Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

Summary Minutes

Twenty-third Meeting of the Advisory Board on Radiation and Worker Health

April 20-21, 2004

Meeting Held at the Red Lion Richland
Richland, Washington

NIOSH/CDC Advisory Board on Radiation and Worker Health
April 20-21, 2004

Summary Minutes of the Twenty-third Meeting
April 20-21, 2004

The Twenty-third Meeting of the Advisory Board on Radiation and Worker Health (ABRWH or the Board) was held at the Red Lion Richland on April 20-21, 2004. The meeting was called by the Centers for Disease Control and Prevention's (CDC's) National Institute for Occupational Safety and Health (NIOSH), the agency charged with administering the ABRWH. These summary minutes, as well as a verbatim transcript certified by a court reporter, are available on the internet on the NIOSH/Office of Compensation Analysis and Support (OCAS) web site located at www.cdc.gov/niosh/ocas. Those present included the following:

ABRWH Members: Dr. Paul Ziemer, Chair; Dr. Henry Anderson; Dr. Antonio Andrade; Dr. Roy DeHart; Mr. Richard Espinosa; Mr. Michael Gibson; Mr. Mark Griffon; Dr. James Melius; Ms. Wanda Munn; Mr. Leon Owens; Mr. Robert Presley; and Dr. Genevieve Roessler.

Designated Federal Official: Mr. Larry Elliott, Executive Secretary

Federal Agency Attendees:

Department of Health and Human Services:
Mr. Russ Henshaw, Ms. Nichole Herbert, Ms. Cori Homer, Ms. Liz Homoki-Titus, Mr. Ted Katz; Mr. David Naimon; and Dr. Jim Neton.

Department of Energy:
Mr. Tom Rollow

Department of Labor:
Dr. Diane Case, Mr. Jeff Nesvet, Mr. Pete Turcic, Mr. Larry Hoss, and Ms. Christy Long

Defense Threat Reduction Agency:
Mr. Dennis Schaeffer

Contractors: Mr. Hans Behling; Dr. Joe Fitzgerald; and Dr. John Mauro.

Public Attendees: See registration.

NIOSH/CDC Advisory Board on Radiation and Worker Health
April 20-21, 2004

Executive Summary

The Twenty-third Meeting of the Advisory Board on Radiation and Worker Health (ABRWH or the Board) was held at the Red Lion Hotel Richland in Richland, Washington on April 20-21, 2004. All members were in attendance. Others in attendance included staff of various Federal agencies, as well as members of the public. The Summary Minutes of Meetings Twenty-one and Twenty-two were approved with minor changes.

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Tuesday, April 20, 2004

OCAS Program Status Report

Dr. James Neton presented program statistics as of April 15th. Cases referred from the Department of Labor (DOL) had exceeded 16,000. Requests to the Department of Energy (DOE) for information total 15,373, with 14,711 responses received. To date, 13,127 have had at least on1 interview completed. Over 12,000 draft interview reports have been sent to claimants.

Over 4,300 claims are staged for dose reconstruction, with 1,020 assigned to dose reconstructors. There have been 2,700 draft dose reconstruction reports sent to claimants, with 2,319 final reports to DOL.

Oak Ridge Associated Universities (ORAU) has received over 84,000 phone calls. These include interviews, scheduling interviews, closeouts, et cetera. Over 3,900 e-mails have been received.

Forty new appointments were made to the physicians panel bringing the total appointments to 215.

Site profiles continue to be developed. Four sites -- Savannah River, Hanford, Y-12, and Rocky Flats -- are now completed.

The Web site has been redesigned. A new feature is claimant status request. The claimant information page has been updated and provides some good statistics.

Following his presentation, **Dr. Neton** took questions from the Board.

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Department of Labor Status Report

An update was presented by **Mr. Pete Turcic** from DOL. Over 53,000 claims have been filed. Recent outreach efforts are increasing numbers. There have been almost 12,000 final decisions to award benefits and 16,000 final decisions to deny.

DOL, working with PACE to increase claims from the Hanford site, has received 275 new claims in the past two months. Seventy payments for over $9 million has been paid to individuals at the Hanford work site.

The outreach goal has been to identify potential claimant populations. DOL has been working with the Center to Protect Workers Rights, Cancer Treatment Centers of America, the National Councils of Laborers and others on a national scope. The district offices have strategic plans for the next six months in this effort. DOL is also developing some education outreach efforts.

Mr. Turcic entertained questions from the Board.

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Department of Energy Status Report

A presentation by **Mr. Tom Rollow** from DOE illustrated the differences between the portions of the program administered by DOE and DOL, respectively. He indicated the DOE portion had a sizeable backlog of cases. A plan has been developed to eliminate the backlog within two and a half years.

A proposed rule change that would potentially double production is in public comment period. Efforts are underway to improve the physician pay schedule to attract more physicians to the physicians panel.

A variety of changes sought were outlined, including a $33 million appropriations transfer. DOE is in the process of reauthorizing a new advisory board.

The Board addressed questions to **Mr. Rollow** following his presentation.

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Site Profile Status, Use in Dose Reconstructions, and Roll-Out

Dr. Neton described the purpose and composition of a site profile. Approximately 7,000 cases may now be addressed by various site profiles, approximately 40 percent of the claimant population. Site profiles under development will enable another 1,400 cases to move forward. Target goal for completion is end of summer or early fall.

ORAU has written a worker outreach plan to address worker input to the site profiles. Building trades have a unique perspective which needs to be incorporated. The National Institute for Occupational Safety and Health (NIOSH) is committed to adding construction activity chapters to flesh out gaps. Minutes are taken at worker input meetings to verify understanding of worker comments.

Obvious through the meetings is a need for site safety rep training. Plans are underway for a dose reconstruction workshop to aid their ability to address issues from their workers.

Following his presentation, **Dr. Neton** answered questions from the Board.

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Research Issues Status

Mr. Russ Henshaw addressed the issues identified by the Board as their items of priority interest and an update on compensation results from completed claims. He outlined current plans to address the three priority one items in this year. There are no plans to address the two priority two topics at this time. Studies are underway on two topics not on the lists but of relevance to the program, Dose and Dose-Rate Effectiveness Factor (DDREF) and chronic lymphocytic leukemia (CLL).

Claims results were through March 31, 2004, and represented about two-thirds of the completed dose reconstructions submitted to DOL. Results were presented in table form according to the 32 Interactive Radio Epidemiological Program (IREP) cancer models and represented statistics including cases processed with each model, number, and percentage of compensable claims. He noted there were some surprises, and NIOSH will continue to monitor data for trends and keep the Board updated.

Mr. Henshaw took questions from the Board following his presentation.

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Public Comment Period

Public comment was solicited on both days of the meeting. Public input on the first day was in a separate session commencing in the evening, but one comment was taken before the recess. Comments the first day included the following.

- A coordinator is needed to get justice done for the workers.
- Much of the public information was inaccurate, contradictory, and being ignored.
- Concern for surviving widows living on fixed incomes who need the money.
- Exposure records which gave widely conflicting information.

- Confusion about a claim approved under the Subtitle B and denied under Subtitle D.
- Claims denied because medical samples were taken from the wrong part of the body.
- Program seems to be a dead end.
- Clarification of probability of causation criteria.
- A filing cabinet previously full of log books would be helpful if it could be located.
- When comparing compensation to numbers applied, program had not done its job.
- Film badges didn't give a true reading.
- Compliments to the helpful and resourceful people at DOL's Kennewick resource center.
- Some exposures not accounted for so records didn't reflect dose accurately.
- Physicians unable to piece multiple health problems with varied exposures.
- Beryllium found in lungs of son who never worked at Hanford brought home on husband's shoes and clothing.

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Wednesday, April 21, 2004

Contractor Update and Report
Sanford Cohen & Associates

Dr. John Mauro announced Sanford Cohen & Associates (SC&A) had been working on tasks one, two, and three. The first deliverable on task one, procedure used to review site profiles, was delivered to the Board on March 3rd and approved on April 2nd. That work began on April 5th.

Task two was the development of tracking software. The software and report were delivered April 3rd. SC&A is awaiting comment.

