles that would put people on this project. And the people that we have talked to indicated that, well, people could come and go to the areas where the radiological workers performed. And in some instances, unmonitored workers had their work places in the buildings where the radiological work was performed, and we don't have really much information about material control or contamination control practices in those buildings.

And finally we have obtained very little personal monitoring data for the

covered period in our request. And General Electric does provide the records they have. When we ask for an exposure record from General Electric, they provide it, what they have, but they have very little from this period.

Most of this work occurred before we originally presented. We have presented this, of course, to the Board before. Most of this work occurred before our first presentation, the documents that we located, the internet searches that we had pursued, and obtained additional documents.

We had some contacts with the GE office in the UK on some thought that there might be some records stored there. Apparently, there might be some stored there. We have no idea whether they would be helpful to us or not and we just had no luck in a continuing engagement with GE in the UK.

And since we presented this in, I think we may have presented this in February,

but since the last Board meeting, we have not been able to obtain any new documents to help us understand and reconstruct the doses at GE.

But since then, at the request of the Board, we have gone back and tried to find any other information we can, mainly through interviews that would help to describe who did the work and how can we apportion these. If nothing else, how can we apportion people?

And so we had two group interviews. These were arranged through our outreach contractors ATL, and mainly represented labor organizations who came to those groups. And we also have had five additional interviews, individual interviews, since May that we have conducted for other folks to try to gain some information.

And the results of those interviews and that discussion are the things I have talked about before. People come and go and we didn't hear anything that would allow us to parcel out the population.

A summary of the data we have, there is only one of the claims that we have, and 118, that is the data of this slide but that may not be the exact count today, but of the 118 we had when this slide was prepared, only one individual had internal monitoring data for the covered period. And 32 of the 118 had some type of external monitoring data for the covered period, whether or not it was complete or not. It is unlikely that it covered the entire covered period.

We did obtain some source term information and other information about the other radiological operations that occurred at GE, the ones that occurred before and the one that occurred after. But in fact, maybe even the majority of what we learned in our data searches was about the work that is not actually covered in the program.

And so we have concluded that still we have not been able to locate sufficient data to estimate the doses,

certainly the unmonitored GE Energy workers. And we would probably use any data we had for a claimant, we would use to the extent we can interpret it with our current guidance and use that if we have to do a non-presumptive partial dose reconstruction for the people who don't fit into the Class.

So just a quick reevaluation of the two-pronged test here, in terms of determining whether to recommend any new Class, the first question is is it feasible to estimate the level of radiation doses of individual members of the Class with sufficient accuracy. And we concluded it was not.

Is there a reasonable likelihood that such radiation dose may have endangered the health of members of the Class?

So in feasibility, in terms of feasibility, we feel like we can reconstruct the medical exposures based on the complex-wide Technical Bulletins that we have used in

a number of places, so we can reconstruct some medical diagnostic exposures.

We determined that there were insufficient data for estimating internal and external doses for all the workers, but we will use any relevant data that we have for a claimant in that person's dose reconstruction, if we need to do it.

And since we can't reconstruct the dose or we have reached the determination that we don't believe it is useful to reconstruct the dose since we can't really put a bound on it. And so since we can't put a bound on it, we can't say that there was no potential for harm. So the second prong of the test would be met then as well.

So our proposed Class, this is just restating what we have stated before. It is all employees and their contractors who worked at GE during January 1, 1961, through June 30, 1970. That was the period of the work for the DOE, for a number of days

aggregating 250. So that is our recommended Class. That has been our recommended Class since we have first presented.

And of course, a reminder the summary table in terms of the feasibility of dose reconstruction. It doesn't appear that we will be able to reconstruct anything about occupational medical dose for claims, except in those cases where we happen to have some data for the claimant, if we need to do a dose reconstruction for a non-presumptive.

So that is the conclusion of my presentation. This is just a brief reminder of the information we have presented before and what we have done in the meantime since we have done some additional investigation to the extent and done what we could and have not found anything that gives us any other indication that we are going to be able to find information where it is likely to reconstruct doses or that we are going to be able to find a way to parcel people from the

radiological workers at GE from the non-radiological or somebody may have been non-radiological exposed at GE.

So that is where we stand today. And I am coming today, I guess, and sort of re-bringing this back to the Board once again with our recommendation to recommend adding a Class for this group of employees.

CHAIRMAN MELIUS: Thank you, Stu. Questions? Yes, Jim Lockey.

MEMBER LOCKEY: Stu, does that -- I remember our last conversation on this. And so essentially because we can't identify buildings and access to buildings, this essentially represents all GE employees at the site --

MR. HINNEFELD: Yes.

MEMBER LOCKEY: -- between '70 and --

MR. HINNEFELD: '61 to '70 or whatever the dates were in the Class, yes.

CHAIRMAN MELIUS: Other questions?

Yes, Paul.

MEMBER ZIEMER: My question is along the same lines as Dr. Lockey's. I think we had the issue of the numbers of people who might have been on that site and the fact that it was difficult or impossible to put them in a particular building. Is that not the case?

MR. HINNEFELD: Yes, that's right.

MEMBER ZIEMER: And how many people are we talking about here?

MR. HINNEFELD: According to the GE Public Information Office, in that period there were about 8,000 people.

MEMBER ZIEMER: Now I have been thinking about this after I reread this thing this past week. And I guess I sort of know the answer, but I am going to pose the question anyway. And this sort of goes to Department of Labor, so, Jeff, I will kind of pose it to you.

And that is, if DOL cannot exclude people from any particular building, is there

any way to require that the claimant at least provide an affidavit that they may have been in the buildings in question? I think intuitively we know that there probably are thousands of people on that site that got nowhere near the locations where the radiological work was done. The problem is, we don't know who those people are. Is there anything that would prevent us from asking the people to -- and maybe they don't know, and if they don't know they would not be able to give an affidavit to the contrary, but is there anything that would prevent Labor from saying, with your claim you should provide an affidavit indicating that you may have at least possibly been in one of those buildings?

I mean, if a person knew that they were never there, it seems to me, it is difficult for me to see why it is fair to provide them compensation. I mean, these programs aren't free. And those that deserve to be compensated should be, but I am also

concerned about those who don't deserve to be with the taxpayers' money.

MR. KOTSCH: Paul, I don't think we have ever been in that position before. We do accept affidavits from people that -- all our reviews are done on a case-by-case basis, but we do accept affidavits from people, basically putting them into buildings we know that are Classes.

You know, we recognize, too, obviously there is a larger population there that probably was potentially exposed in like I think if the buildings were COD or something. I think that was where the work was done. Or I don't know, maybe that is wrong.

MR. HINNEFELD: They are large buildings.

MR. KOTSCH: Yes, I know the buildings that were there were pretty large. I mean, I guess we could. We probably -- I don't know if we would ask that. The Board

might.

Go ahead.

MEMBER ZIEMER: Well, I am just trying to look at this from the reverse side. I mean, we obviously want to be claimant favorable. And I would say if a person believes that -- and maybe they are not sure. If they are not sure, you give them the benefit of the doubt. But is there any reason why we shouldn't ask the person to confirm that in the course of their work they either know that they entered those buildings or they believe they may have, or something along those lines?

It seems to me that we have to think about both sides of this issue, and this is kind of a new one that has come up. We have had some other sites like Oak Ridge Hospital, a much, much smaller size where we have said, oh, well, okay. We can go ahead and err here. But here we are talking about possibly thousands of people who never got any

exposure. And I am just wondering why is that fair to the taxpayers in terms of the fairness of the program? Maybe we can't do that, but I would sort of like to get some idea.

Maybe other Board Members have some ideas or some ways of thinking about this that would help me understand how we can deal with this fairly.

MR. HINNEFELD: I would like to offer a perspective, Dr. Melius, if I could, on this question.

CHAIRMAN MELIUS: Okay.

MR. HINNEFELD: From our standpoint, we feel like in that situation when we take an action like that, we are placing the burden of evidence back on the claimant. And view our role in this program as supposed to be trying to relieve the claimants of that burden.

One of the attractive portions of this law is that, and previously in a Workers' Compensation Occupational Illness claim, an

individual claimant had to pursue that claim on their own against their employer and was limited by their resources. And in this program, we take on the role of providing the evidence for that claimant.

And in this case, when we draw these distinctions and say, well, we don't think there is any record that establishes who was there and who wasn't, but we are going to require people to provide the evidence that they were there. That is why we generally prefer to make an all-employee recommendation. And then the additional complication is that since they are also survivor claimants in all likelihood, a situation like this would disadvantage the survivor claimants significantly because of the secret nature of the work that the workers were working on. And they may not be in a position to be able to even provide any kind of evidence at all.

CHAIRMAN MELIUS: Paul, do you want to follow up?

MEMBER ZIEMER: If I could respond, I actually was not suggesting that there be any burden of proof. I was suggesting that it is sort of the opposite way of looking at that. And certainly if it is in the survivor's hands, then they have no way of knowing. But if the potential claimant knows, in fact, that they never were in those locations, all I am suggesting is why not ask them if there is any doubt. They don't have to prove it. They just say I believe I may have been in those buildings, even if they are not sure. And there will be no burden of proof beyond just asking them, were you in those buildings. If they know they never were, why not ask them to say so?

That is sort of the way I am thinking about it right now. Not to put any burden of proof but to ask people. I can sort of guess that if you open the doors, people are going to say, well, I wasn't there but I am entitled to it because it is the way it is

written.

So that is sort of the way I am thinking about it. If they can't exclude themselves, fine. Let them say I may have been there or the claimants will say -- as far as we don't know that they weren't, therefore, we accept that. That is what I am thinking of in terms of an affidavit, not that they have to come up with any proof. Simply a statement.

So if I know in my heart of hearts that I never was there and I really don't deserve it, then say so. That is all I am saying. Ask the people to say so, if they really don't deserve it. Maybe no one will do that, but I think there are some honest people that work with GE. Maybe one honest person, two maybe, three, a hundred? Who knows. A thousand?

CHAIRMAN MELIUS: Bob.

MEMBER PRESLEY: I have a real problem with this because I didn't agree with

the Oak Ridge Hospital deal either. Can you go back and refresh my memory on the work that was covered with this petition?

MR. HINNEFELD: This petition, GE?

MEMBER PRESLEY: The GE.

MR. HINNEFELD: Yes. The nature of the work was testing fuel element materials and high temperature reactor material; testing the effects of radiation on refractory metals and alloys; examining the radiation effects in beryllium oxide; examining fission product transport processes in reactor fuels; testing the effects on clad uranium oxide fuels in meltdown environment; developing a process of densification of thoria; and calcination of thorium oxide in high-temperature furnaces.

So those activities we seem to have found somewhere as descriptions of the things that were done.

MEMBER PRESLEY: Those particular items would have to be done in a certain area. That is something that couldn't be done all

over that plant.

MR. HINNEFELD: Right.

MEMBER PRESLEY: I mean, by nature of that work, that has got to be done in a pretty defined area, enclosed area. I would like to see additional work on this. I don't think this is -- we owe this to the taxpayers.

CHAIRMAN MELIUS: Josie?

MEMBER BEACH: I need to borrow a microphone.

CHAIRMAN MELIUS: And then Wanda. Go ahead.

MEMBER BEACH: I recall that at our Manhattan meeting in February that we had asked the 250-day Work Group to look at this issue. And I don't think that --

CHAIRMAN MELIUS: I don't think they did.

MEMBER BEACH: We haven't done that.

CHAIRMAN MELIUS: Right.

MEMBER BEACH: So I am wondering

if we need to just keep that in mind.

CHAIRMAN MELIUS: Yes. I mean, that is an option for the SEC evaluation. I think we first were going to have, as I recall, was for NIOSH to go back and gather some more information first and think about it. I think it was that.

Wanda and then Henry.

MEMBER MUNN: Stu made a reference to the fact that they have pretty decent records regarding the amount of radioactive materials that were handled prior to and following this particular period.

MR. HINNEFELD: Actually, I didn't mean to imply that.

MEMBER MUNN: Oh, well. I got the impression that at least you had better records.

MR. HINNEFELD: I think we may have had more information about the radioactivities before and after than during.

MEMBER MUNN: I guess my primary

concern derives from the fact that GE is not a novice to this type of activity. Quite to the contrary. For example, they operated the entire Hanford Site for a number of years and were very instrumental in the early health physics programs.

It is really difficult to imagine that so few records were kept of that period that we can't even -- I guess I can almost understand how we would not have a handle on source-terms because of the secrecy of the projects that were involved. But it seems unreasonable that they have such a small amount of bioassay data. Of the folks that you have spoken to, especially the people that you have interviewed personally, have you gotten any feel from them as to why there would have been such a paucity of data?

MR. HINNEFELD: It could be that that particular division in GE that did this work actually moved to the UK and that then the records might be there. And that might be

the records that we were unable to get from the UK. That might be the case.

MEMBER MUNN: Do we have fairly significant evidence of that?

MR. HINNEFELD: No. I think that is --

MEMBER MUNN: It is just a possibility.

MR. HINNEFELD: That is a possibility. It is anecdotal.

MEMBER MUNN: Okay. And I am gathering, from the few number of personal interviews that you had, that you actually don't have much in the way of management, worker, employee, survivor data, whether there are claimants or not who could help contribute to this. You don't have a lot of people that you have identified that could give you helpful information.