SC&A was authorized on February 13 to review the Office of Compensation Analysis and Support (OCAS) and ORAU procedures which are the heart of the protocol to perform dose reconstructions. The first deliverable was to write a procedure to perform the review. That was delivered on April 13th. The scope of task three does not include performing the reviews.

Dr. Mauro took questions from the Board.

Status Update, Task One
Site Profile Review

Mr. Joe Fitzgerald, site profile review manager, announced review of the Savannah River site profile had commenced on April 5. The first phase consisted of review of documentation, which has been completed. The second phase is validation, where timely access to people and data sources is key. SC&A is exploring a

strategy to avoid being nonproductive while awaiting receipt of information if that will take some time.

Mr. Fitzgerald entered a dialogue with the Board following his presentation.

Status Update, Task Three
Protocol for Review of NIOSH Methods
and Procedures for Dose Reconstruction

Mr. Hans Behling, a SC&A health physicist, was asked to develop a procedure to provide both an outline and a general approach for review of procedures adopted by NIOSH for dose reconstruction.

He presented the seven criteria he had identified from review of the Act and final rule, and described the criteria SC&A will use to determine whether the procedures under review meet the objectives.

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Public Comment Period

Public comment was solicited on both days. Public input on the second day included the following.

- No need to spend money to have meetings when nothing is being settled.
- Suggestion that a safety net be created to protect people worried about losing their jobs if they file a claim.
- A belief that records have been expunged.
- Hanford should be a Special Exposure Cohort (SEC)site.
- Hope that the Board would be more attentive to claimants' problems and speed up the process.
- Today people dress as if they're going to the moon to do the same job they used to do wearing coveralls and a baseball cap.
- Worst exposure was being stuck in an office with chain smokers.
- Working at commercial plants led to realization workers hadn't been covered properly at Hanford.
- Post-retirement monitoring promised due to plant explosion had never taken place.
- Make Hanford a SEC site because records could not be found, although the commenter knows where they are.
- Hope that the spirit of the Memorandum of Understanding between HHS and DOE will carry forward to audit phase.
- Health studies schedule appeared slow as molasses.
- Question what happens with substantive facts from public comment.
- Suggestion to notify claimants whose CLL claim had been denied that research is being undertaken and they'll be contacted in the future.

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Update on AWE Facilities

Dr. James Neton provided an update on the status of the Atomic Weapons Employer (AWE) facility profiles and dose reconstruction efforts. There are approximately 2,000 AWE cases at NIOSH. The top ten sites produced 1,195 of those cases. There are 518 cases from Bethlehem Steel. Total cases represent 124 facilities.

Dr. Neton described the differences in site profiles for DOE and AWE facilities. Four AWE profiles have been issued. The latest is Tennessee Valley Authority, Muscle Shoals, which only covers five facilities.

Some sites are being revised. NIOSH is still deliberating on how to address radon exposure at Blockson Chemical, so that section remains reserved.

Dr. Neton entertained questions from the Board following his presentation.

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Board Discussion/Working Session
Procedure Review and Selection of Cases

Two documents relative to task three had been provided to the Board for review. Beginning with the technical review, the first ten pages laid the background. The seven criteria from **Mr. Behling**'s presentation garnered no discussion from the Board.

The review objectives and approach were discussed relative to objectivity of the scoring method. It was explained the scoring method was for quick overview, but it was anticipated the Board would focus on the attendant comments.

Discussion on technical issues included changes in wording to be less pre-judgmental. Deliverables described in the documents will result from the next task. The technical review document was approved with minor changes.

The administrative review document was considered and approved with the Board offering no discussion.

Requirements for the necessary task order and independent government cost estimate (IGCE) were discussed. Scheduling was considered. The task order was developed during a recess and approved when the Board reconvened.

The Board discussed and approved the draft of a memorandum to the Secretary of Energy. The

memorandum was intended to alert the Secretary of Energy of the need for the ABRWH contractor to have access to DOE sites and records. The Chair was authorized to polish and send the memo, through Secretary Tommy Thompson, to the Department of Energy.

Correspondence from three members of Congress from New York was discussed. It was concluded that the Board should be sensitive to their concerns, yet not yield to specific requests relative to the audit, noting that the integrity of the audit must be preserved.

The Board authorized the Chair to craft a response based on the discussions, and circulate it to the Board for input before sending it. **Mr. Elliott** asked that **Dr. Ziemer** work closely with NIOSH in that the Office of General Counsel may have to offer an opinion on whether circulation of the draft would violate Federal Advisory Committee Act (FACA) rules.

The working group for development of a subcommittee charter provided its proposal and discussion topics. After protracted discussion relative to structure, composition, meetings and other details of establishment, it was agreed to remand the documents to the working group for additional work on the wording, taking into consideration the issues discussed.

Addressing the schedule for future meetings, the Board decided to meet in closed session on May 17 in Cincinnati to develop the IGCE. Some housekeeping matters were addressed.

With no further business to come before the Board, the meeting was adjourned.

End of Executive Summary

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The Advisory Board on Radiation and Worker Health
National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention

Summary Minutes of the Twenty-third Meeting
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ABRWH Members: Dr. Paul Ziemer, Chair; Dr. Henry Anderson; Dr. Antonio Andrade; Dr. Roy DeHart; Mr. Richard Espinosa; Mr. Michael Gibson; Mr. Mark Griffon; Dr. James Melius; Ms. Wanda Munn; Mr. Leon Owens; Mr. Robert Presley; and Dr. Genevieve Roessler.

Designated Federal Official: Mr. Larry Elliott, Executive Secretary.

Federal Agency Attendees:

Department of Defense:
Mr. D. Michael Schaeffer

Department of Energy:
Mr. Tom Rollow

Department of Health and Human Services:
Mr. Russ Henshaw, Ms. Nichole Herbert, Ms. Cori Homer, Ms. Liz Homoki-Titus, Mr. Ted Katz, Mr. David Naimon, Dr. James Neton.

Department of Labor:
Dr. Diane Case, Mr. Jeff Nesvet, Mr. Peter Turcic, Mr. Larry Hoss, and Ms. Christy Long

Dr. Paul Ziemer called the meeting to order, welcoming the attendees. He asked that everyone register their attendance and discussed the sign-up sheet for those who wanted to speak during the public comment session.

He introduced some special guests, including Shawn Bills from Senator Patty Murray's office and Joyce Olson, chief of staff for the tri-cities office for Congressman Doc Hastings. Ms. Olson added her welcome to the tri-cities area on behalf of Congressman Hastings, who was unable to attend. She gave a bit of information about the area and noted that the towns in the area are a legacy of the World War II Manhattan Project to produce plutonium for the first atomic bomb.

Mr. Larry Elliott added his welcome on behalf of Secretary Tommy Thompson of the Department of Health and Human Services and Dr. John Howard, director of NIOSH.

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REVIEW AND APPROVAL OF DRAFT MINUTES

The first item of business on the agenda was approval of two sets of minutes covering the 21st meeting of the Board in Augusta, Georgia on February 5 and 6 and the 22nd meeting by telephone conference on March 11. Dr. Ziemer noted that the minutes of the Augusta meeting had been provided the Board the previous week, but the minutes of the telephone conference, although short, may not have been available long enough for the Board to review. Dr. Ziemer offered to defer review of the telephone conference minutes to the following day, if the Board preferred. By consensus, the Board indicated their preference to do so.

Dr. Ziemer called for any substantive corrections or additions to the minutes of the 21st meeting of the Advisory Board. Some areas in need of clarification were noted; modifications were discussed and agreed upon.

Motion to approve the Executive Summary and Minutes of the Twenty-first Meeting, with modifications as discussed, was seconded and unanimously passed.

Dr. DeHart commented that he liked the format of the minutes and would like it to be maintained in the future.

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OCAS PROGRAM STATUS REPORT

Dr. James Neton
NIOSH/OCAS

Dr. Neton presented a number of slides showing that the number of cases referred from the Department of Labor (DOL) as of April 15th had gone over the 16,000 mark, reflecting a steady increase. The proportions from various district offices of the DOL are remaining fairly constant, with two-thirds of the claims being received from Seattle and Jacksonville combined, and Cleveland and Denver constituting the remaining third.

Cases received from DOL has been dropping steadily, down to around 200 claims a month. The number of requests for information sent to the Department of Energy (DOE) has reached 15,373, representing 13,897 cases. Requests exceed the number of cases because of multiple work histories. To date, 14,711 responses have been received, which represent over 13,000 cases.

NIOSH has requested of DOE that they be provided with a response within 60 days. There are some claims over 60 days, with 114 being over 150 days. These typically represent claims from very early in the process -- late '40's to mid '40's -- or have some bioassay records that, although an attempt is being made to capture, are not available in a retrievable form. NIOSH puts out a monthly report to DOE to ensure that they are in agreement as to which claims are still outstanding.

Telephone interview process by Oak Ridge Associated Universities (ORAU) has been very successful. To date, 13,127 cases have had at least one interview done. Many cases require multiple interviews because there are multiple claimants. Almost 12,300 draft reports have been sent to claimants. The capacity of 200 to 300 interviews per week is well in place. There were months where as many as 1,700 interviews had been done.

There are currently 4,338 claims staged for dose reconstruction, meaning the claimant has received a letter from ORAU notifying them that their dose reconstructor will be assigned. There are 1,020 claims that have been assigned to dose reconstructors, meaning there is a name attached to that file and it's in a reconstructor's queue to be done.

Over 2,700 draft reports have been sent to claimants, with 2,319 final reports to the Department of Labor. Most of those 2,700 claims have been completed in the last 12 months. Production is increasing and **Dr. Neton** indicated they were moving toward their goal of 200 complete dose reconstructions per week.

The claimant has up to 60 days to sign the OCAS-1 form, which is required before the case can be moved to the DOL. In cases where there are multiple claimants, it takes time to do all the closeout interviews and acquire the OCAS-1 forms.

A number of claims have been in the hands of the claimants for more than 60 days without receipt of an

OCAS-1 form and the claimant has not come forth with any additional information. Under the regulations, that dose reconstruction can be administratively closed. A letter is sent to the claimant notifying them that action has been taken, with a copy to the Department of Labor. The DOL may close the case itself. There are presently 14 claims which have received administrative closure letters. The dose reconstruction can be reopened if the claimant signs the OCAS-1 form or provides additional information.

Every claimant is assigned an I.D. number, starting with claimant number one. **Dr. Neton** presented a slide which broke down the claims received into blocks of 1,000 and reflecting the number of claims completed per block. For example, out of the first 1,000 claims received, 253 dose reconstructions have been completed.

Efforts are being concentrated to move those earlier claims when possible. However, there is also a policy that if a claim can be done and processed with the information available, that claim will not be delayed. In general, the trend shows efforts to move the earlier claims out in a priority manner.

Dr. Neton noted that in February and April the number of completed claims going to the DOL exceeded the number of claims being received for dose reconstruction, an indication that the backlog of claims is beginning to be reduced.

Dr. Neton presented a new category entitled "Reworks", which is claims that have been completed, the claimants received the draft, signed OCAS-1, closeout interview has been done and the claim was sent to the Department of Labor. For a variety of reasons, it is returned to NIOSH to be redone. Those reasons range from the claimant having developed an additional cancer in the period of time the dose reconstruction was being processed, perhaps an issue with the ICD-9 coding that was on the original referral, or even differences in employment dates.

This constitutes about five percent of the workload that goes to Labor comes back for rework. NIOSH is committed to getting those reworks done within 60 days because the claimant has already received a report and has signed the OCAS-1 form. Generally that is possible because many of the reworks are adding a month or two of employment or an additional cancer that isn't difficult to reconstruct. However, in some cases there are blocks of cancers or unique cancers that require a lot of additional work, a full analysis, and it sometimes is not possible to be done in 60 days. And although the graph indicated what appeared to be a trend toward increasing numbers, **Dr. Neton** indicated he believed that was an artifact of the increased number of claims being processed.

OCAS has received over 29,000 phone calls since the program started. That number is diminishing since the advent of the quarterly activity reports being issued to claimants. ORAU, however, has received over 84,000 phone calls. This includes telephone interviews, scheduling interviews, closeouts, et cetera. They have taken on the bulk of the burden of handling the phones and have their own 800 number that claimants are aware of.

E-mail is popular, with over 3,900 received to date. Timely response is a goal, within a day of receipt, sometimes a little longer depending on the nature of the question.

Forty new appointments were made to the physicians panel on April 12th, bringing the total appointments by NIOSH to 215 physicians for the DOE Subtitle D activity.

Site profiles continue to be developed and approved. **Dr. Neton** will present further information on that on Tuesday, but four DOE sites are now completed -- Savannah River, Hanford, Y-12, and Rocky Flats. Last Friday the Iowa Ordnance Plant profile was issued.

The third quarterly activity report was issued last week with a mailing of 20,000 to claimants. This report indicates the status of their claim.

The web site has been redesigned. The site profile portion now has its own page with some explanatory text. There's an archive page for previous site profiles that have been revised so that the versions can be compared, if one cares to do so.

The claimant status request is a new feature allowing claimants to request a status report through e-mail. Since NIOSH tries very hard to maintain claimant privacy, if a request is sent, NIOSH will do some basic validation and then send a response directly to the claimant or the authorized representative's home address. That way if they weren't the one to make the request, there would be no harm done.

The claimant information page has been updated and provides some good statistics. A flow chart depicts a summary of the status, how many claims, how many responses from DOE, interviews, et cetera. There is also a feature whereby claim sites can be viewed. It's organized by state. You can look up where NIOSH is with every facility. If you wanted to know the status of the Hanford claims, go to Washington state, find Hanford and it will reveal that there are 1,865 claims from Hanford, 233 of which have been returned to DOL with completed dose reconstructions. It's a dynamic site and is updated once a day. **Dr. Neton** cautioned that if statistics were to be quoted from this web site, one should be careful about what day is being quoted.

Discussion Points:

Dr. Melius indicated he had three questions, the first concerning the backlog, and asked for an explanation of how NIOSH was triaging the requests. He was concerned about the early requests and that the newer claims are being handled ahead of the old ones.

Dr. Neton explained that with 4,000 claims staged for dose reconstruction, about 40 percent of the cases can be done with the four major site profiles for DOE facilities. There is other technical documentation being used such as the DOE or AWE complex-wide approach where very large exposures are

assigned and certain claims can be moved that way. They tend to go across many sites.

Dr. Neton indicated dose reconstructions had been completed on 65 different sites the last time he checked and there would be more now. That is a function of the complex-wide documents. The bulk of the ones that are going to be moving forward are the ones covered by major site profiles.

Dr. Melius described his concern as being that as the backlog is worked through, the most recent cases are going to be completed first and that it's going to leave people who filed claims four or five years ago.

Dr. Neton indicated that once a site profile is completed, those older claims will be done first. But if newer claims can be done because the site profile is available, it's in the claimants' interests not to delay and wait until an older claim can be done. Emphasis will be given to moving the older claims first.

Dr. Toohey added that ORAU has a small group of about four people referred to as the supplemental dose reconstruction team whose mission is to work on the oldest cases. They start with claim number one, and if it can be done in the absence of a completed site profile, they do it. The other efficiency process is to look at the easily compensable cases, such as lung cancer with positive lung counts for transuranic inhalation. Most of those are some of the earlier cases, so while it's not a huge effort, there is some additional effort to complete some of the oldest cases.

Dr. Melius then asked for an update on the Special Exposure Cohort process.

Mr. Larry Elliott commented that the rule had been revised according to public comment, has cleared through the Department of Health and Human Services and they're waiting on clearance from the Office of Management and Budget.

Dr. Ziemer noted that he had just received a letter from Secretary Thompson in reply to the Board's letter on that subject. He distributed Secretary Thompson's letter to the Board and indicated to the public that it simply updated the Board as **Mr. Elliott** had just stated. Copies of the letter were also made available for the public.

Dr. Melius' third question had to do with the interview process and queried the status of the quality assurance steps the working group had recommended and everybody had agreed were being implemented to allow for better quality control. He suggested that as a possible agenda item for the next meeting.