MR. HINNEFELD: Well, I know we interviewed the radiation safety officer from GE for some period of time. Okay, so the

radiation safety officer for that entire period we did interview.

MEMBER MUNN: I am wondering, out loud I guess, whether there is not a larger pool of potential expert testimony that we could have that would give you a better feel with respect to source-terms.

This is no longer classified data, and they must have had some idea of how much material was coming in and going out. Clearly, they handle a lot of radioactive material. Clearly, they were doing crucial work at the time, Cold War stuff that was really important to everybody and, understandably, very secretive.

But now that it is no longer secretive, it is hard to imagine, out of that body of potential claimants that you have, even non-claimants, that there aren't a larger group of people that we could be talking to, trying to tie down some better information with respect to being able to define this

class a little better.

MR. DARNELL: I would like to point out that -- my name is Peter Darnell. I am a health physicist working with GE Evendale. With ATL and our contractor ORAU, we are still working on contacting unions to find out more information.

Currently, we have been through two union -- had interviews with two unions. And what we did basically was have a large group discussion where I facilitated that group to try to get the workers to focus in on the two buildings, C and D, and the work period '61 through '70.

Basically, the workers themselves argued between themselves on who was there, who wasn't there, what controls were there, what controls were not there. The knowledge within the two unions we have spoken with is very spotty. More concern from them and more talk about the health and safety issues was for chemical, rather than radiological.

I don't believe -- the workers at this period don't really appear to have a good knowledge of the radioactive materials they were working around or working with. The only exception to that were some of the maintenance personnel that were there that talked about moving different materials that were used in Buildings C and D throughout the remainder of the site.

Basically, at GE, if you use something in C and D, where the radiological work was going on, it was moved to wherever it was needed throughout the site. So it just, what the union said to us reinforced the idea that there was no real control on who could access it, or the materials that were in the project where that was controlled later on.

MEMBER MUNN: And your radiation control officer tells the same story, that there was no radiation control.

MR. DARNELL: Well, his initial interview told us that there was great

controls. And then he would remember that the secretaries were working in the loft above the areas where the radiological work was going. And then after a little while, he remembered some contamination incidents that people were walking through until they found it.

Basically, he reinforced the idea that the controls there, while not lax for the times, were not up to the standards that we would expect now.

MEMBER MUNN: And I am still kind of pushing this point, I know, but it seems to me that we need a lot more information from the people who were there. And certainly, if the records have gone off somewhere else, and they probably do exist but if we can't get to them, they have no value, before we simply cast the broad net over everyone who walked in the gate during that period of time, it would seem wise that we make further effort to attempt to identify the kind of employment records and the kind of job titles, as well as

individual people who could give you more than just the yes, I was there or no, I wasn't.

Is there any plan to try to do that?

MR. DARNELL: That work is ongoing. We are still trying to get in touch with the third union to get more information. Part of our problem is, is that the unions are not very willing to speak to us. They feel that they have already been working with NIOSH. That was actually for other projects and not for this. So we have had some uphill battles to get them to even talk to us.

And then the workforce itself is not really interested in coming and having a meeting about this information and talking about what they did. Our last effort netted ten personnel that showed up and, I believe, five of the people that showed up were actually the current union officers. We got very few that want to come and talk to us.

MEMBER MUNN: You do have

employment record information. Right? You know people who work there. You have names.

MR. DARNELL: We have contacted those people.

MEMBER MUNN: All of them? No, I am not talking about just union members. You know, plants like this, plants all over this complex are made up not just of union members and not just of management. They are made up of a great many individuals who are non-union, non-management people who have technical information that could assist you.

My question is don't we have information about other people who worked -- all of the people who worked at that plant must be of record to GE, regardless of whether their dose records and things of that sort are being moved. Surely, GE knows who worked there during that period.

MR. HINNEFELD: Well, we have not pursued the employment roster for this period. And we rarely pursue the employment roster

from a site.

MEMBER MUNN: Yes, I understand that. That is why I am pushing the point, I guess, Stu. I am not trying to be combative here. I am just trying to look for another source of available information, given the large pool.

MR. HINNEFELD: So your thought here is that the employment roster would provide us with enough information to identify people who worked in the two buildings we are talking about in order to ask them.

MEMBER MUNN: Who would have knowledge of people who worked there and who would have knowledge of the process that could add to the information you already have, which, after you talk to them for a while, oh yes, there were secretaries upstairs. Oh yes, there were these incidents that occurred. There must be additional folks around who are not, who don't just jump out at us.

MR. HINNEFELD: Well, I don't

doubt there are. I am really trying to figure out a way we can find them off the roster. What will be on that roster that will tell me these are people worth talking about to tell me about C and D --

MEMBER MUNN: Well, probably job descriptions --

MR. HINNEFELD: -- of the, if there are 8,000 people on the roster.

MEMBER MUNN: Well, a job description ought to help. Shouldn't it?

MR. HINNEFELD: Well, it may or may not, but chances are, the same job descriptions were used across the whole project.

MEMBER MUNN: Well, that's true. But it seems as though it is one thing we should pursue before we give up completely.

MR. HINNEFELD: Okay, I want to try to summarize here.

CHAIRMAN MELIUS: Well, don't summarize yet.

MR. HINNEFELD: Okay, I won't summarize yet. Go ahead.

CHAIRMAN MELIUS: There are other Board Members that have some questions. Let's hear from them. Henry?

MEMBER ANDERSON: Yes, just briefly, I just wanted to respond to Paul's issue.

And from my perspective, it would be very interesting to know of all of those people who would qualify who aren't filing claims, who don't get paid, those are probably the most harmed individuals than somebody who might apply but clearly was not exposed.

So it will be interesting. We know how many claims have come through but we should also be able to estimate the populations that were there. You could easily apply a distribution of death to estimate how many of the various cancers would have occurred. And I would guess that of those, probably a very small percentage have actually

applied and gotten into the program because anyone who was somewhat older back in the '40s and the '50s who would qualify, you are now talking about grandchildren because the person has long died and nobody remembers what they did and they haven't heard about the program and they have moved around the country.

So I think there is probably more people who would be compensated who aren't filing a claim than those who would file a claim that we might feel as being a wrongful claim. So I think that is really an area I would say we need to push more on the outreach to find those individuals. Because simply qualifying an SEC, nobody starts receiving checks in the mail without having to have first heard about it, file a claim, organize their material, go through the process.

So it is still, I think, a pretty narrow door that claims processes go through.

MEMBER MUNN: Oh, but here we are talking about people in the '60s. We are not

talking about people in the '40s and '50s.

MEMBER ANDERSON: Yes, but somebody who was 60 in 1960, that is now 50 years ago, that person would now be 110.

MEMBER MUNN: Most of them were not 60.

MEMBER ANDERSON: Well, but even 50. So now that person would be 100. Now if they were 40 in 1960, they're -- I am just saying the number of individuals who would have died of a compensable thing early in their life are long missed.

So I am just saying we have to place our priorities on the people who really would qualify who we don't know about yet. And there is attempts to do outreach but it is very difficult and especially, like the individuals you are saying, try to find, who aren't in the union, who aren't in the management. How do they find out about these programs?

CHAIRMAN MELIUS: Well, there are

some data on claims on the DOL presentation.

MEMBER ANDERSON: Yes.

CHAIRMAN MELIUS: So that provides some sense.

MEMBER ANDERSON: Yes.

CHAIRMAN MELIUS: And there is a significant number. I don't know what the time frame on those are, but we'll do that.

Jim, did you have another question?

MEMBER LOCKEY: Yes. Stu, in your summary of radiological data, one of 118 have internal monitoring data and 32 of 118 have external. Where did that data come from, just so I know?

MR. HINNEFELD: That was GE. GE responds to our requests for radiological data, individual exposure reports.

MEMBER LOCKEY: Right.

MR. HINNEFELD: We get a claim. We send them a request for individual exposure information. They send a response if they --

with what they find.

MEMBER LOCKEY: And how does that compare with other sites where you are proposing --

MR. HINNEFELD: There are AWEs who have no record of radiation exposure as seen by employees. So we don't get anything from some AWEs. For a DOE site like INL, we get a response every time, and most of them have radiological monitoring data.

I mean, it is hard to identify a typical one.

MEMBER LOCKEY: One more question. The 8,000 figure, that represents total employment at the Evendale site. Is that correct?

MR. HINNEFELD: That is the way it was represented to us by the Public Information Office.

MEMBER LOCKEY: Okay, thanks.

CHAIRMAN MELIUS: Bob, you had another question?

MEMBER PRESLEY: Yes, I do. 1960 to 1970, this type of material didn't just come through the back door of this place. We kept up with it. There ought to be NMC&A records. There ought to be transportation records. This was the type of material that was not generated at GE. This stuff has got to come from somewhere. And there ought to be shipping records. There ought to be NMC&A records. There ought to be health physics records. I find it hard to believe that at that point in time there is nothing up there.

And as far as employment, we ought to be able to come up with some type of health physics or rad techs or something that worked in this area with this material.

MR. HINNEFELD: Okay, we did in fact find some NMC&A reports and transportation reports under data capture, and it's part of the documents we reviewed to try to assemble the story.

I don't know, you know,

presumably, we didn't get a complete set. We got what we were able to get.

CHAIRMAN MELIUS: David.

MEMBER RICHARDSON: I have, I guess, several points. I think this has been a useful discussion.

Let's start off with Paul and Wanda's concerns that this is an extremely -- the proposed group, the proposed class is extremely large and you are recording numbers of about 8,000 workers. This is what I remembered from our previous discussion about this. When it was first put forward, it wasn't really clear how large this class was.

In fact, I did a little bit of digging, and it is one of the largest employers in Ohio. I mean, in the 1950s they had 12,000, 13,000 workers. I mean, that is larger than, I think, the number of workers at INL. Today, it has got 7,500 workers on-site, and most of them are not doing radiation work. Most of them are working on the manufacture

of jet engines.

And so one of my concerns in thinking about, well, you have got 100 -- I'm not quite sure -- 140 claims and you find a small amount of bioassay data for them. One interpretation of that is that most of them were not working in radiologically controlled areas, and they weren't in a bioassay monitoring program. That is at least one interpretation. That doesn't necessarily imply that there is a large amount of either missing bioassay data out there or an extremely incompetent health physics program which wasn't doing internal monitoring on people when they needed it. It may just be that the number of workers in the 1960s and '70s who were actually employed doing this work was a small fraction of the jet engine manufacturing going on by GE in Ohio, and 30 of them had dosimetry records, were badged. I mean, again, this may give us a sense that the large fraction of the workers, even among the

claimants, were not in areas where they were within the HP program.

I have to kind of agree. I can't imagine in the '60s and '70s that this work was not fairly well controlled. It seems somewhat implausible, and the descriptions of the problems that the health physics management was describing sounds similar.

I mean, if you talk to people at Oak Ridge, for example, they would also say yes. There were periods where there was contamination outside that somebody walked through and we found that there were secretaries who were subsequently found not to be badged when they should have been badged. I mean, that is true throughout the complex. I think that there was an evolution over time of being more inclusive in the monitoring, but it doesn't mean that there wasn't a program in place.

One, I had a question about looking at the employment records, something

else that we have done, as opposed to trying to get a full kind of roster of the workers there is to ask for the organizational charts. And then at other facilities, anyway, there's, aside from getting the payroll records, you can get year-by-year management charts or organizational charts with names of points of contact and that may be a useful place to start identifying. Again, this is the '60s and '70s. I think that there is reasonable chance that you would be able to contact some of these people.

In reading over the document, one of the concerns I had was I thought it was very useful and yet I know you are having a hard time describing the process, but it would seem when you would talk to people, there should be some more recollection of, you know, are there hot cells there or some more description of what was going on. People had to have, I would think, be able to give a little bit more detail about what was going

on. Maybe not.

MR. DARNELL: What we did -- this is Peter Darnell. What we did during these group discussions was have a led discussion. I would talk about access controls. And one person would get up and speak about how he remembered this. And somebody else would be shaking their head. And I would go to that person, what are you thinking about, and try to build upon the initial information that was given, once the first questions would get out. It was all led conversation. It was not, someone said something and then we went on to something else. We tried to get as much of the group in on every question that we asked that we could.

I did bring the questions if anybody would like to take a look at them. But it was all directed to try to gather, try to encourage people to remember what was going on at the time. The unfortunate part of it is, is most of them remembered the Aircraft

Nuclear Propulsion Project, the ANP Project, which is prior to the covered period. That was the big thing that they remembered. That was the big thing that they talked about.

The covered period was not much recollection no matter how much we directed. No matter how much we tried to bend the conversation to the covered period, there just wasn't a lot of recollection.

CHAIRMAN MELIUS: All right, we will now go to the Board Members that are on the phone.

MR. KATZ: So let me start with Mr. Gibson. Do you have questions? Mike, you may have put your phone on mute.

MEMBER GIBSON: I have no questions at this time. There is a whole lot of side conversations going on on the phone line that is really making it hard to hear the Board meeting.

MR. KATZ: I'm sorry. Your voice -- maybe you can start over. Your voice is

actually coming through somehow. Wait, maybe he is hearing the phone. Can you repeat that?

MEMBER GIBSON: I said I don't have any questions at this time. But it is hard to hear the meeting because there are several side conversations in the background by these five people on the phone line.