Dr. Toohey responded that the procedures had been drafted, some are in internal review, some have been sent to NIOSH for review. There is an internal QA group which completed a semi-annual quality conformance assessment of all the ORAU operations in February. That report is out. They looked at how the interview procedure is working and what additional procedures or controls may be needed, if any.

Dr. Melius suggested putting an update on the interview process on the agenda because that would be timely and helpful in terms of the Board's review of the individual dose reconstructions.

Dr. Henry Anderson offered some suggestions for changing the layout of the slides to clarify the time frames in which the blocks of 1,000 claims had been received, noting that generally a time frame would give a more dynamic sense than just totals. He also suggested it might be helpful to note the number of hits on the various components of the web site.

Mr. Robert Presley asked if the older outstanding requests, 60 to 150 days, were scattered or from a few specific sites.

Dr. Neton indicated they were probably reflective now of a few sites, although he couldn't give the exact details. He noted that there were some sites where they were working to get the data into the proper form to be retrieved, so he suspected that some selected sites constituted the bulk of the delinquent requests.

Mr. Presley asked if a letter requesting more attention be given to getting the information out would be helpful.

Dr. Neton indicated there was good coordination between NIOSH and DOE, and he believed the appropriate level of resources was being dedicated to the effort, that it was really availability of the information.

Dr. Melius noted he had seen on an earlier draft agenda that Ted Katz was going to give a report on access to exposure records and inquired about that.

Mr. Elliott commented that there had at one point been scheduled an agenda item for this particular meeting to have Mr. Katz report on matters that influenced dose reconstruction that had been a report NIOSH had prepared for Congress on that subject. It was envisioned the report would be available for presentation because it was very educational and informative, but it's not available at this time. They're hopeful that by next meeting it will be.

Dr. Melius observed that it appeared a lot of the backlog of information requests had been cleared.

Mr. Elliott agreed that there was a very good relationship and that NIOSH and DOE were working very hard to be coordinated on it.

Dr. Neton added he had forgotten to mention that NIOSH is working to get IMBA available to members of the public through the web site by developing a template for people to fill out requesting outputs from IMBA via e-mail. Calls to the 800 number may request guidance as to how to submit a request. It had been determined it was too complicated to be practical to do on line, but they would work with people to establish parameters of what they're truly interested in obtaining information for and how to put it in writing and issue a request via e-mail or regular mail.

Dr. Melius asked about the commitment to make IMBA available to the Board members and wondered if that had been resolved.

Dr. Neton replied that it had not been resolved, but they were working diligently to resolve the licensing issues. They were close, but no decision had been made yet.

Mr. Elliott indicated a decision would be issued as soon as they could do so. There was a realization that the Board needs IMBA, the Board's contractor needs IMBA, as well as ORAU, and they're currently operating under a different user's license agreement and have to put everything into place.

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DEPARTMENT OF LABOR STATUS REPORT

Mr. Pete Turcic
Department of Labor

An update on the program was given from the perspective of the Department of Labor by **Mr. Pete Turcic**. Over 53,000 claims have been filed, the majority of which are cancer claims. There are approximately 15,600 pending at NIOSH, with over 2,000 pending action in DOL district offices, claims that have not received a recommended decision yet.

Recent efforts in enhancing outreach have caused the number of claims to increase considerably. The past several months they've been averaging from 250 to 320 claims per week. A smaller percentage now are non-covered conditions, so not only is the number of claims up, but the percentage for covered conditions is greater.

Another 1,900 claims have a recommended decision and are in the process of awaiting final decision. Over 22,000 final decisions have been issued out of almost 40,000 cases received. Recommended decisions to approve number 12,500, with 19,000 recommended decisions to deny. There have been almost 12,000 final decisions to approve benefits and 16,000 final decisions to deny. Payments have been issued in 10,619 and they're approaching $800 million in benefits and $30 million in medical benefits having been paid.

Of the 16,000 decisions to deny benefits, almost 9,600 were denied because of non-covered conditions; 2,500 where the employee was not covered; 700-plus where the survivor was not eligible; 2,200, insufficient medical evidence to demonstrate a covered condition; and, a number that is going up, now over 900 where the cancer was not related or had a probability of causation of less than 50 percent.

Mr. Turcic noted that under the Government Performance Result Act, the DOL standards for initial processing is for a timely decision. This year that standard was raised from 75 percent to 77 percent. The two standards used are that a decision be made within 120 days if it's a DOE facility or a RECA claim; within 180 days if it's an AWE or subcontractor claim. DOL met their goals last year. For this fiscal year 93 percent of the initial decisions were within those time frames, with an average of 92 days.

The standard on final decisions is within 75 days of receipt of a waiver or objections or a request for review of the written record, and within 250 days if the individual requests a hearing. This fiscal year 99 percent of the cases met the standards.

DOL has received 2,213 of their referrals back from NIOSH with completed dose reconstructions and 189 where dose reconstruction was not necessary for various reasons. Most were early CLL cases which came back. Of those, there were 528 recommended decisions to approve benefits; 1,388 to deny benefits. Final decisions totaled 470 to pay and 691 to deny benefits.

In the past two months DOL has worked with PACE in an effort to increase the number of claims received from the Hanford site and has been very successful, receiving over 275 new claims since that outreach effort began. They're now up to 3,565 claims from individuals claiming Hanford as a work site. Most are cancer claims, with 192 beryllium sensitivity, 126 chronic beryllium disease, and other non-covered conditions

totaling 607. Seventy payments for over $9 million has been paid to individuals at the Hanford work site. Since the initiation of increased outreach efforts, an additional 16 cases have been approved for benefits, 32 denied, 14 additional that have had payments issued and 159 in that time period referred to NIOSH for dose reconstruction.

Of the 70 payments issued, 30 were for cancer, 40 for chronic beryllium disease, and 100 individuals have been awarded benefits for beryllium sensitivity and to receive medical monitoring.

Of the total Hanford claims referred to NIOSH, 209 have been received back, 205 with completed dose reconstructions; recommended decisions in 28 cases to approve benefits, 138 to deny; 27 final decisions to approve and 33 to deny.

The goal of the outreach efforts has been to identify potential claimant populations, solicit claims from non-filers. DOL has been tracking where they're not getting the number of claims that had been expected, and collecting facility information to promote public knowledge and awareness of the program and provide assistance in filing claims.

District offices have been charged with coordinating the outreach efforts with the resource centers in each of those areas, with a focus on increasing stakeholder involvement in the outreach efforts with unions, media outlets, advocacy groups and health care providers.

On a national scope, DOL has been working with the Center to Protect Workers' Rights in a very good effort where they have been able to get employment verification completed on a number of difficult cases that were presenting problems where records just didn't exist. The group has access to some record sources that have turned out to be very useful. Discussions are beginning on an effort to reach many of the construction workers that were employed at different sites.

There's an effort with the Cancer Treatment Centers of America where DOL is providing them with a list of employers at various sites that have been identified. They will then cross-match their records for anyone who may have listed that facility as an employer. They will then send a letter that will be provided by DOL to that patient or former patient notifying them about the program and potential eligibility for benefits.

Additional work is underway with the California Beryllium Vendors, the National Councils of Laborers, as well as the Ohio Bureau of Worker Compensation.

The district offices, along with the affected resource centers, have come up with a strategic plan for the next six months in the outreach effort. The Cleveland district office and its resource centers will focus on outreach to Fernald and Mound for the next three to six months. Denver will focus on Rocky Flats and Los Alamos. Seattle will focus at Hanford and California. Jacksonville will be nailing down their plan week after next.

Mr. Turcic commented that he didn't feel a good job has been done in educating people on the process itself as far as explaining why two people who had worked together and go through dose reconstruction, one has a certain type cancer and is being compensated; the person they worked next to is not. Therefore DOL is working to develop some education outreach efforts in that regard.

Discussion Points:

Dr. Ziemer pointed out some specific items in Mr. Turcic's slides which may lead to misunderstanding. They discussed clarification of the slides for future use.

Mr. Turcic indicated the slides would be restructured in an effort to make them clearer.

Dr. Roy DeHart asked for clarification of the hearing process, the issues involved.