MR. KATZ: Okay. So Mike doesn't have questions. He has difficulty hearing at times because I guess he is picking up conversations -- people's side conversations on the phone.

So people on the phone, if you would press *6 if you are not trying to address the group, that will mute your phone.

And how about Dr. Field? So Bill is asking the slides we have, where it indicates that information is not available, it is unclear to Dr. Field, and probably to everyone, whether that information is not available or won't be provided, what the impediment is, whether the records don't exist

or --

MR. HINNEFELD: Well, we have been unable to obtain them. We have attempted to obtain them and have not been able to.

I think probably a lot of records that were generated at the time no longer exist because of a records disposition schedule. And so I would say some things we were trying to find don't exist. There may be stashes of records that we haven't uncovered yet. And so they may exist. We just have tried to find them and have been unable to.

MR. KATZ: Oh, I am sorry. I missed that, Dr. Field.

So his question is really more specific to the documents in the UK, that are stored in the UK.

MR. HINNEFELD: We don't know for sure what documents are stored in the UK. We believe there are documents stored in the UK. We have been unable to obtain those after repeated contacts with GE UK.

MR. KATZ: Would it be possible -- say that again.

So Dr. Field is asking, then, if our requests at our level in the government are ineffectual with respect to these records in the UK, is it possible to go up the chain and get a request from a higher level in the government to GE to try to obtain those records in the UK?

MR. HINNEFELD: We have never tried that before. So I don't know. We can find out.

MR. KATZ: Thanks. That is it for Dr. Field. Okay. And then let me go to Dr. Lemen. Okay, Dr. Lemen doesn't have questions. He is having difficulty hearing as well.

CHAIRMAN MELIUS: Any further questions from the Board? I think we have one recommendation early from Josie that we defer. My sense from everybody speaking on the Board is that we are uncomfortable moving forward on

this at this point in time. We certainly can refer it to the SEC Evaluation Work Group, if that is people's preference, or we could set up a new Work Group.

We can do the SEC Evaluation Work Group if that is fine with people.

Yes, Jim. Jim Lockey.

MEMBER LOCKEY: Maybe I need to have a little more discussion. If we are directing NIOSH to go to higher up to see those records in Great Britain or the United Kingdom, I think that is a worthwhile endeavor, if that could be pursued.

But I don't see how this cohort can have their dose reconstruction, I don't see how they can identify people that have been exposed versus non-exposed.

We have approved SEC petitions on much more, firmer reconstructive data than this. And so I don't have a feeling that postponing this -- other than we give them specific directions of what we are looking

for, perhaps United Kingdom records that have not yet been released. Otherwise, I don't think there is much we can add to this.

CHAIRMAN MELIUS: Well, what I was hearing, and others can speak up, there were several requests for either further interviews, collect more information from workers, and secondly, for pursuing other information, what Paul was talking about earlier in terms of approaches.

I also just would add, I think that we really don't have a good summary of the interviews that have been conducted so far. And one advantage of referring it to the Work Group is that with a smaller group we can get a better sense of what information has been collected so far. You may very well be right, Jim. I don't know what the outcome will be, but my sense was that people were asking for a little bit more follow-up and more detailed follow-up, before feeling ready to make a decision.

Now if people are ready, that is fine, and someone should make a motion. I am just trying to get a sense of where people were.

Wanda.

MEMBER MUNN: My personal preference would be that NIOSH make an attempt at a couple of the things that we have suggested here before we make the decision to refer it to a Work Group for a more deep parsing of what we have already.

The concept of trying to find a better method for getting a positive response from the UK is certainly well taken. And the possibility of closer, of an attempt to interview some more individuals on a face-to-face basis is certainly well taken. But other than that, it is hard to see what the Work Group could do. But now in addition to that, until those items are -- at least until an attempt has been made to address those.

CHAIRMAN MELIUS: That is fine.

Any other? Okay, go ahead.

MR. KATZ: Let's make just a process. It probably doesn't apply yet because you have these other inquiries you want to do, but it also is within the discretion of the Board to make a recommendation for a Class that is far narrower than the Class that is prescribed by DCAS, as recommended by DCAS. It is entirely within the Board's discretion to define its Class and then what happens following, of course, you know, depends on the Secretary of HHS and so on. But I just wanted to make that clear.

CHAIRMAN MELIUS: Well, I think we also need more new information, more information first, if it is available. Let's sort of cross that bridge in good time. Is that fair?

Okay, I think for the time-being, why don't we just defer? I think there are several things that need to be followed up on

and perhaps you can update us on the next Board call in October.

MR. HINNEFELD: I'll see what I can do by then.

CHAIRMAN MELIUS: If not by then, then certainly by the next Board meeting.

MR. HINNEFELD: We will provide updates as we go, as we have something to report.

CHAIRMAN MELIUS: Okay, thank you.

We are ready for a break now and we are 15 minutes late. So we were scheduled to start again at 1:00. So realistically, let's plan on meeting again at 1:15.

MR. KATZ: We will disconnect the phone lines and reconnect at 1:15, then. Thank you, everyone, for hanging in there on the phone.

(Whereupon, at 11:49 a.m. the above-entitled matter went off the record and resumed at 1:32 p.m.)

A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N

(1:32 p.m.)

CHAIRMAN MELIUS: Everyone, we will get started now. Check on the phones, please.

MR. KATZ: So let me check on the phones for Board Members if you are with us, Dr. Field, Dr. Lemen, and Mr. Gibson.

MEMBER GIBSON: Yes, Ted, this is Mike. I am here.

MR. KATZ: Great. And Dr. Lemen and Dr. Field?

MEMBER LEMEN: Yes, I am here.

MEMBER FIELD: Yes, Dr. Field.

MR. KATZ: Thank you.

CHAIRMAN MELIUS: And our science update, Dr. Jim Neton. There you are.

DR. NETON: Thank you, Dr. Melius. I know I have drawn the after lunch presentation. So I will try to be at least moderately entertaining to keep you all awake during this presentation.

This has sort of been a routine presentation that I present the Board periodically. I think I missed the last one in Buffalo and prior to that, the most recent one I have given is in Manhattan Beach, the Manhattan Beach meeting. At that time, there was some -- well, let me do this slide first.

I want to announce that we have a new staff member on our DCAS staff. It is an epidemiologist. Those of you that have been on the Board for a while might remember that Maxia Dong, who was with our program, MD/PhD person had left our program quite some time ago, and we have been looking for someone for a while. And we are fortunate now to obtain Susan Reutman, Ph.D., some time, I think it was in March, the March time frame. So she has been here for a few short months. She is formerly with NIOSH's Division of Applied Research and Technology, and she is currently really working hard reviewing our past efforts and looking for ways to address some of the

existing issues that I am going to talk about a little bit later.

In addition to that, Susan is also looking at some ways that we might be able to utilize our unique database of 30,000 plus cases of cancer incidence. We realize that there are a lot of issues associated with that, being self-reported and all that sort of thing. But we think there might be some useful information we might be able to glean from that database in and of itself, recognizing, of course, we have to be mindful of Privacy Act issues and human use, and all that sort of thing, informed consent.

So I look forward to having Susan work with us and hopefully eventually be able to address the Board on some of these risk model issues herself.

As I started to say a little bit ago, at the Manhattan Beach meeting I know there was a few new Board Members that had not had the benefit of our discussions on what we

call our outstanding or overarching issues. And these fall into two categories, risk model issues and the dose reconstruction issues. So I am going to spend a little time, some of this will be redundant, just to get the new Board Members up to speed, but I would like to go over where we are with these various issues to get everyone on the same playing field.

There are six risk model issues. There are more than six issues totally out there but there are six issues that the Board and NIOSH quite some time ago had jointly agreed that were of significance that needed to be evaluated. And these are listed here. They include the evaluation of chronic lymphocytic leukemia as a covered cancer under this program, which I will talk about today in some detail; the incorporation of nuclear worker epidemiological studies into the IREP risk models; the Dose and Dose Rate Effectiveness Factor and how its adjustment is used to modify the risk coefficients for

various types of exposures; the grouping of rare and miscellaneous cancers; age-at exposure analysis; and interaction with other workplace exposures.

I am going to talk today about the first three to some degree. And the last three on this table, although we have not done zero on these things, not as much has been accomplished as in the first three.

The grouping of rare and miscellaneous cancers refers to the fact that when the IREP program was developed, it relied heavily on the Radiation Effects Research Foundation Analyses and the decision was made only to use those cancers, develop individual models for those cancers that had 50 or more cancers. And since then, more cancers have been identified and there is a bigger population. So we want to go back maybe and look at those cancers to see if we could tease out more relevant risk models. Critically cancers like prostate cancer now, I think

there are more than 50 out there that we might be able to use and develop an individual model.

The age-at-exposure analysis issue has to do with the modification of the risk models themselves for certain time-dependent parameters, such as when a person is exposed might be a different risk associated with that. As you get older, perhaps your immune system might not function as well as when you were younger or something of that nature. And so we were committed early on in this program to review this parameter as well, although it is not unique to NIOSH. There are a number of researchers that have pointed to this issue in the past.

And the last one on this list that I am not going to talk much about today is interaction with other workplace exposures. That is, synergistic effects between chemicals and radiation and how that might modify the risk of developing cancer.

So moving on to the first topic, chronic lymphocytic leukemia.

MR. KATZ: So, Jim, just for the record, Dr. Richardson has recused himself from this CLL discussion and presentation.

DR. NETON: Okay, thanks.

Chronic lymphocytic leukemia is the most prevalent form of leukemia in the United States, and it is the only type of cancer that is regarded a priori as non-radiogenic under the Probability of Causation rule. That was decided for a couple reasons early on, and those were that there were no definitive studies that would link, at least at the time, link CLL and radiation exposure in cancer. And secondly, even if there were some associations, it was not obvious to us that risk models could be developed, quantitative risk models could be developed to express a cancer risk.

We have been looking at this for quite some time, even in fact in our own

documentation for IREP we indicated that we would look at this in the future as new scientific evidence emerged. So we have been engaged in reviewing the relevant studies for quite some time. Of course, rulemaking would be required to add CLL because the rule specifically exempts or assigns a Probability of Causation of zero right now for CLL.

If CLL were to be considered in this program as a covered cancer, there are three separate issues that need to be addressed. And these would be, first of all, have we decided that chronic lymphocytic leukemia is potentially radiogenic. That is the first bullet. And if we could, is there a quantitative risk model that could be developed to express the risk associated with exposure? And thirdly, we would need to have some way to reconstruct the dose associated with chronic lymphocytic leukemia.

It became apparent after we got into this, and this was after we reviewed the

lymphoma modeling effort, that chronic lymphocytic leukemia, the etiology of chronic lymphocytic leukemia is not quite well-known. It could be a disease. It is not a traditional leukemia in the sense that you would just look at the dose of the bone marrow, but it could have its origin anywhere within the lymphatic system. And that, in and of itself, creates a very difficult problem for calculating the dose, which I will talk a little bit about later.

Well, we have done a number of studies on these three topics. The first one is we have issued -- had some peer reviews put out for people, for subject matter experts in the area to evaluate the radiogenicity question. I talked about this some time ago at a Board meeting. And the majority or the consensus of opinion among the reviewers at that time was that it was probably not appropriate to continue to consider CLL as a non-radiogenic cancer.

In the quantitative risk modeling area, we also developed, a model was put forth by our contractor, SENES Oak Ridge, a draft model that was also evaluated by peer reviewers. And we took those comments to heart, went through and answered all the comments of the peer reviewers, and arrived at a model that if CLL were to be added, could be used to quantify the risk.

And the end result was that the model is similar to a lymphoma model with an extended latency period. CLL is really more akin to a lymphoma than leukemia, the name notwithstanding.

And finally in the dose reconstruction methodology area, I mentioned that the target organ could be either bone marrow or lymph nodes. In this particular situation, if you recall how we do lymphoma dose calculations, we would automatically assume that the dose was delivered entirely to the tracheobronchial lymph nodes. It was a

inhalation exposure. And that results in extremely large doses to the tracheobronchial lymph nodes, which would then result in extremely high Probability of Causation calculation.

It didn't seem to be to us the best scientific approach to use in this particular case. So we investigated additional models to see how we might be able to reconstruct the dose from CLL. And we have a potential model that has been developed. It is based on the external review of the current literature, and it is a probabilistic model. It is the first model of this type that we have developed for dose reconstruction purposes. And it uses an inventory-weighted average of potential to the CLL precursor cells, that is the B lymphocytes that are circulating within the body.

Because it is a probabilistic model, it allows us to incorporate the uncertainty in our knowledge of the

distribution. That is, you don't have to use a fixed point dose estimate to come up with a probability distribution of doses that could be used in the IREP program.

So in a nutshell where we are with CLL is we have evaluated the science, the three science issues I talked about. I have had peer review done on them. We believe that the science issue is complete and that at this point in time, the Agency is considering the possibility of rulemaking for CLL.

One slide I forgot to mention here, I just added this because I think it is kind of a neat slide and it shows the latency adjustment factor for chronic lymphocytic leukemia. You can see that for different times after exposures, the y-axis is a unit-less axis where it would be an adjustment anywhere from zero to one, depending on how long after exposure you develop chronic lymphocytic leukemia.

So for example, if you develop

chronic lymphocytic leukemia ten years after exposure, you would get about half the credit for the full risk model, as opposed to if you went out to a full 15 years, you would get the full credit for the full risk model. And the dotted lines, dashed lines on each side just represent the uncertainty distribution that the model would contain.

Okay, moving on the second topic, which is incorporation of nuclear worker studies. We have been in collaboration with the NIOSH Division of Surveillance --

CHAIRMAN MELIUS: Excuse me a second, Jim.

DR. NETON: Yes.

CHAIRMAN MELIUS: I hate to interrupt you, but it would be easier if we could take any questions on this --

DR. NETON: Oh, sure.

CHAIRMAN MELIUS: -- CLL issue now and then we will move on to the others.

DR. NETON: Absolutely.

CHAIRMAN MELIUS: Gen.

MEMBER ROESSLER: Okay, Jim, you mentioned I think in slide three that you are trying to determine whether to add this to the list of cancers covered under EEOICPA. And I can see that you have talked about dose reconstruction, in the list where you do dose reconstruction. What about the others in the SEC list?

DR. NETON: I guess I am not sure of the question.

MEMBER ROESSLER: Okay. There are two different lists of cancers, the ones that qualify when you do dose reconstruction --

DR. NETON: Right.

MEMBER ROESSLER: -- and I am not using probably the right terminology here, and then the other list which is shorter, for those covered under the SEC.

DR. NETON: Yes, you are talking about the presumptive versus the non-presumptive cancer list.

MEMBER ROESSLER: Yes.

DR. NETON: Right.

MEMBER ROESSLER: Are you considering both?

DR. NETON: No, no. This would just be to allow for CLL to be considered as a cancer that is covered. It would not be part of the presumptive cancer lists.

MEMBER ROESSLER: Okay, that was my question. Yes, okay.

DR. NETON: At least that is the way I envision it.

MEMBER ROESSLER: It would take rulemaking for both of them, but I didn't know if you planned to do both --

DR. NETON: Yes, right. Adding cancers --

MEMBER ROESSLER: -- rulemaking changes.

CHAIRMAN MELIUS: Yes, the presumptive cancers, that is a legislative change.

DR. NETON: You raise a very good point. I think a lot of folks tend to be confused about the difference between adding CLL as a covered cancer versus adding CLL as a presumptive cancer. That is not what we are talking about here. We are talking about adding it just to be covered in general.

MEMBER ROESSLER: Okay, good.

DR. NETON: Right now we receive zero cases of chronic lymphocytic leukemia from the Department of Labor. If you have CLL in this program currently, you just have no recourse at all.

CHAIRMAN MELIUS: Any of the Board Members on the phone have --

MEMBER LEMEN: Yes, this is Dr. Lemen. I have one question, Jim, and that was if you are considering --

MR. KATZ: Wait, Dr. Lemen. Dick, could you just hold on a second? First thing I would just ask, there is a lot of back noise with the phone. I suspect there are a lot of

people on the phone who haven't muted their phone. If you don't have a mute button, *6 will mute your phone and then *6 again would un-mute it, if you need to speak. Thank you.

MEMBER LEMEN: Do you want me to start over again? Hello? Ted?

MR. KATZ: Go ahead, doctor. Go ahead.

MEMBER LEMEN: My question was, you indicated, Jim, that you were to the point of deciding whether or not to go forward with rulemaking. I wondered if you had a time frame on what the next step would be and if you plan to present that as an option to the Board to go forward with that.

DR. NETON: Right. I can only comment on the science behind what we have done. And as I said, the scientific evaluation is complete. I can't speak for the Agency on whether or not rulemaking is moving forward and the time frame.

There was another piece to that

question, and I forgot what that was.

MR. KATZ: I can address it, if you want.

DR. NETON: Okay, maybe Ted can.

MR. KATZ: So, Dr. Lemen, the rulemaking, as Jim said, that is a decision of the Department. So that is in process, but the Board doesn't come into it. The Board doesn't have a say about rulemaking until the Department decides to do rulemaking and then issues up a proposal.

And then at that point, once a proposal is issued and a notice of proposed rulemaking, which is issued in the Federal Register then at that point, then the Board would have an opportunity to comment on the rule.

MEMBER LEMEN: My question was, where do we stand on the rulemaking? Has NIOSH sent it to the Department for consideration at this point in time?

MR. KATZ: I am not sure, Dick.

I'm not sure where it is in the process, but NIOSH has developed a proposal. Whether it has gone forward to the Department or not, I couldn't tell you.

MEMBER LEMEN: Is that possible to find out to report to the Board?

MR. KATZ: Yes, it is possible to report to the Board.

MEMBER LEMEN: That's all.

CHAIRMAN MELIUS: Bill or Mike, do you have questions?

MEMBER FIELD: Yes, this is Bill. I have just a comment. I really have to, I think, thank NIOSH, thank Jim and thank the NIOSH staff for being very proactive, I think, on this issue. As Stu and others know, most of what we know about our cancer risk programs, radiation sources comes from the Hiroshima and Nagasaki survivors. From a paper I read a few years back, it looks like the incidence in Japan is four to five times below what we see in the United States. I

think this is one cancer we really can't look to the Japanese data to give us the answers for.

But I think Jim and the staff have been very proactive with reviewing the literature, getting the information we need, what they need to make an informed decision.

I am going to urge to proceed as fast as possible with rulemaking, given what is known. I think what we know now certainly supports that it should be a compensable cancer.

CHAIRMAN MELIUS: Thanks. Okay, Jim, you can move on. Dave, you are welcome to rejoin us now.

DR. NETON: Phil Schofield may have a question.

CHAIRMAN MELIUS: Oh, I'm sorry.

MR. KATZ: I'm sorry. Phil, could you repeat your question into the mic, please?

MEMBER SCHOFIELD: My question is, who are you going to use for this particular

risk model? Is it going to be only people who are badged?

DR. NETON: Well, the risk model itself would be based on a modification of a lymphoma model that is already existing within IREP that was based, essentially, on the Hiroshima and Nagasaki survivors. But we would apply it to anyone who presents with CLL and has to have a dose reconstructed for that cancer. So it would be anyone who applies for the program.

CHAIRMAN MELIUS: Now, okay, no more questions on CLL allowed.

DR. NETON: Okay, good.

CHAIRMAN MELIUS: I would like to thank Dr. Field for that nice comment, though.

DR. NETON: The second risk model related issue was our intent to look at nuclear worker studies because ideally, that would be the best population from which to develop risk models because that is the people that we are trying to reconstruct the doses

for and estimate their risk.

Unfortunately, at the time that we put this together, there weren't many definitive studies out there to develop quantitative models, but we have been looking into this. And part of this is a collaboration of DCAS. I am not a co-investigator but a small part investigator on this study with the Division of Surveillance, Hazard, Evaluation and Field Studies under a NIOSH Occupational Research Agenda Award to look at the adequacy of risk models in first setting radiation protection standards. But the logical offset is if you are doing that, you may as well look at it to see if the models that we are using within IREP are also adequate.

And the first trial balloon that we are doing here is to look at two large worker epi studies. One is a NIOSH leukemia study, a case controlled leukemia study that has been ongoing for quite some time. And the

second thing that struck us at the time was to look at the data for the solid tumors from the International Agency for Research on Cancer, the famous fifteen country study.

The NIOSH leukemia study is based on a nested case control of about 160,000 workers. There is a lot of sites that NIOSH has been evaluating for leukemia over time. And this starts to get into some large numbers in the cohort where some quantitative risk models from an occupationally exposed cohort might be sufficiently robust to inform us, from a worker cohort, as opposed to the Hiroshima Nagasaki cohort. And the research for that is currently underway. I think the completion of the study is targeted for sometime in 2011. On the IARC piece, we have not moved too far on that thus far.

And the third thing I want to talk about on the risk modeling is the evaluation of the so-called Dose and Dose Rate Effectiveness Factor, DDREF. For those of you

who don't follow this real closely, the DDREF reduces the risk values for low dose and low dose rates. That is, it is assumed that when you are very exposed to high amounts of radiation, which is what the models are primarily based, you incur a certain risk.

If you receive a much lower level of exposure or a lower dose rate, then it is presumed that the cancer is less harmful to you, that the risk model actually would over predict, based on those low exposures.

This only applied to solid cancers, lymphoma and multiple myeloma. And like many things in IREP, it is assigned a full uncertainty distribution. It is also only applicable to low Linear Energy Transfer radiation. That is primarily photons, as well as beta particles. It would not be applicable to alpha radiation and neutrons, for example. And as I mentioned earlier, it comes with possible curvature in the dose response at lower doses.

This is a picture, a histogram of the actual risk model or the DDREF model that is in IREP currently. And you see it is sort of a sparsely-populated histogram which is based on a literature review. The unique feature of this is that when NCI actually redid this DDREF model, they allowed for the value of one to be more prominent. You see it is about 20 percent chance of it being one, which means there is no Dose Rate Effectiveness Factor. It is equivalent whether you have acute high-level exposure or low-level exposure. But then again, you can also see that the model allows for values much greater than one and much less than one. And not too much less than one but if you get down to 0.5, that would imply that actually it is more radiogenic or more harmful than exposure to acute doses.

So this is what is in IREP. I think the central estimate of this is 1.8. And SENES, our contractor for this, is

reevaluating this, prompted mostly by the BEIR VII estimates that came out that gave a central estimate of 1.5, with a fairly tight 95 percent confidence level of 0.8 to 2.7. Frankly looking at that, we felt it was a little bit too tight, given the data that was available.

So our contractor engaged in a comprehensive review of the current literature, looked at hundreds of references, I think 300, and looked at a lot of different studies involving radiobiology, microdosimetry, and epidemiology with the preference, of course, given to human epidemiology studies that are out there over animal-type models.

That report has been done for quite some time. We are still in the review process. We have actually provided to an expert panel who is looking into this for modifying some models on a consensus committee. We hope to get some feedback from

those folks shortly and move forward with the final product.

Okay, moving on to the dose reconstruction issues, again, these are the so-called overarching issues. They are issues that have arisen that are applicable to most if not all of the sites, versus an individual issue that was identified at a specific site. And I have them listed here. There are eight on the table here, but some of these I am not going to talk about because frankly, after we reviewed these things, they actually became more site specific than was thought at first.

For example, exposure from hot particles almost has to be addressed on a case-by-case basis. You know, are they hot particles from ingestion of large flakes or are they hot particles around the skin, which we run into at Hanford?

So these things tend to be taken up on a case-by-case basis on an individual site, very much like the next bullet under

that, non-standard external exposures. The idea was while this is an overarching issue, there are certainly non-standard exposures out there but how standard or non-standard exposures. I mean, we are evaluating these on a case-by-case basis as well.

For example, the glove box exposure which we have modeled so far allows for correcting for the difference between a badge worn on the upper chest versus the exposure to a worker who may be standing in a glove box that is shielded in certain parts and not in others, so maybe his thyroid dose or extremity doses are very different than what his badge reads.

We have done models for that. We have modeled non-standard exposures for planar contamination. But those, again, tend to be site-specific.

The other one is interpretation of unworn badges. Again, we have gone through this very deliberately at places like the

Nevada Test Site, and, again, there is no standard approach that one can prescribe for that.

Likewise, material tracking, I believe that was a Brad Clawson issue that he brought that up. And I think it is still very important, but, again, we are aware of it, and we need to make sure the very time we find some exotic radionuclide at some facility, we need to find out. It didn't usually just stay there. It was manufactured and went somewhere else. So we need to be very mindful of that and account for these as they arise.

And the last one on the right there, the internal dose from Super S plutonium. That is an issue that we have already resolved. There are certain forms of plutonium out there in the DOE complex that are much, much more insoluble than even the ICRP models would allow for. And we spent a lot of time with the Board and their contractor resolving this issue, and I believe

we have a valid path forward there.

So the ones that I want to talk about today, which I think are the ones that still remain on the overarching issue list, are oro-nasal breathing, workplace ingestion and thoriated welding rods. So I want to spend a few minutes talking about each of those.

This ingestion, oro-nasal breathing actually arose at the Bethlehem Steel; well Bethlehem Steel is one of the first sites we evaluated in detail and that issue arose there. But it certainly became obvious that it could be applicable at a lot of different sites.

And the ingestion is just what you would think. How much radioactive material does a person ingest in the workplace if they are in there all day doing things? There is a certain amount of material that is going to stick to a person's hands. A lot of people lick their fingers and such. So the idea is,

can we really quantify and how well can we quantify the amount that is ingested in the workplace.

The oro-nasal breathing issue has to do with the ICRP lung model and that is how much does a person actually breathe through their mouth versus how much they breath through their nose. It turns out there is about 25 percent of the population that is a chronic mouth breather. They don't breathe through their nose, even at resting breathing rates. That, when you look at it from a technical perspective, makes some difference in the amount of radioactive material a person takes in in the subsequent dose. So that issue needs to be addressed.

I will say that these two issues only affect cases that are reconstructed using air concentration data. If you have bioassay data, the urinalysis will tell you how much they took in and you can correct it. It is automatically self-correcting. We have done

some calculations that demonstrate that even mouth breathing, you deposit more but because you deposit more, more comes out in the urine.