Mr. Turcic replied that once a claimant gets a recommended decision, one option is to file objections and ask for a hearing. At the hearing they can present their objections. Previously most of the hearings dealt with factual information or non-covered conditions. Now they're beginning to get requests dealing with the specifics on a dose reconstruction. DOL will have to adjudicate factual information that goes into the dose reconstruction and the application of methodology. This will allow someone to raise an issue that a factual piece of information was not covered. That would have to be addressed in the final decision or it would be remanded back to NIOSH to redo the dose reconstruction. The claimant could also object to the application of methodology, saying it wasn't consistent with other cases or whatever the objection may be. **Mr. Turcic** indicated that possibly at the next meeting he would have hard data for the Board and noted that they had asked their hearing representatives to identify and report issues which were coming up when claimants requested hearings.

Dr. Melius inquired about **Dr. Neton**'s presentation on reworks and asked for further explanation of the process and what kind of issues would cause a rework.

Mr. Turcic reiterated the explanation previously given by **Dr. Neton**. The rework could be due to a change in situation, diagnosis of another cancer, errors or changes in the ICD-9 codes. None have been remanded on dose reconstructions.

Noting one cause mentioned by **Dr. Neton** was employment history discrepancies, **Dr. Melius** was trying to figure out how that could occur since one issue has been figuring out how the employment history matches up with employment records, so he wondered if it is related to that or if it is related to new information or more information.

Mr. Turcic replied it could be both. Sometimes that information is not received until after a final decision and the individual asks for a reopening. Sometimes NIOSH gets exposure records and finds additional employment information that was not verified up front. They continue working it and note it, but before the case can become final DOL has to verify the employment. If additional employment was found through records, it's easy to verify. If it came about through an interview, then they have to go back and redevelop that, so there may be instances where the case needs to be reworked.

Ms. Wanda Munn observed that in the Hanford compensation figures it was not clear how much of the compensation is applicable to the concerns of this Board, and wondered if that could be broken out in the future so that they may know what their specific cases are doing and indicated that she would appreciate that in the future.

Mr. Turcic indicated he would accommodate her request.

Dr. Melius asked whether **Mr. Turcic** had any views on how the review process of dose reconstructions through the Board's contractor tied in with DOL's efforts.

Mr. Turcic commented that it was very important. He looked at it as a quality control function and his only request was that he would like to have issues identified early on so that they could be addressed, rather than waiting until thousands of decisions had been issued from a particular site and then find out there were problems and that all those cases have to be reopened. He would appreciate Board input, especially as they get into hearings on specific issues relative to dose reconstruction.

Dr. Genevieve Roessler commented that it appears the DOL program is doing a good outreach with potential claimants, but it also appears there's a big disconnect, misinformation or lack of up-to-date information, with Congressmen and the public and the media. She wondered if it's the Board's responsibility to possibly have a quarterly newsletter to be handed out to interested people. While NIOSH has a fantastic web site, she wondered what percentage of people really used that site and if there were a statement on there concise enough to convey the progress being made in the project.

Dr. Ziemer noted that he didn't know if those were rhetorical questions, but they were thought-provoking ideas.

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DEPARTMENT OF ENERGY STATUS REPORT

Mr. Tom Rollow
Department of Energy

An update from the perspective of the Department of Energy was presented by **Mr. Tom Rollow**, who presented graphic illustrations of the differences in the portions of the program administered by DOL and DOE, respectively. He also noted the portions of the program in which DOE works hand-in-hand with NIOSH. This includes answering NIOSH requests for exposure information for claimants in the DOL-administered Subtitle B, and NIOSH making physician appointments to the physicians panels for the DOE-administered Subtitle D.

There is a sizeable backlog of cases. There have been approximately 23,000 applications, with somewhat over 1,000 processed. Changes in how the physicians panels function has improved the movement of cases. A plan has been developed to eliminate the backlog within two and a half years, but will require Congressional help, both financially and legislatively.

A proposed rule change is currently in public comment period which will allow a positive determination to be made by a single physician. A negative determination would then require a second physician review, and possibly a third, until two physicians concur. This would replace the three-physician requirement currently in place and would double the number of cases processed.

Efforts are underway to improve the physicians' pay cap, currently set at executive level three, approximately $68 an hour. Physicians in this field are typically receiving double that amount on a per-hour basis, limiting the ability to attract additional physicians.

Mr. Rollow outlined a variety of changes he is seeking to make to the program in an effort to provide the contemplated benefits to claimants. These included a $33 million appropriations transfer, prioritizing cases, implementation of a tiger team to help categorize and rate suggestions for improvements and implementing the changes. **Mr. Rollow** noted that the supply of physicians is the major bottleneck to the program.

Mr. Rollow described the concept of full-time equivalency hours, noting that the physicians appointed by NIOSH originally committed to working 16 hours per month on the panels, but are presently averaging about four hours per month. So while the number of physicians appointed seems generous, the hours worked are few.

Noting that the entire program has benefited from having a lot of records available in the DOE system, **Mr. Rollow** indicating that was partially due to security. Information was classified and stayed classified, making it more difficult to destroy. There are regulations for retaining records, such as radiation exposure records must be maintained 75 years. The records look different at each site, however, having been treated differently from site to site.

Some records have been digitized; some are stored in boxes. Some have names; some have employee numbers that have to be correlated to names and Social Security numbers.

The DOE advisory committee was allowed to expire last January. The process of reauthorizing a new advisory board which will focus more on the production end and less on program conceptualization is underway. Members are expected to be appointed in three or four weeks.

Mr. Rollow presented a group of slides which looked at the DOE program from varying perspectives -- cumulative cases processed, determinations per week, budget and legislation.

Discussion Points:

Dr. Roy DeHart inquired if his understanding was correct in that DOE was asking the participants in its advisory board to be volunteers and not reimbursed, observing that he couldn't understand why that would be done when the program was having difficulty moving forward, and noted that this Board is

not all voluntary.

Mr. Rollow indicated that was information he had not possessed and he would take it back to Washington.

Dr. DeHart also queried **Mr. Rollow** relative to insurance issues with the physicians.

Mr. Rollow expressed concern that, as one of their practicing physicians, **Dr. DeHart** was unaware the insurance was in place, noting that was an indication of a communication problem he would work on when he returned.

Dr. Melius asked about cutting back staff if the appropriations reprogramming were not forthcoming, and wondered if the staff were involved in activities related to this program.

Mr. Rollow noted that would be staff working at the DOE sites collecting records. He explained they were working at a rate exceeding a level budget in anticipation of seeing the reappropriation. If that is not forthcoming, they will have to begin laying off staff.

Dr. Melius wondered if that would mean records coming to NIOSH would be cut back, as well.

Mr. Rollow replied that he had made a decision to put NIOSH and DOL first and had never wavered on that commitment. Among many reasons, one was that this program was more mature and moving faster. His intention is to continue that commitment, but noted that as he started to run out of resources, anything could happen.

Dr. Antonio Andrade asked if he had missed mention of where the money in the reprogramming action would be coming from, and what **Mr. Rollow**'s personal assessment of the likelihood of reprogramming might be.

Mr. Rollow indicated that he believed in large part the sources identified were construction projects with excess or leftover money and needed Congressional approval to use it. It may represent projects that will not get moving as fast this year as they would like and the Department will use that money on this project. He commented he thought there was a high probability Congress will agree that the sources would be acceptable.

Mr. Leon Owens commented on the deficiency at a lot of sites regarding the willing payer issue. He wondered if, as part of the overall programmatic changes, the Department had considered a legislative fix to the willing payer issue.

Explaining that a willing payer is a contractor still under the control of the DOE, **Mr. Rollow** noted there might be many payers not controlled by DOE, willing or otherwise. The official position of the Department is that the National Academies will be asked to study the issue because it is also a social and legislative question. Until then there will be no legislative fixes coming forth to the willing payer problem because they don't know if it is a problem.

Mr. Rollow further noted that for Paducah, exposures that occurred prior to that site being turned over to USEC would be covered by Bechtel-Jacobs, and was concerned **Mr. Owens** had not heard that. DOE will issue a do-not-contest order to Bechtel-Jacobs Company.