So again, it really only affects cases reconstructed using air concentration data, which with a recent addition of a number of cohorts to the SEC, including Bethlehem Steel, has really brought down the number of cases in our program that are affected by this issue. It is almost exclusively a problem or an issue at Atomic Weapons Employer facilities that handled uranium. That is because these small, what I call small mom and pop type facilities that processed uranium for the AEC didn't either do it in large enough quantities or a long enough time to establish routine bioassay programs. So if you don't have bioassay, you have to rely on air sampling data.

We have resolved these issues, at least in our mind, and are going to document the ingestion approach in an OCAS Technical

Information Bulletin, TIB-9 and the oro-nasal position is going to be incorporated into the OCAS-IG-001.

Just briefly what our position is for these, it is going to go into these documents. We feel that we can evaluate ingestion doses using process specific surface contamination levels. That is there is, we believe, a very well established correlation between how much was in the air versus how much gets deposited on the ground. That will give you how much is available for ingestion and then we can use standard models to account for how much of that material that is on the ground actually becomes ingested in the workplace.

Surface contamination levels are sparse at AWE facilities, especially these mom and pop ones, and that is why we need to establish a relationship between the air concentration and the surface contamination. We have done some comparison runs on this, and

the values that we are going to provide in TIB-9 compared very favorably to those derived from some standard models, such as the RESRAD-BUILD calculations.

Oro-nasal breathing, I alluded to this a little bit earlier. Default ICRP 66 lung model actually sort of self-corrects for this. Well the ICRP 66 lung model does not allow for mouth breathing until you get above a certain respiratory rate.

We actually account for, I think, a moderate level of breathing in our cases. So it does allow for some mouth breathing but not as much as this full-time. But we have looked at some of the ways we have done these calculations using air sample data. And typically, we will take the air sample data at the facility, select the 95th percentile of the air concentration value, and use that to estimate the intake. In doing so, we believe that the value is sufficiently claimant favorable to minimize any effect that mouth

breathing would have. For example, there is a very large geometric standard deviation associated with that distribution. That 95th percentile distribution GSD is much larger than the difference you would have by allowing for oro-nasal breathing. Okay and as I mentioned earlier from the bioassay data, the increased urinary output compensates for the increase in dose. It is sort of self-correcting.

And finally, on the position of thoriated welding rods, the annual doses, we have looked at this in some detail. The NRC actually has evaluated this a lot as well. In fact, thoriated welding rods which contain one to two percent thorium, I think, by weight are exempt from licensing for the NRC, based on their own analysis. There was a NUREG put out on this, NUREG 1717 that summarized some studies that had been done with exposures from thoriated welding rods. And the exposures are fairly low. They are not zero, but they are

fairly low. For chronic exposures, the dose is less than ten milligrams for any given year.

Just going over my slides, I am not sure what I meant by annual doses approximately equal to C -- committed dose -- that makes not sense. Just interpret that second bullet as meaning that the doses are around ten millirem or less on an annual basis from exposures to these welding rods. I think I conflated a couple of facts here in one bullet.

So in cases where we do these overestimating dose estimates, the increase in dose is fairly trivial. For best estimates, the dose is small but again, it is not zero. So our opinion is we have to address these exposures under very specifically defined circumstances.

And that concludes my whirlwind tour of the overarching science and dose reconstruction issues.

CHAIRMAN MELIUS: Okay, thank you, Jim. Questions? John Poston. You just need a microphone.

MEMBER POSTON: Jim, I am just checking to make sure I understood what you said. You have dismissed or you have settled the hot particle issue?

DR. NETON: Well we have decided that that needs to be evaluated on a case-by-case basis. For example, if you are ingesting hot particles, there was some concern about as the hot particle traverses through the GI tract, what the difference might be in the risk or -- well, the dosimetry and the localized dosimetry as it travels through, I have done some research into this and it was actually considered in the GI tract lung model and I don't think there is much difference for ingestion of hot particles. For external hot particles, of course, there is all kinds of ways to calculate that based on VARSKIN codes and things like that.

MEMBER POSTON: You know, there is also extensive literature on hot particles on the skin with doses exceeding four gray and show there is no effect. So I didn't want you spending a lot of time on things that have been demonstrated in the scientific literature to be a no, never mind.

DR. NETON: What was actually a harder concept for me was that the risk model for exposure to the skin is -- it is okay to use the skin risk model, even though the hot particle is deposited on a very small square area of skin. All the skin is not exposed, but it comes out because it is excess relative risk is the reason it works.

MEMBER POSTON: And every 15 years, the hot particle inhalation comes up, and the ICRP studies it extensively, writes a report, and it goes away for 15 more years. So I think it would be good to take a look at what the ICRP says about the hot particle in the lung. I think you could make some

reasonably good models for hot particles in the gastrointestinal tract. I would expect the doses to be low because the transit time is fairly large. And there is even, in the literature, there is even some cases of some of the female workers who assemble the smoke alarms swallowing the americium-241 sources.

And so there is a fair amount of literature that would lead you pretty quickly to a conclusion. It may be a model, or it may be a no never mind.

DR. NETON: Our main concern, thank you for the comment, is to get the dose right and apply the risk model that we have with IREP. Thank you for the comment.

CHAIRMAN MELIUS: Any other Board Members here with questions?

MEMBER RICHARDSON: I had two questions that might be related. One dealt with incorporating information from nuclear worker studies, and you laid out two studies that you were considering as informative. My

question was are there other studies out there that you would plan to include on that list. I am thinking particularly about the UK National Registry of Radiation Workers, which is about 180,000 workers and has been followed up now for cancer incidence.

And then you didn't really give us any hint about how you are thinking about that information being drawn into IREP. Maybe I will ask that question first.

DR. NETON: Which information? You mean leukemia case control? If we can get a quantitative risk model that we believe is sufficiently accurate, and we can use it, we would consider incorporating it and replacing the leukemia model that is in IREP as it exists.

We would like to use worker data whenever possible. We have not yet. I am aware of the UK study. That is a good one. These two are sort of pilot studies that we have. You know, we had some internal funding

to work on.

We also maintained a sort of registry, if you will, of all the worker studies that have been done, as far as we can determine, and have them on a list. We are not working on any of them yet, but certainly any study would be welcomed to be considered. And we thought about meta analyses with a lot of these studies and such.

But it comes down to horsepower as well. We have been without an epi for a while. Now we have one. We like to collaborate as much as we can with the folks in DSHEFS because they have a much longer track record doing these type of things.

MEMBER RICHARDSON: And the other question was about Dose and Dose Rate Effectiveness Factor. And you sort of laid out that currently there is a distribution of values for the DDREF that are being used. The BEIR VII Committee issued a report that had a distribution that was shifted in a direction

which would be more worker or more claimant friendly. It chops off, I think takes a lot of the mass away from values that are like we are going to divide the risk coefficients by a factor of three or four or five and shifts it back to saying we are going to divide it by a value of 1.5 or one or perhaps two.

You had said that you had commissioned a report which skews farther in the direction of being less claimant friendly. I mean, it is sort of surprising to me --

DR. NETON: No, no, no. I didn't mean to say that.

MEMBER RICHARDSON: Well, you said it had essential tendency maybe closer to 1.8.

DR. NETON: No, the current model, that histogram that I displayed, if you ran it, it would give you a 50th percentile of around 1.8.

MEMBER RICHARDSON: Okay, maybe I misunderstood.

DR. NETON: Yes, that is what I meant. The current histogram and it really is, it is one of the few functions in IREP that is really just a histogram. It samples the frequency distribution of that histogram. And if you run that 10,000 times, you will get a central value of somewhere around 1.8.

The BEIR number, I think you are right, is 1.5 is what they sort of recommend, and with a very tight standard deviation, which was somewhat surprising to us at least. And so we embarked on our own review of the literature, and I am sure you know Owen Hoffman and SENES, they have done that for us. And we now have a very comprehensive review of everything, and we have yet to put down on the bottom line though, based on that, what we are going to go with.

Part of the issue is once you change it, this changes all 30,000 cases, potentially.

MEMBER RICHARDSON: Right.

DR. NETON: So we want to make sure if we are going to do something, that it really is grounded in superior science because, you know, if you are going to change 30,000 cases, it can be problematic -- not problematic, it can be very difficult to do. So we are treading very carefully in that area.

MEMBER RICHARDSON: Yes, I think it has been an interesting discussion for me even since the BEIR report. I mean, I wouldn't say at all that there is consensus but the literature has continued to come out since then with studies like the UK study, the Techa River cohort studies, which have risk estimates which are derived from large, large populations exposed to protracted radiation exposures and are having point estimates that are close to the life span study point estimates, without incorporating any conversion factor to allow for the fact that the dose was protracted.

DR. NETON: You are quite right.

MEMBER RICHARDSON: So it has been an interesting discussion among kind of the radiation epidemiologists. And I think there is a move -- there is discussion about thinking this is an unnecessary complication to kind of risk estimation.

DR. NETON: Exactly. Typically, the animal models, the animal studies are the ones that drive the higher DDREF values. I think the life span study it's fairly close to one, if you really look at it. We are working on it.

CHAIRMAN MELIUS: Any other Board -- Board Members on the phone, do you have questions?

MEMBER GIBSON: Jim, this is Mike. I don't have anything.

MEMBER LEMEN: This is Dick Lemen. I don't have anything.

MEMBER FIELD: Bill, no questions.

CHAIRMAN MELIUS: Thank you.

Thank you. Just this is not a question, so you can go ahead and sit down, but just a comment, particularly for the newer Board Members.

This list of scientific issues is, at least for the most part, quite old. And I don't know whether out of the procedure reviews and Site Profile and SEC evaluation reviews, whether other issues may be emerging but it may be worthwhile at some point on our agenda to think about that and talk about that as are there other issues that we think would be helpful relative to the program and given the time involved in dealing with these issues and complexity and so forth, it may be worth trying to identify some now so that down the road DCAS and NIOSH can work on them. So let's sort of think about that for agenda.

I noticed you were -- struck me with a number of issues that were no longer issues, so to speak, that had been addressed. So I mean, that is good. And the ones that

haven't are obviously difficult and major issues.

We now have scheduled some Board working time on some issues. The agenda here we are going to have an update on INL. We are going to try and put that closer to our public comment period.

I also would mention, why don't we talk about it now so people have a sense of scheduling and so forth. I don't know what it is referred to, the Ombudsman/DOE/NIOSH/DOL Joint Outreach meeting reconvenes tonight at 6:00. We are invited. We have to be, as Board Members, I think we have to be careful of a quorum. So, again, no obligation. It is not our public comment period, but if you are interested, you are welcome to attend. I guess Ted or somebody stands by the door and counts. So if you want to make other plans, too, that is fine also. But just so everybody is aware of that, including the complication of the quorum and so forth. I guess that's

why we all can't go out to dinner together or we get in trouble.

No particular order for the Board working time. Mark Griffon should be getting here later, as I said. So we should wait on the DR case selection until he arrives. So we will put that off until probably sometime tomorrow during our working time.

I thought the best thing to do would be to start going through some of the Work Group reports. I will mention, I think we mentioned it briefly on the last conference call, this actually came out of discussions with Phil and others about trying to plan Work Group meetings. We are trying to get together a better schedule for when reports and so forth or responses from DCAS and when reports from SC&A might be expected so it would help us all with our scheduling for Work Group meetings. Because you know, it is frustrating, you plan one ahead and then you go to the schedule and you discover, well,

this report is not ready yet or we really don't have enough information and so forth.

I think there was circulated to everybody an initial draft of that. I think it didn't hit quite what we wanted it to or that would really be useful in terms of Work Group scheduling. So we are going to try again. We may have that, I don't know when. Do we have a schedule?

MR. KATZ: I mean we may have that tomorrow. I think Grady is trying to work on it.

CHAIRMAN MELIUS: So I apologize we don't have that, but hopefully in the future we will and make some of these easier.

Why don't we start with our other Subcommittee, if that is okay, with Wanda on the Procedures Subcommittee because I know she did circulate an update for us

MEMBER MUNN: Yes, and I hope all the Board Members have read the material that was sent out because I will be asking for your

approval for it later.

This Procedures Subcommittee continues to meet regularly between six and eight weeks apart. We have been working, as all of you know, for well over a year on the revision to the software that is -- well, we haven't been working on it. Behind the scenes, NIOSH has been working on the changeover from the type of programming that we set up originally for our electronic database into the new database, which is now up and operating. We used it with considerable difficulty at our last meeting, which was the 28th of last month. It still has a few holes in it that is being worked, the most important of which I think from our point of view is its ability to link the data on the database to other reports and to procedures that already exist elsewhere, rather than loading the database up with the repetition.

We want to be able -- to be able

to refer the user to other items that already exist. The database looks entirely different than it did and functions entirely different than it did. So all of the Subcommittees are in the process of getting up to speed on it.

We are hoping that ultimately when it is completed and operates the way we want it to that it will be a good tool not only for our Procedures Subcommittee but also that it will be a very useful thing for any Work Group that has a significant matrix to deal with which gets very cumbersome after you add more than 15 or 20 findings to a matrix. We have every expectation that this will end up being helpful to all of you. For the time being, we are almost there, and we are using it.

The closure documents that I circulated to you last week are documents that are a result of a straw man that our contractor provided to us. We had asked that they give us a concept of how to put together an easy to read, clear, concise, very brief

document that we could put on our DCAS website which anyone could then look at and get a feel for exactly what had transpired through the operation of findings that had been made and the work that had been done by NIOSH and by SC&A in resolving those issues.

We began from a point which you would almost expect, a paper that was too technical. It covered the area but was done in the kind of vernacular that we are accustomed to using and used the usual terminology, the usual acronyms, and the usual identifying numbers of documents that are meaningful to us but are not meaningful to someone outside the group that works with our program.

With the help of several of the Members of the Subcommittee, we massaged that greatly to the point where we now believe that what we have sent out to you is in simple language but accurate and tells the very clear story of what has transpired with that

particular document. In the process of getting there, we came to the conclusion that rather than repeating the same boilerplate up front telling folks what this was and why we put it together, we thought we would have that one document that was given to you as an introductory document as the first thing that comes up when a person would go to the website to identify what they wanted to see about the procedure that had been now closed and archived.

And then the second item that you had was what we are calling the two-pager, the final report that will go in the archive as a permanent record for any member of the public to be able to read at any time. The one that you have before you is the one that was done on PER-3, our thought being that that was a fairly simple, straightforward PER, with a minimum of convoluted discussion that had been necessary for it. We hope that you found it to be so and would ask for your approval of

those two items with the expectation that NIOSH is going to establish a website where that can be reached by all and sundry, including us.

If anyone has any questions with respect to those two items that were provided to you, I would be more than happy to try to answer them now. If not, I would bring to you the recommendation of the Subcommittee that those two documents be accepted as the appropriate form and format for the website which will be made operable and available to the public.

CHAIRMAN MELIUS: Does anybody have questions or comments? I guess I have one, which I am trying to juggle back and forth between the two documents, and I may be confused. Sort of, it is an attribution question. If this is the sort of the format, we are in some sense attributing this as a work product of SC&A. That is what it --

MEMBER MUNN: It came to you with

a face page on it --

CHAIRMAN MELIUS: Yes.

MEMBER MUNN: -- as an attribution for SC&A. We probably would be only fair in doing that for the time being because, as our current process is moving forward, SC&A is the group that is charged with the responsibility for putting these together. They are, in fact, going to be providing us with two or three more drafts, now that they -- after the Board has approved this as the format and the type of language that they are looking for.

CHAIRMAN MELIUS: Because it sort of ignores the Subcommittee's role. From the way the attribution is, it is as if SC&A had a process without the Subcommittee's involvement.

MEMBER MUNN: I think we can simply -- my first reaction to that concern is that it is a valid one, but it appears to me we could overcome it easily by a simple notation that this material has been approved

by the Subcommittee and by the Advisory Board.

CHAIRMAN MELIUS: Yes, Paul.

MEMBER ZIEMER: If I might add to that, since I was involved in this process, the document, the first round was developed by SC&A under tasking by the Work Group to give us an idea of what this might look like.

I would say you are quite right, Dr. Melius, in the fact that other than the skeleton to which this meat is attached, the only part of the main body that looks very much like the original work product of SC&A are the three findings, which are summarized because this product does summarize the findings of the contractor and talks about how they are resolved.

So the three findings, I think, are probably verbatim from the SC&A original document. But you are quite right, the Work Group essentially rewrote the main content. This is of the second document. The first document is just a boilerplate that would

appear on everything, and it is not necessarily obvious to me how we would take care of that, other than -- what you have before you is not what was developed by SC&A, and that is what your concern is. That is, particularly on the second document, which is the overview of the Savannah River tritium dose assessment procedure, the main part of that.

I don't want to diminish what SC&A did because they gave us a straw man to chew on to start with. So that is always a good starting point when you are trying to do something.

MEMBER MUNN: And of course, they are going to be the authors of those --

MEMBER ZIEMER: Of the future ones.

MEMBER MUNN: -- of future ones. But it is our expectation that the Subcommittee will approve each of them and bring each of them to the Board for their

final approval.

CHAIRMAN MELIUS: But part of what they are reflecting is the process that went on in the Subcommittee also.

MEMBER MUNN: Correct.

CHAIRMAN MELIUS: And so I think that is what needs to get captured somehow. I don't think it is a major change. I just think we need to be -- address that. And there is probably some standard language. It may vary, depending on what happened with the review of a particular procedure because there can be back and forth and so forth. And we don't want to make it too detailed and complicated. We just want a summary, but I just would think we would want it to more reflect at least part of that process.

MEMBER MUNN: For this initial stage, at the point where we are now, would it suffice if I made an effort to compose a sentence which would be added to the original boilerplate which might better explain what

has transpired?

CHAIRMAN MELIUS: Yes. I mean, my comment would be, I mean, I like the summary, the document on the one procedure that was reviewed, the straw procedure or whatever we are calling it. I mean, I like that part of it. It was just trying to -- that is the only major -- I shouldn't say it is the only major. It is the only issue.

MEMBER ZIEMER: I might add that we do have in the record, I think somewhere, the original work product that was delivered by SC&A. That is certainly in the record.

And we should possibly proceed along the lines that Wanda suggested that indicate even in our deliberations here, that the Work Group has modified that original delivered document and that the Work Group and perhaps the Board, if we approve this, believe that this is the form that future documents should take, as opposed to the original document that was, granted, brought to us

simply as a trial to see what it should look like.

So I think Wanda's suggestion is a good one. Maybe we can just do it in terms of the record of how we handle this. I don't know.

CHAIRMAN MELIUS: I have a second comment, which is more as to where this information goes and so forth. But and I know you have talked about this before, Wanda, in your reports to the Board meetings, but there are a number of procedures like this one that are site-specific. And in some cases, those are reviewed by your Work Group, some cases the Work Group on that site or that Site Profile, sometimes both, and so forth. But I just think however we make these available, it is important that they at least be cross-referenced to the site. Because people that are interested in the site are going to want to -- they are going to see some reference to this procedure as an important procedure or

something, and they ought to be able to look at it in one place.

Now for the more general procedures that apply across several sites or all sites, then those should be listed more generally. But some way of just making sure people know how to access this information and so forth.

MEMBER MUNN: This is one of the reasons why we had hoped that the first page that you saw, the introductory page, would have the names of the procedures that were being reviewed written clearly in English, indexed alphabetically, so that people can find them more easily.

CHAIRMAN MELIUS: Anybody else? Any Board Members on the phone with comments?

MEMBER GIBSON: This is Mike. None from me, Jim.

MEMBER LEMEN: None from Dick Lemen.

MEMBER FIELD: And none for Bill.

CHAIRMAN MELIUS: Back to the room here, Paul has another comment, I believe.

MEMBER ZIEMER: I believe that the intent would be that any procedure that is referred to a site-specific Work Group, and some of our procedures are, that is the Procedures Review Committee already has referred procedures to other groups, where it is very site-specific. I think in those cases, then, it would end up, I believe, Wanda, with that group looking at what this particular kind of document would be. Isn't that correct?

MEMBER MUNN: We could either do that, or actually my intent from the outset had been that it would come directly from our Subcommittee to the Board, at which time if there was a problem, it could go back to the Work Group.

But I was not under the impression that the Work Groups would be expecting or be prepared to be the primary contact point for

what transpired with these documents.

CHAIRMAN MELIUS: Let me restate. Maybe I didn't state this very well. But if for example there were, let's say, an Idaho Falls procedure that is being reviewed by the Idaho Falls Work Group and it came back to that Work Group for review. Right? I believe this document goes with that as sort of the public information page about that review. Right? Is that correct or not?

Once a Work Group has finished reviewing procedures for a given site and the matrix and so on, doesn't this get generated?

MEMBER MUNN: It gets generated. I had anticipated that it would be in a separate place. But we shouldn't have any problem working out a logistical method for relating the two electronically so that anyone who reads one would automatically be directed to the other, if they chose.

It seems we could do that in our listing that we have. For example, our site

currently lists the ER and any TBDs that have occurred. It seems that the archived document could just simply be listed there so that it could be hot linked, listed as one of the official documents.

CHAIRMAN MELIUS: So --

MEMBER MUNN: We'll talk about that at the next meeting.

CHAIRMAN MELIUS: Yes. So what are your next planned steps?

MEMBER MUNN: Our next planned steps are to take a look at what SC&A is going to bring us from three additional procedures that they have already been -- was it four? Five? Sorry, I was relying on memory. They are looking at five additional documents which they are going to provide this type of material for us. And we will work it over in the same way that we have done the preceding ones. And when we have worked out all of the kinks, we will bring it to this Board again for a closure.

We have also spent a bit of time at our last meeting discussing how to proceed with the priorities of the outstanding items that we have. The vast majority of the findings that we have that are still open, that is to say have not been directly addressed, are open simply because they were findings that were made early on on documents which -- on procedures which either have been -- in most cases have been revised and are no longer being used. The content of the procedure has been taken over by something else.

And we know that to be the case but it requires a significant amount of Agency time for people to address these issues individually because they are individual issues and identify in which procedures or what overriding new procedures have now caused these to be ineffectual. And it is our intent at our upcoming meeting on the 13th of October to try to bring that particular discussion to

more satisfactory closure so that we have a direct agreement how we should proceed with our open cases.

We don't have any significant number of outstanding findings that have not either been referred to a site-specific Work Group or are not currently under revision of some procedure already. So the criteria that we have had for listing items as open items has been very simply that we haven't addressed them yet. We haven't addressed most of them because they are not salient at this point. We will bring you a better feeling for what the Subcommittee's intent is in addressing those at our next meeting.

MR. KATZ: Wanda, if I may, can I just add something to this for all the Board to understand about these summaries of the procedures?

MEMBER MUNN: Oh, please do.

MR. KATZ: The five sort of additional prototypes that SC&A is producing

is really to do a range of different kinds of procedures to sort of get it down pat. And then there will be -- there is some -- ballpark, I think, of 50 procedures, maybe, 53 so that is ballpark.

MEMBER MUNN: That's a good ballpark.

MR. KATZ: And so we didn't want to really go forward with all of those until we really had sort of routinized this process of developing summary documents. But then those will all be done, and then from there forward they will be done in real time as procedures get closed out.

MEMBER MUNN: Thank you, Ted.

CHAIRMAN MELIUS: I think from the comments, I think everyone thinks that this is a good approach. And I think just go ahead with the five, and then let's bring it back for discussion when the Work Group is satisfied, and then we can go from there.

MEMBER MUNN: And SC&A is so

instructed.

CHAIRMAN MELIUS: Yes, good. Thank you.

MEMBER MUNN: And I will bring you a sentence tomorrow.

CHAIRMAN MELIUS: Okay or it can wait.

MEMBER MUNN: Or something.

CHAIRMAN MELIUS: It can wait, yes.

MEMBER MUNN: All right.

CHAIRMAN MELIUS: I think we would now like to do our INL update, and I don't know if we have lost our presenter. We have a change of plans. We are going to take our break now, and we will come back in at ten after 3:00, and we will then do the INL and then go directly into public comment period.

(Whereupon, the above-entitled matter when off the record at 2:45 p.m. and resumed at 3:12 p.m.)

MR. KATZ: So we are about to have

a presentation, an update, on INL. And let me, before we get started, can I just check to see that we have our Board members on the phone, Dr. Field, Dr. Lemen, and Mr. Gibson?

MEMBER FIELD: Dr. Field is on.

MEMBER LEMEN: Dr. Lemen is on.

MEMBER GIBSON: I'm here, Ted. It's Mike.

CHAIRMAN MELIUS: Okay and as we said before the break, we will now do our INL update. Pete Darnell.

MR. DARNELL: Thank you. I appreciate the opportunity to address the Board and provide an update on the Idaho National Laboratory.

To start off with, our main activities have been merging the Argonne National Laboratory-West and Idaho National Engineering Laboratory Technical Basis Documents. What we are attempting to do or actually what we are continuing to do is merge the documents so that there is one complete

Site Profile for both the previous national laboratories. Our progress to date includes completion of the merge between INL and ANL for the occupational and medical Technical Basis Document.

Just as a quick aside to let you know what this includes, the consolidation document basically was merging the two together. It includes a long review and vetting process. To do the merge between these two documents for the medical, we had to separate the PA and LET doses for medical exposures. This was quite research-intensive because some of the claimants had both, some of the claimants did not have both, and we had to re-research how to do the calculations on those doses to be able to perform calculations for both sets of claimants. We also had to clarify procedures, types, and frequency tables. So the process for doing this type of merge was rather long.

The internal TBD that was

completed in January of 2010 is also a merge. This was more of a total rewrite of the two previous Technical Basis Documents. The INL bioassay data, the associated nuclide list for that data, was all updated. It is included in TIB-54. The original source-term data did not include iodine exposures. So this was added back in. A new approach for looking at actinides was developed, and each of the actinides are represented. We also provided guidance now for assigning iodine doses for thyroid cancers. We added potential lead-absorbent types for several radionuclides. It included the Super S classification. The whole document was reorganized.

Along in this process for both the medical and internal TBDs, we also addressed comments from the issues matrix that was completed by Sanford Cohen and Associates. The environmental TBD was completed in March of 2010. It included and updated the intake and external dose tables and added data that

was retrieved from the years 2006 to 2008. It also added iodine-129.

In March of 2010, we completed the site introduction, and the site description is currently under review. Both of those documents were just basically merged to have complete information for ANL and INL together.