Mr. Owens countered that his concern was whether Bechtel-Jacobs would continue to be on the site, noting that two contracts are recompeting at the moment.

Mr. Rollow stated that Bechtel-Jacobs will be a willing payer until contracts are placed for the Paducah and Portsmouth sites. Prior to that time the Department intends to order Bechtel-Jacobs to continue that responsibility. That legal document has not been written yet, however, so it can't be counted on until

it's done.

Mr. Elliott indicated he presumed the DOE advisory committee would be FACA chartered, and inquired into its size and balance of perspective.

Mr. Rollow replied he had forgotten the exact description from the *Federal Register*, but believed it included insurance, DOE contractors, DOE employees, work comp people. They were expecting about 12 members, noting the Secretary of DOE is in the process of selecting members, whose names will be sent to the White House for endorsement.

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SITE PROFILE STATUS, USE IN DOSE RECONSTRUCTIONS, AND ROLL-OUT

Dr. James Neton
NIOSH/OCAS

Dr. Neton began his update on site profile status with the basic definition which appears on the site profile web page. **Dr. Neton** noted that at the Board conference call the issue was raised that site profiles do not intend to be comprehensive evaluations of incident reports. He noted there was some incident report information included, major incidents, but they are not all-inclusive. That information is maintained in a separate site information image database where major incidents are collected and catalogued. The database is searchable by keyword. Some incident reports are very large, and he didn't intend to give the impression that incidents were not included in site profiles, but they're not contained within the documents themselves. He noted that when doing dose reconstructions for monitored workers, the incident reports would not necessarily be relied upon.

Dr. Neton reiterated that site profiles are a compilation of technical documents, six separate chapters, and are dynamic documents in that they are subject to revision any time new information is available that would affect dose reconstruction outcome for any claimants.

Dr. Neton commented that he'd had a number of questions about the concept of missed dose versus unmonitored dose, noting that those concepts are not necessarily addressed in the site profile, but are included in the implementation guide. If a worker were monitored routinely for every monitoring period, NIOSH would assess and attempt to assign the missed dose or what dose the worker could have received and still had all of his measurements show up as non-detectable. If the claimant were unmonitored, missed dose should not be assigned unless it could be demonstrated fairly conclusively that the missed dose would conservatively estimate unmonitored exposure. It has to be done with very good justification. **Dr. Neton** noted that these are difficult concepts to grasp in that they're abstract, but they are covered in the implementation guides. Missed dose is assigned and unmonitored dose is recognized.

Newly released site profiles include Rocky Flats, which will allow commencement of processing on 834 claims from that facility. There are 2,088 claims from Oak Ridge Y-12 which can now be addressed. Last Friday the Iowa Ordnance site profile was approved. There are some 400 to 500 claims from that facility. Collectively, roughly 7,000 cases may now be addressed by various site profiles. That represents 40 percent of the claimant population.

Dr. Neton noted that he refers to site profiles having been issued rather than completed because a site profile can be issued without having every single piece of information included. Often sections will be reserved. In the Rocky Flats external dosimetry Technical Basis Document, the neutron monitoring section for certain time periods is listed as reserved. Work is still being done on the details of what the neutron exposures really were during those time periods. But for a claimant who didn't work in those time periods and had low potential for neutron exposure, that site profile could be used in evaluating the case. That is the concept behind pushing the site profiles out as soon as it's felt they're technically accurate and complete enough to address certain blocks of dose reconstructions. They then continue to move forward with further information after the fact.

Noting that site profiles are subject to revision, **Dr. Neton** stated that the Mallinckrodt site profile was undergoing revision one, and the Hanford site profile is also undergoing some limited amount of revision.

Dr. Neton pointed out that the Iowa Ordnance Plant site profile is unique in that it has been handled like an Atomic Weapons Employer site. It had a limited operation from DOE activities and it's covered in one document rather than having the individual chapters.

Additional site profiles under development will enable another 1,400 cases to move forward. Weldon Spring is a key document to develop in that a number of Mallinckrodt employees worked at both places and that will enable a number of those claims to move forward. The target goal for completion of the remaining site profiles is end of summer or early fall.

A decision must be made as to whether resources to generate an extensive document should be invested in preparing a site profile where the number of cases that would be affected is limited, or if it might be better to do hand-crafted dose reconstructions at those facilities. **Dr. Neton** noted that once the site profiles now in development are released, they will be at the point of making that determination.

Dr. Neton announced that ORAU had written a worker outreach plan which has been completed and is available for distribution. It is a controlled document written by ORAU, reviewed and approved by NIOSH, that lays out the intent of the program and establishes an outreach group for worker input. Meetings are being arranged. There was a meeting in Portsmouth last week. They provide excellent input for workers to comment on site profiles. It had been indicated that the profiles tended to be written in a vacuum and NIOSH agreed and decided to meet with workers and get their input and let them talk about the type of information that may be missing from the profiles. This has been very productive, with a lot of good

information-sharing. Building trades have a unique perspective on what was done and what was monitored. That needs to be incorporated. NIOSH is committed to adding construction activity chapters to several site profiles to help flesh out gaps they perceive to be in those documents.

Minutes are taken at the worker input meetings to capture what has been done. They'll be distributed to a representative at the meeting, to be further distributed to the workers. They use sign-up sheets and ask people to input and say whether the minutes cover the issues that came up at the meeting. All this is in the plan. There have been five worker input meetings so far. The third one at Hanford will take place Thursday after this Board meeting. Sometimes it's difficult to get everybody together on the same day, so NIOSH tries to accommodate wherever possible. They prefer fewer trips, but if it requires multiple trips to a site, that will be done. Scheduled meetings are at INEEL in April, Nevada Test Site in May and Pantex in June. There are some tentative negotiations with Mound site in May.

One thing coming out of the meetings is that site safety reps need training. Workers are going to their union reps and asking for interpretation of forms, what is IREP, what is IMBA. Plans are being made for union reps, health and safety reps to come to Cincinnati to a NIOSH-funded one or two-day dose reconstruction workshop to give them a baseline of knowledge to be comfortable with the process. It is complex and people may never be totally comfortable, but to the extent that some educational input can be provided, NIOSH is committed to do that. **Dr. Neton** indicated he looked forward to getting the information shared and working with the groups in the very near future.

Discussion Points:

Dr. Roessler inquired about a concept that had come up early on in the preparation of the site profiles about meetings with old-timers, with workers -- where possible -- from the '40's who where there during times that information may not be so readily available, and inquired what success they had achieved in contacting those people.

Dr. Neton acknowledged that a lot had not been done in that area, but data were being collected and that he had spoken to someone at this particular meeting who had a fascinating knowledge about what had happened in the early monitoring days for construction workers, and they intended to interview him. He noted they had done one interview at Rocky Flats for a person discovered there who was about to retire. This is something that should be aggressively pursued.

Dr. Melius raised a question about ORAU and NIOSH developing a conflict of interest policy.

Dr. Neton apologized for having skipped over it in his notes, but stated ORAU has drafted a site profile conflict of interest policy. NIOSH is still in the process of reviewing it. Revisions are similar to concepts included in dose reconstruction conflict of interest policy. Any worker who currently works or previously worked at a site could not be a principal author on a Technical Basis Document chapter. They are not precluded from using site subject matter experts as resources. They are the most knowledgeable. The person who puts pen to paper cannot have that conflict of interest. Even though the official policy is not approved, ORAU is following that voluntarily at this point.

Dr. Melius asked if the Board could see it.

Dr. Neton replied that could not be done until they got the final form out.

Dr. Melius commented that people would be skeptical until they could see how it was being implemented, noting that one of the major issues is going to be transparency. If people with potential conflicts of interest are going to be accessed as a resource, it's transparency for references that would be helpful.

Dr. Neton agreed that anyone who works as a member of the site profile team needs to file a biographical sketch indicating conflict of interest and what their role was. But until the formal policy has been issued, you can't tell.

Mr. Elliott added that whoever contributes to the documents needs to be referenced, and indicated that when the conflict of interest plan comes out it will make sure that principal authors are not conflicted. As soon as the plan is approved it will be given to the Board.