The one TBD that is currently in progress is the external dose TBD. And basically we are at a point now to where we need a technical meeting with Sanford Cohen and Associates to come to some resolution on some of the issues that are outstanding in the matrix. To do this, we can either do it in a Working Group or a technical meeting, but before doing any more to get the entire profile done, the external needs to be completed.

As far as the issues resolution matrix, NIOSH is working on combining the two between ANL-West and INL. What we have basically come up with is a combined matrix

that has a bunch of the ANL matrix left over at the end. We need to work with ANL to make sure that we understand that those comments are truly not included in other INL comments.

Our suggested path forward is to work with SC&A reviewing the current issues matrix in TBD revisions. What has gone on with INL, which is different than many of the other sites, is that we are on revision two of the Technical Basis Documents. This issues resolution matrix was done on Rev 0.

In speaking with SC&A, we both agreed that the next meeting needs to be technical in nature; whether we want to do it in the Work Group setting or just as a technical meeting outside the Work Group is something I have to figure out. A second Work Group meeting after this technical meeting would be needed to complete the work on the INL Site Profile.

There is an INL SEC Petition in place. We have gone through the qualification

process, and we have completed the consultation call. And we are right now awaiting work with the petitioner for deficiencies that were done in the initial forms.

The proposed Class would be all employees who worked in all facilities or areas that have been owned or operated by DOE at the Idaho National Laboratory, Scoville, Idaho, from January 1, 1950 to December 31, 2005.

So that really is all there is to the INL update. I will take any questions.

CHAIRMAN MELIUS: Board Members with questions? Yes, Bob.

MEMBER PRESLEY: Are we saying we cannot do dose reconstruction?

MR. KATZ: I'm sorry, Bob. Could you please speak into the mic? Thanks.

MEMBER PRESLEY: Are we saying that going up to December the 31st of 2005 that we don't have enough records to do dose

reconstruction?

MR. DARNELL: No. I don't understand where you got that from.

MEMBER PRESLEY: Well, I just killed my computer, but I saw that there. The last statement under proposed Class. It goes all the way up to 2005.

MR. DARNELL: That is the proposed Class. It was petitioner's proposed Class.

MEMBER PRESLEY: Okay. So that is something else we need to work on then.

MR. DARNELL: Right now it has got to finish the qualification process to get through the -- I'm sorry, Bomber. Go ahead.

MR. RUTHERFORD: This is LaVon Rutherford. I was just going to add this is just the initial petition that we got from the petitioner. We haven't qualified the petition for evaluation yet. So it hasn't even moved through that process. We are just working on, at this time, qualification.

MEMBER PRESLEY: Thank you.

CHAIRMAN MELIUS: Any other -- Board Members on the phone, do you have questions?

MEMBER LEMEN: None for Dr. Lemen.

MEMBER GIBSON: None for Mike.

MEMBER FIELD: This is Bill Field. Just a quick question. I am not sure the background of this site, but can you just briefly explain why these were combined?

MR. DARNELL: I didn't catch the question.

MEMBER FIELD: Why are the sites combined?

MR. DARNELL: Much of the data that was used for one site was used in the other site, and it was just easier to look at both sites as one. They are co-located. Workers from INL worked at ANL and vice-versa.

MEMBER FIELD: Two sites.

MR. DARNELL: It is one physical location but two different national laboratories.

MEMBER FIELD: Were the processes similar between the two? Is that what you answered?

MR. DARNELL: Processes that were similar were for some workers, that is true, but processes that were different are being handled as different sections in the Site Profile.

MEMBER FIELD: Thank you.

CHAIRMAN MELIUS: Phil?

MR. KATZ: I am sorry, Phil. I don't know if you are speaking into the mic, but it is not coming through.

MEMBER SCHOFIELD: A number of people worked for both national labs without ever leaving the site. So a lot of the, even as well as going into buildings that belonged to the other national lab, people have said they have gone back and forth. So this is the reason we wanted to merge them. Because it is hard to separate to say well Argonne National Lab you only went into these buildings when

according to a number of the workers, they said, no. I may have worked for ANL, but I also went into these buildings. The same thing with some of the crafts and stuff. They said, we were all over the site.

So it is hard to distinguish between different parts of the site, different buildings when they were used by both parties and also the fact that so many number of people worked for both national labs at one point or the other.

CHAIRMAN MELIUS: Any other questions? Okay, thank you.

MR. KATZ: So we are about to start the public comment session. And let me, at the front end of this, just explain for all of you who would comment, there is a verbatim transcript being taken of this Board meeting, including the public comment session. So everything you say in your comment will be transcribed and will end up in a transcript of the meeting that is posted on the NIOSH

website for the Board. The only exception is that if you discuss third parties, anything you talk about, you say about a third party, be it a relative or other, generally speaking that will be redacted. Their name and any identifying information about that third party will be redacted.

Anything you might say personally about yourself, though, about your medical conditions, what have you, that will all be retained in the transcript and, in effect, be published as the transcript goes on our public website. And if you would like to see sort of the full explanation of our redaction policy, what I just explained to you, it is available on the back table here in the room and it is available on the NIOSH website as well on the Board's section, I believe.

CHAIRMAN MELIUS: Okay. First, how we will do this, we will first take comments from people that signed up here. Then we will then ask anybody else present

here that has any comments. And then we will move to people on the phone that might have public comments.

So we have the first person signed up here is Robert Jones. Mr. Jones? Yes. Hi, there.

MR. KATZ: There is a microphone, but I think someone can bring it to you. It's okay. It's okay. Thank you, sir.

MR. JONES: Ladies and gentlemen, I wish to thank each and every one of you for this opportunity to speak to you. I have got several comments that I would like to make, and I wish to personally thank each Member of this Board, especially ladies and gentlemen that worked for me and that worked for my fellow craftsmen that I was associated with at the INL.

I would like to make a comment on what was made just a minute or two ago. I was one of the craftsman that worked at all the different facilities at the INL. I worked at

Argonne. I worked at the different sites. In fact, I worked in every building, every facility. I even delivered propane to the outlying areas where they did checks on radiation that they received. So I worked everywhere at the site.

I started there in 1956, worked until I became disabled in 1991. I was disabled from sugar diabetes. Presently, I have urinary bladder cancer. I have received compensation for asbestosis, which I have, which I thank these ladies and gentlemen for helping with that. And I have a lot of questions that I would like maybe some answers from you folks, if possible.

In 2008, I entered -- from my cancer, urinary cancer, I entered to have my radiation dose accomplished. And that was done in 2008, and I received a 57.05 percent rating. When I received the final disposition of that 4600 or the answers that NIOSH gave me, it really presented more questions to me

than it did in the comments.

It seems that, number one, one of the things that they said in the NIOSH report was that I was exposed to strontium-90 on 1/31/1968. And that was very confusing to me because NIOSH did not recognize 43,281 strontium-90. They simply overlooked it, evidently in my -- or in their procedure. So I started asking questions. I read everything I could about strontium-90, and it seemed totally impossible that NIOSH would refuse me when I had 43,981.

So I talked to my doctor, urinary doctor, and he recommended that I talk to a radiation oncologist in Idaho Falls. The radiation oncologist, and I wish to thank him publicly, stated that he didn't understand why they refused the 43,981. He wrote in his comments on December the 3rd, 1968, that it seemed to him that there was a mistake made in my NIOSH.

So I started to research this as

an individual. I called a lot of the old HPs that I worked with to get some feeling for why NIOSH wouldn't recommend it or wouldn't accept that. And lo and behold, in all of the people that I called, I talked to one individual and here is what the individual said. And I won't repeat his name but he said, Mr. Jones, in the NIOSH report, did they say anything about strontium-90? And I said, yes, they did, they said that I received 43,981 on 1/31/1968. He said, Mr. Jones, you need a document from the INL from a [Identifying information redacted]. In 1968, there was a big investigation of strontium-90 at the INL.

So I endeavored from different people to find out what this stated. And I want to thank my Congressman's secretary here and she helped me. Anyway, this individual -- so I followed what this individual said. I contacted different people and asked about strontium-90, 1/31/1968. And I had to rely on my Congressman to get me the information

because no one else seemed to have this information.

So the Congressman sent for this information from the INL or from whoever, I don't know who she got it from. But lo and behold, in two weeks she called me and I had the complete record of the strontium-90 incident on 1/31/1968 that NIOSH didn't accept. This particular, I think there is 31 or 32 pages involved in this 1/31/1968, and it seems like on 1/31/1968 tin craftsmen at the INL was discharged because they didn't no longer need them and most of these were welders. Lo and behold, on February the 22nd, 1968 -- I have lost my train of thought now. I must apologize. But anyway, it was in the record of the incident.

Further in the record of the incident, it talks about what they decided to do at the INL. They decided to keep it secret, not tell anyone because of the all the repercussions it might give to the union

personnel and other people. And so this was kept secret for a period of time. And the fact is, I didn't even know that my name existed on an exposure in 1968.

In the official document, it states that I, in the document by [Identifying information redacted], 1968, it states that I gave a urine sample in regard to my strontium-90 on 3/1/1968 but the information was lost.

So here we are. We have got lost records that were lost, and then I read in this official document that there is over 50 employees that was involved in this strontium-90 incident. All of these people were welders, some HP technicians, some of them were instrument people, different crafts. And according to what I read on the radiation charts, all of them were irradiated.

But it seems like, I am sure I am not the only one, but I don't have any of the other names because they excluded those, but I think someone ought to take an effort to look

at those 50 people involved in 1968 ought to be considered and ought to be looked at for strontium-90. And I believe -- let me tell you what happened. I had a doctor here in Idaho Falls, a radiation oncologist wrote me a complete letter to send to NIOSH about radiation exposure. And he stated that the proper items hadn't been used in my documentation, that I ought to be given that 43,981. They ought to have considered it.

Well, three months after the letter went to NIOSH and to the Department of Labor, I received a telephone call from the people that did my radiation evaluation. The man was an HP or something who worked for NIOSH, and he was the most rude man that I have ever encountered. He told me that the radiation oncologist knows absolutely nothing about the way NIOSH does their business. You know, I was going to report that, but the more I think about it, he was absolutely right. NIOSH doesn't give a darn about other doctors'

opinions or anybody else. They are only concerned with their own information.

I would like to make another comment that says they lost my urine samples in 1968. And I think that is probably the reason that they didn't use them is they really didn't have anything to base it on. But in May, this May, I asked for all my records at the INL. And guess what is in those records? The urine samples, the urine data and everything from 1/31/1968 to 4/4/1968, and it still shows that I got strontium-90 in my system. Now tell me, gentlemen, what is fair about that? So I just wanted to bring this to your attention, but I wish to make one other comment.

As I said before, I left the site in April of 1991 because of illness caused by diabetes. But thanks to the work of -- I believe it was the University of New York or whatever, they sent me all of the data and that is how they were able to establish me a

15 percent rating for my asbestosis. The thing that in 2007, excuse me, I put in a request to the Department of Labor because I had received the evidence and everything. So I put in for this loss of wages, which I was denied. And the reason I was denied was I couldn't come up with anything that supported my claim that I was exposed or that I received a loss of wages because I left the site because of diabetes.

Lo and behold, when I received all of my records from the site, guess what is in my site records? Three weeks after I was discharged from the INL, they requested that I come back to the INL and have a lung x-ray, which I did. The INL doctors gave that to a radiation or not a radiation man but a man here at the Idaho Falls Hospital to read the x-ray of my chest x-rays.

And I want to take the opportunity now to read to you what this said. In 1991 here it is, 2010, I have asked the Department

of Labor to reconsider that request because of this letter.

The lady from the Department of Labor --

MR. KATZ: I'm sorry, sir. Sir, if you could -- it's okay, I know you are putting your glasses on, but we can't transcribe it except when you are speaking in the mike. So once you get the glasses on. No, it's all right. I just want to capture what you say.

CHAIRMAN MELIUS: Brad, can you just sit down and hold the mic? Yes.

MR. JONES: This is dated 4/2/1991, and it is a request from the INL doctors to a doctor here at Idaho Falls by the name of [Identifying information redacted], who is a radiologist, M.D.

It says, "No previous comparison films are presently available. If such are available, they would be necessary for comparison. Presently, there is some evidence

of thickening of the pleura bilaterally in the mid-thorax, a little more prominent on the right. This is present in addition to some horizontal fibrotic changes at the left lung base. All of the above is nonspecific. However, if this employee was exposed to asbestos, the probability exists that this individual represents occupational disease."

There is the information at the INL that they failed to give to me for over ten years, 1991. In fact, it is almost 20, isn't it?

So this is my comments to this Board and I wish to thank you. But I certainly hope that the same thing doesn't happen because I have been informed that my radiation is being reworked. But what I am afraid of, that has happened to other people, is they are going to say, Mr. Jones, you didn't have near the amount of radiation that we first gave to you.

And that is the end of my

comments.

CHAIRMAN MELIUS: Okay, thank you. So you have talked to someone from NIOSH about following up.

MR. JONES: I have reported countless things to the Department of Labor --

CHAIRMAN MELIUS: Okay.

MR. JONES: -- and they say they have transmitted it to NIOSH. However, I don't know that that is true.

CHAIRMAN MELIUS: Okay.

MR. JONES: And I have with me the three urine samples that was taken in 1966 that I plan on sending to NIOSH, but maybe there is somebody here in this group that could take those to NIOSH and ask them please to fix this correctly.

CHAIRMAN MELIUS: Yes. Stu Hinnefeld was here. Yes, he is here. And he is in charge of the program. Make sure you talk to him and make sure the information --

MR. JONES: I will.

CHAIRMAN MELIUS: And also I'll tell you, as we were talking earlier, the Board is in the process, through our contractor, reviewing all the information that is used as the basis for all the dose reconstructions and so forth for INL and Argonne-West. So we will be reviewing and making sure that the kind of information that you have talked about today in the records is complete and is utilized.

MR. JONES: Thank you so much.

CHAIRMAN MELIUS: But we appreciate you coming forward.

MR. JONES: I appreciate it.

CHAIRMAN MELIUS: Okay, anybody else here in the audience who would like to make public comments? Yes. We will get the microphone re-setup. Thank you.

If you could identify yourself first, please.

MR. NELSON: My name is Mark H. Nelson. I have worked at the site since 1977.

I am still presently employed.

The dose reconstruction is mighty slim. I started work the week before Thanksgiving in 1977 in November. I was working for a subcontract at then-called the ICPP, removing sludge from the 603 basin. The orientation was Monday and Tuesday. I went to work on Wednesday. And on December 13th, I had exceeded my 2700 mR for the year and couldn't enter a radiation area.

I then was hired in January and went to work for Allied Chemical as a real employee. By October, I had exceeded my 2700.

That repeated itself over the next four to five years, in addition to all the other radiation I received. There were two incidences where I received over 400 mR in less than 15 minutes.

As I recount this, this was the normal pattern for everybody that I worked with. You would get to the point where you couldn't enter a radiation area. They would

transfer you to another area, and bring someone else in who could go in and do the hot work.

I, myself, was turned down. I submitted a claim. I got prostate cancer. Fortunately, they got it all and it is not a real problem for me. But there are, I feel, a bunch of employees who were shorted because of what they went through.

One thing I would like an answer on is why in my training that cadmium is a carcinogenic but if you make a claim, it is not.

CHAIRMAN MELIUS: I think you are referring to the subtitle E, which is the Department of Labor --

MR. NELSON: Yes. But I am sure -- that is interesting when I go into training now and I say, oh, don't tell me that it is not a carcinogenic. I don't need to listen to this.

CHAIRMAN MELIUS: Yes, I don't

have an explanation for that either. I don't think anybody here can --

MR. NELSON: I don't know that the Board and the Department of Labor understand the chemical exposures we received along with the radiation. Not only hydrochloric acid and nitric acid, aluminum nitrate, those basic chemicals that we use but the gadolinium and the cadmium and mercuric nitrate that we used, which really in the beginning there weren't many controls on how we used them. I mean, we used to -- when we first started using cadmium, we just poured it out of a carboy into a bucket, poured it into a funnel into the vessel. No respirator, no face shield, no gloves, nothing.

Those things, I guess I am here not for myself because I survived, I still have a job. I have a good lifestyle. But I look around, and there are a bunch of people who don't, and they were exposed to the same risks I was. And that is my primary purpose

for being here, not that I wouldn't spend the money if I got it.

CHAIRMAN MELIUS: We understand that.

MR. NELSON: I think there are some huge loopholes in the radiation accountability at the INL. Thank you.

CHAIRMAN MELIUS: Okay. Yes, as I said earlier, all of the work and all of the Site Profile -- what we refer to as the Site Profile about how this sort of guides dose reconstruction -- that is all under review now and will be followed up. And there is a Work Group, Phil Schofield down at the end, the worker from, he used to work at Los Alamos, is in charge of our internal Work Group with our counters. So we will be reviewing that information that you just provided and, hopefully, we can contact you and get further information in the future from you also as we are reviewing this site. So we thank you.

MR. NELSON: Did I turn me off or

did you turn me off?

CHAIRMAN MELIUS: I think he may have.

MR. NELSON: Brad's fault? Okay.

The interesting thing for me is my lifetime dose is around ten mR. Not ten mR but 10,000 mR.

CHAIRMAN MELIUS: Yes.

MR. NELSON: And by my calculations, I had exceeded that in the first four years I worked there.

CHAIRMAN MELIUS: Thank you. Anyone else in the audience that would like to make comments?

Okay, if not, then we will move to the phone. So anybody who is on the telephone, on the conference call, who would like to make comments?

MS. RAY: I am Sarah Ray from Amarillo. May I comment?

CHAIRMAN MELIUS: You certainly may.

MR. KATZ: Sarah, go ahead and comment.

MS. RAY: Okay, I will just basically introduce myself. I am Sarah Ray, and I am one of the petitioners for the Pantex SEC. My co-petitioners aren't able to comment today, so I am representing our group.

Basically, we want to go on record as stating that we are concerned about what we perceive to be delays by NIOSH in consideration of the Pantex SEC petition, and we would like to request that NIOSH, the senior staff and chair, tell us why the Pantex SEC continues to be delayed. We will appreciate as much detail as possible and would also like a response in writing, a response to our question. And of course, as someone had already pointed out, there will be documentation in the transcript of this meeting, that I had made these comments.

And I am sorry I can't stay on the phone today because I am teaching some young

girls how to sew this afternoon. But I would like to also congratulate Mr. Robert Jones and also Mr. Nelson on the excellence of their presentations. Thank you for trying to help workers. And that is all that I have to say.

CHAIRMAN MELIUS: Okay, thank you. Anybody else on the phone that would like to make comments?

MS. HAND: Yes. This is Donna Hand.

CHAIRMAN MELIUS: Okay, go ahead.

MS. HAND: I am Donna Hand. I am a worker advocate, as well as authorized representative for several of the workers at Pinellas Plant. My issues are as far as general concerns throughout for all the sites.

Specifically, how come the radioisotopes that are found at these different sites, that only one will be listed and the rest of them are not considered? Particularly at Pinellas Plant, the DOE and also the Lockheed Martin confirmed in the

baseline report over 28 radionuclides and about six of those were over the curie limit for that site. But yet, OCAS refuses to accept that. And in fact, Grady Calhoun said there is no such thing as 28 radionuclides, as well as David Sundin, and they refuse to acknowledge it.

According to Bryan Gleckler right now, he said that they can do the metal tritides. And that sure is strange when at the last meeting of the Working Group for Pinellas Plant, as well as even with the Mound that you are still working on, the Advisory Board hasn't even been able to do the metal tritides. But yet Bryan Gleckler is now issuing this -- saying that they can do the metal tritides and giving these workers only nine millirems of exposure to a metal tritide.

You also have -- where the lung dose from uranium in uranium tritide much larger than the lung dose from the tritium in uranium tritide, but yet the lung dose is

never considered from the uranium. You will not add uranium dose to any of the metal tritides. You only consider the tritium.

Even the ICREP has tract calculations and they also use all three tracts. They use your gastrointestinal, they use your respiratory, and then they also use the lymphatic or the blood. Everything. You have to use all three with metal tritides.

The DOE handbook also says, even if a worker does not have a bioassay, you are to assume a standard man respiration to calculate because they know that they were exposed.

This is another issue that I have with regard to the close-out interview. If a claimant does not sign that OCAS-1 form, after 60 days, it is closed. However, it is administratively closed. Now the Department of Labor is also administratively closing and will not do a Probability of Causation.

Now the statute requires the

Department of Labor to do a Probability of Causation. And it wasn't because the dose reconstruction was not done. The only issue was they did not sign the OCAS-1 form. And then whenever they do sign the OCAS-1 form and they write on it that I disagree that you did not use all the information that we know of into the dose reconstruction and it was not considered, NIOSH will not send it. They will send you another form and say you must not write on the OCAS-1 form.

Now when it goes over to the Department of Labor, they then at their hearings will say, well you told them all this stuff that you said you were exposed to and they considered it, which was not the case.

You have an issue also to where there is a difference between a rework and a review. As a worker advocate, on several of my claims I have asked for a review. And a review, according to your federal regulations, is totally different from a rework.

A review would go up to Jeff Kotsch's office. He would then send it to NIOSH. NIOSH would then have an individual that had never done that dose reconstruction to that person or that site before and verify that it was valid, and then send it back to Jeff Kotsch, and Jeff Kotsch would send it back down to the District Office or to the FAB. This is not being done. It is being stopped right at Department of Labor.

You also have the issue to where the claimants will have an occupational history with Department of Labor, tell them their performance of duties, explain to them their duties, and processes that they were exposed to, and also incidents. Well these incidents then are not being given to NIOSH, and NIOSH relies on their interview, but their interview is back in 2003 and 2004. Since then, even the claimant has been made aware of certain issues that they didn't have before.

So we are now in the process of

trying to update the CATI interview for several of the claimants. This is an issue that -- if you are taking the interview from the claimant, but yet you are not using that information that the claimant gives you, aren't you wasting a lot of time and money? And that is exactly what is happening because in those claimant interviews, even the close-out interviews and we tell you what about this, what about that, oh, it was insignificant. We are not going to consider it. Then why did you do the interview, if you are not going to use the information that the claimants give you?

You also have a situation to where whenever these dose reconstructions are sent back for a rework, they automatically use the 50 percent instead of the 95 percent. And it doesn't matter if they are just adding a year or if they are adding another cancer. They will automatically deduct it to make sure that it is under the 50 percent Probability of

Causation.

For example, in one dose reconstruction, the method of applying a maximum of 550 rems per year dose for coworker data at the Pinellas Plant is what we use. Then the next year, whenever she just added another cancer, which was a skin cancer, the coworker data turned out to be 100 millirems per year. Both as a 95 percentile. So how can you use the upper 95th percentile and one year be 550 and the next year be 100?

So you have got some issues here as far as consistency across the site. They are not applying the same Technical Basis Documents for every site. The internal dose, your coworker data, to my understanding, the unmonitored dose is the coworker dosimetry dose. But yet the bulletin says the coworker dose is dosimetry dose plus missed dose, and that is not being used at all, specifically at several of the sites.

I am not only a representative for

Pinellas Plant, but I have seen it at Oak Ridge. I have seen it at Los Alamos, and I have seen it at Savannah River. There is a lot more, but I will be following it up with a letter to the Board.

And I would also request that how come the Working Group Committee for Pinellas Plant hasn't met in over a year?

Thank you for your time.

CHAIRMAN MELIUS: Thank you for your comments.

Would anybody else on the phone like to make comments now?

(No response.)

CHAIRMAN MELIUS: Okay. One last, just to make sure our technology is working. Anybody else on the phone who would like to make public comments now? Anyone?

(No response.)

CHAIRMAN MELIUS: So this will close the public comment session. We will have another one tomorrow afternoon at 4:30.

Yes?

MEMBER RICHARDSON: Could I ask a question before we finish for the day?

CHAIRMAN MELIUS: Yes.

MEMBER RICHARDSON: We have discussed a procedure for documenting comments from the public and tracking the response to them. Today we have heard from two workers about issues regarding the validity of the dosimetry information, how it corresponds to information either that they recollect or that they have been able to document. I would like to be clear that there is a mechanism in place for following up on those because I see those as extremely important.

CHAIRMAN MELIUS: I agree, and there is a mechanism. And we will -- is this on the agenda? The next meeting, the conference call meeting. Some of the time constraints in terms of getting this information collected and tabulated and back to the Board. So we'll be following up.

There is some delay.

Yes?

MEMBER RICHARDSON: I recognize the discretion. One of the things for a specific case, is there a -- I am a new Board Member so it would be useful for me to understand.

CHAIR MELIUS: Yes, absolutely.

MEMBER RICHARDSON: Is there a mechanism, do we have point of contact information, for example, for each of these individuals?

I would be interested in detailed work history information and, for example, quarterly dosimetry information and comparing that against the dose that was used. Does the Board go to that level of audit?

CHAIRMAN MELIUS: The Board does not review individual cases.

MEMBER RICHARDSON: Can NIOSH do that and provide us with a --

CHAIRMAN MELIUS: NIOSH can. And

part of the reason to track comments is to get follow-up like that. I think in the past we have found that most comments were followed up. Some sort of got lost, and we didn't have good feedback on how that information was being used and making sure that it was.

What we try to do with people who have concerns about their individual case is -- - what we are trying to do now is make sure they are in touch with somebody from NIOSH at this meeting --

MEMBER RICHARDSON: Okay.

CHAIRMAN MELIUS: -- so that they know.

And then if they have individual comments that are relevant to our looking at, for example, Idaho National Lab and the Site Profile review and possibly for the SEC Petition Evaluation, that we then also have that information captured in a way that it is usable. And so we are trying to improve that process, which is part of the tracking.

MEMBER RICHARDSON: Thank you. That makes sense.

CHAIRMAN MELIUS: The question was is there a mechanism for the feedback to get back to you. There will be more outreach and follow-up on this through the Work Group and through our contractor. But I mean, one of the things that we want to make sure is that we have also captured the contact information for anybody commenting on INL here, obviously. This is one reason we hold these meetings in the different sites around the country, to make sure that we can follow up with you, both of you, and do that.

Okay, no further public comments. We will adjourn until tomorrow. I am never going to remember the name of this. The outreach session that is being held by DOE and DOL and NIOSH is convening at 6:00 tonight here. And we will reconvene tomorrow morning at 8:15.

(Whereupon at 4:05 p.m., the

above-entitled matter went off the record.)