Dr. Melius indicated it would be helpful to the credibility of the process to see references to people at the worker input meetings, the old-timers.

Dr. Neton advised the minutes of those meetings would be on the web site, as well as the attendance sheets.

Dr. Melius commented he was confused on the implementation guides and that he wasn't clear whether they were site specific or more general.

Dr. Neton responded that implementation guides are more general. There is an implementation guide, for example, for internal and external dosimetry. They are conceptual based.

Dr. Melius inquired about the repository of incident reports.

Dr. Neton replied that it was not just incident reports and didn't intend to give an incorrect impression of that. It is called a Department of Energy site images database. A lot of data capture efforts have been done at facilities and thousands of pages of records have been scanned and catalogued as PDF files by site. For example, one could go to the Savannah River section, do a keyword search and pull up anything that had "incident" or "accident" in the title and receive those documents. It's not purely an incident database, but the incidents are catalogued.

Dr. Melius wanted to know if they were referenced or indexed anywhere relative to the site profile technical document.

Mr. Elliott noted that they were all indexed and that the Board certainly had access to it, as well as the Board's contractor. If one of those are used in a dose reconstruction, it is cited in the dose reconstruction report that an incident report was found and the date cited.

Dr. Neton agreed that if the incident were used in the dose reconstruction, it is cited, adding that the first ones done were the Y-12 criticality accident, which are referenced.

Dr. Melius countered that they were not referenced in the site profile technical document.

Dr. Neton explained that some are referenced, but it is not an exhaustive list because a line has to be drawn somewhere. The incident reports have been catalogued the best they can. All incident monitoring data is requested from DOE when they issue a request for information. They request incident information during the interview process. There are a number of sources that bring the incidents to the forefront. In certain dose reconstructions where monitoring data is available, it isn't essential to have a small incident in there. Any incident that would have been there is covered in a claimant-favorable manner. If they're known, they'll be dealt with; if they aren't known, using a claimant-

favorable approach, it is assumed some type of incident happened.

Dr. Melius declared that if this is a base document that's supposed to guide the individual dose reconstructions and other technical documents are being used -- realizing that every incident can't be covered -- but there's no name attached to it, it would seem you would want a system to make that association with a building or a process or a type of job that would raise suspicion.

Dr. Neton commented that he was probably confusing **Dr. Melius**, who agreed he probably didn't realize he was confused. They entered a protracted discussion where lines blurred between implementation guides, site profiles, missed dose and unmonitored dose. Numerous and varied examples were given in an effort to clarify.

Mr. Elliott offered that some time back Dave Allen and Tim Taulbee had given presentations on internal dose and external dose implementation guides, respectively. He noted that while they were on the web site, if it was felt it would be helpful to revisit the issue, Mr. Allen and Mr. Taulbee could be brought back to illustrate how what was being proposed then is being done now, using those methods and concepts.

Dr. Ziemer inquired if **Dr. Melius**' query related to what method is being used to assure linkage of an incident report to a particular individual who might have been there.

Dr. Melius confirmed that was his question.

Mr. Elliott replied that the answer would then be yes and no.

Dr. Ziemer explained that he understood **Dr. Neton** to be saying that if it's an internal dose issue and there's bioassay data, the fact that you made the linkage may not matter that that's the cause. If a claimant is unmonitored, it may be a different matter.

Dr. Neton agreed, acknowledging that unmonitored workers are much more difficult, which is why the worker database is being constructed. Incidents are not being ignored. They're being catalogued, but dose reconstructions are being performed without necessarily having to link internal exposure to an incident.

Mr. Elliott offered that perhaps a more illustrative example is what is being done when there is no ability to link. In that case, the claimant is given the benefit of the doubt. The reasonableness of the allegation is looked at. If a claimant says an incident happened a particular place they worked, but NIOSH's best efforts can't find that incident was ever recorded, if an affidavit can be provided, that is pursued.

Dr. Melius then asked how the claimants are assured that the incidents are accessible to NIOSH and that there may be a reported incident that's not recorded -- as in the case of a survivor who may not have that information -- but assurance there's an attempt to find out.

Mr. Elliott explained that was the practice of dose reconstruction and had nothing to do with the site profile. Each dose reconstructor is expected to ask those questions and pursue that line of thought until satisfied.

Dr. Neton suggested that as the Board got into the dose reconstruction reviews, it may become more obvious how it works. He reiterated that the site profile is a guide that helps the dose reconstructor be more uniform and consistent. It does not require inclusion of every piece of data existent at the site for it to be used. On the other hand, one cannot review a site profile without looking at

corresponding dose reconstruction done with it to see that it makes sense.

Dr. Melius commented that he wasn't convinced that consistency was being maintained among cases so that the same type of information was being accessed, which could be provided in the site profile, but he wanted to think about it some more.

Mr. Robert Presley asked if there was any feedback from old-timers groups on site profiles on the web site. If so, is there a means by which site profiles can be updated.

Dr. Neton replied there had only been a handful of feedback from the web site, but the union briefings provided feedback and valuable information, and there had been some from write-ins. Any substantive information would be incorporated into a site profile modification and put on the web site as a revision.

Mr. Elliott added that one comment had resulted in reviewing source documents to see if a reference given by the commenter had been included, which it had, and they were able to tell them that. Another reference was given by a commenter which they didn't have. It was added, although it didn't make any change in the site profile. But it was a piece of information they hadn't had before.

Dr. Melius commented that the idea of educational outreach was good, and urged NIOSH to work with Pete Turcic and DOL in that they seemed to want to engage in much the same activities. Given the potential confusion, he felt it would be helpful for everyone to go out together to do that, within resources.

Mr. Mark Griffon asked for clarification on unmonitored workers versus unmonitored exposures. He related having interviewed former workers who said there had been various jobs or various time periods where they were close to their quarterly limit and "volunteered", after being told they would be rotated out of their job, to leave their badge in their locker when they worked the next couple of weeks. Another example is a worker being monitored for the wrong thing. **Mr. Griffon** wondered if that were addressed in the concept of unmonitored dose.

Dr. Neton replied that the first example came up at a worker outreach briefing and NIOSH is looking at that. This is a good example of something learned at a worker meeting. They plan to write a technical bulletin on the issue and are looking at ways to accommodate that. While it may not affect a large number of workers, it is an important segment because they're the ones very close to compensation value. That is being looked at very closely. It isn't addressed right now, but they're looking at ways to do so.

The second example, bioassay programs where source term had nuclides that weren't monitored, speaks to the site profile. The internal dosimetry section is supposed to cover and flesh out what radionuclides were there, were transuranic nuclides mixed in with the uranium source term, were there other types of materials. Then that would require the health physicist to go back and reconstruct those.

Suggesting this may be the linkage **Dr. Melius** was talking about, **Mr. Griffon** asked how the individual being dose reconstructed was placed with that source term.

Dr. Neton explained that they know what years the source term existed, and the site profile would address that. That is not an incident-related issue, but is a source term-related fact. If that is not known, the most claimant-favorable approach will be assumed and the claimant will be assigned the worst source term that existed at the site. He noted that was fairly standard practice in the program.

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RESEARCH ISSUES STATUS

MR. RUSS HENSHAW
NIOSH/OCAS

The Board had earlier identified a number of items of interest in terms of dose reconstruction and related issues. **Mr. Henshaw** indicated his presentation would be divided between an update on the Board's priority list of those issues, as well as a review of compensation results of completed claims through the first quarter of this year.

First on the priority list is the incorporation of occupational studies into NIOSH-IREP. While it was recognized at the onset of this program that the DOE work force would be the ideal source population from which to derive IREP risk coefficients, NIOSH judged that worker studies were insufficient for derivation of quantitative risk estimates. This was primarily due to complexity of study factors, but also because of often conflicting findings.

It was determined that the issue would be periodically revisited. This will be done this year. A feasibility study will be conducted to review the current state of knowledge of worker studies. If it appears warranted, launching a more formal evaluation leading to possible adjustment of IREP risk coefficients would be proposed.

The NIOSH-IREP lung and smoking model is a priority one topic that has been discussed often. The model in NIOSH-IREP now conflicts with the one currently in use in NCI's version of IREP known as NIH-IREP. To answer the question of how to deal with that, this year SENES will convene an expert panel to evaluate the new model for its applicability in this program. This approach could also be used for other model differences, such as the bone model.

The final priority one topic is how cancers are grouped in IREP, the grouping of rare and miscellaneous cancers, including prostate. That will be addressed this year. SENES will begin re-evaluating the risk coefficients used in IREP. They are being asked to focus on the possible discrepancies in the uncertainty distributions.

There are two priority two topics. The age at exposure workshop concept has been shelved, but could be revisited at a later date. The problem is lack of development of a standardized database, as well as lack of staff time to pursue the project. However, age at exposure is a potentially crucial and controversial factor, so it can't be allowed to be dropped altogether.

Interaction with other work exposures was the other priority two topic. **Mr. Henshaw** indicated that had been discussed within OCAS, but there simply has not been time to properly consider it and nothing is currently planned.

There are other potential research topics than those on the Board's lists. One is DDREF or dose and dose-rate effectiveness factor, a risk modifier used to adjust for low level radiation doses in non-leukemia cancers. The first phase of the project is nearing completion, with a progress report from SENES expected within a few weeks. The next phase would probably involve convening an expert panel, but **Mr. Henshaw** indicated they would wait for the written report before commenting further.

There was a Congressional appropriation for research on chronic lymphocytic leukemia, the only cancer specifically excluded from compensation in IREP. CLL has been traditionally regarded as a non-radiogenic cancer.

There are other cancers with little evidence for radiogenecity. There are quantitative risk models for those cancers in IREP. The Health-related Energy Research Branch, or HERB, will begin a research project on CLL this year. That will include acceleration of two of their own leukemia studies already in progress, as well as a meta-analysis of other relevant studies, published and unpublished. **Mr. Henshaw** indicated the intent was to convene an expert panel, which was planned for this summer. If findings warrant, a quantitative risk model for CLL could be developed and incorporated into NIOSH-IREP.

Mr. Elliott commented that whatever the findings and recommendations are from the scientific expert panels or technical peer panels, however they're referred to, they will be brought to the Board.

Following up on that comment, **Mr. Henshaw** noted that NIOSH is required to submit proposed substantive changes to the Board for review and to then consider the Board's comments.

Mr. Henshaw described briefly a change underway in the computational engine operating in the background of NIOSH-IREP. A newer version of the program was released that will increase the capacity and processing speed of NIOSH-IREP. Before changing to it, however, it must be thoroughly tested to ensure there are no inadvertent effects on PC results. A test is planned that is just getting underway.

As a final thought, **Mr. Henshaw** mentioned it was possible an epidemiological analysis of NIOSH claims data could prove useful in the IREP risk model, noting however that there are limitations and some very serious challenges in working with these data. Specifically, data are currently limited and results should not be construed as being representative of all claims. The dose reconstruction efficiency approach carries serious limitations, especially when attempting to assess dose response.

There are challenges in comparing data with national cancer figures, difficult under the best of circumstances. There are hundreds of types of cancer, but less than three dozen cancer models in NIOSH-

IREP. The claimant-friendly process further complicates an epidemiological analysis of the completed data.

Moving to the claims results, **Mr. Henshaw** pointed out they were through March 31, 2004, and included dose reconstructions submitted to DOL for which NIOSH has received notice from DOL of a decision. Through that date, it represented about two-thirds of the dose reconstructions submitted to DOL. For that reason and also because of the efficiency process, it would be surprising if it were predictive of future results. Cancer model-specific compensation rates reflect only claims with one primary cancer.

Mr. Henshaw presented the information in slide form, having put the 32 IREP cancer models into a table arranged in the order the models appear, in ascending numerical order by ICD-9 code. The table indicated the total number of cases processed using each particular model, the probability of causation equal to or greater than 50 percent, the number and percentage of claims that were compensable.

Dr. Owen Hoffman suggested that for members of the public it's important to point out that there is only a one percent chance that probability of causation would be greater than 50 percent, a highly conservative estimate of probability of causation.

Mr. Mark Griffon inquired if there were available a breakdown of claims by cancer type by site, noting that in terms of the Board's case selection process it might be important to see distribution across all the claims currently in the system.

Dr. Ziemer indicated **Mr. Griffon** was asking, for example, if a particular cancer appeared to be more prevalent at Savannah River or some other site. He observed that it might be helpful information as the Board moved into the selection process, and that maybe at some future point that could be provided.

Noting that the simple answer is that he hasn't looked at that yet, **Mr. Henshaw** explained the information contained on each slide in his presentation. He observed that there were a number of surprises in the results, but cautioned the Board to bear in mind that results almost certainly will change.

Mr. Henshaw explained how he had further studied rate of compensability by graphing cancer models with at least ten claims from highest to lowest and found the highest compensation rate was lung cancer. There were nine cancer models with no compensable cases.

As **Mr. Henshaw** presented graphs demonstrating compensability from a number of perspectives, **Dr. Andrade** commented that the apparent linearity of some of the results might be somewhat artificial, given the efficiency process. **Mr. Henshaw** agreed, noting that the trend lines for compensation rates by age at diagnosis and by years worked could simply be a proxy for estimated dose.

Mr. Henshaw summarized by stating that projects will be underway within the year addressing the Board's three priority one topics, with other research projects underway or in planning. **Mr. Henshaw** observed that

completed claims results revealed some surprises, noting results are skewed by the efficiency process and incomplete data. NIOSH will continue to monitor data for trends and anomalies, and will keep the Board updated.

Discussion Points:

Dr. Roy DeHart inquired how skin cancer was handled in the case of multiple primaries.

Mr. Henshaw replied that multiple skin cancers were not included in the skin cancer-specific results. It was attempted initially, but proved unfeasible. Mr. Henshaw concluded it was more honest and clean to exclude all multiple primaries from cancer model-specific rates.

Dr. Melius asked what happened when the limits of the old software was reached, if it slowed down or was unable to handle it.

Mr. Henshaw indicated the awareness occurred when it was discovered there were claims in the hopper with rows that exceeded IREP's capacity. Those cases had not yet reached dose reconstruction.

Dr. Henry Anderson commented it would be interesting to see if the distribution of cancers here are different than what would be expected in the general population, and to see whether people were putting in claims because they believe a cancer is radiation-related. He noted that prostate and breast cancer appeared not out of line, but some seemed to be a bit more than might be expected. He observed that in this population the radiation-sensitive cancers ought to be over-represented.

Mr. Henshaw agreed, stating that he intended to do that.

Dr. Roessler offered that even though **Mr. Henshaw** had qualified his interpretation of the data, caution should be exercised not to make too much of those interpretations at this point.

Mr. Henshaw agreed.

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SPECIAL PUBLIC COMMENT PERIOD

Dr. Ziemer inquired if there were any who had signed up for public comment who would find it very inconvenient to return for the scheduled comment period in the evening. If so, he indicated his willingness to accommodate those members of the public.

Mr. Thad Coleman
Retired Hanford Employee

Mr. Coleman spoke of his experiences at a plutonium test recycle reactor and the types of jobs he performed. He described his current health status and stated no one could tell him what was causing his lung problems. He called for a coordinator to get justice done for the workers.

Dr. Ziemer indicated the Board probably couldn't answer **Mr. Coleman**'s questions, but perhaps the staff might give him some direction.

Dr. Ziemer declared the Board in recess until 7:00 p.m., at which time public comment would be received.

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SCHEDULED PUBLIC COMMENT PERIOD

Dr. Ziemer welcomed the public and thanked them for attending the evening session. He explained the responsibilities of the Board and the focus of their meetings. **Dr. Ziemer** described the Federal agencies involved in various aspects of the compensation program.

Dr. Ziemer identified **Mr. Larry Elliott** as the designated Federal official who serves as Executive Secretary of the Board, and described his role at NIOSH and with the program.

Dr. Ziemer introduced the individual Board members and elaborated on the Board's role in development of guidelines, assessment of scientific validity and quality of dose reconstructions.

Dr. Ziemer emphasized that the Board does not deal with individual cases. The Board will not review a claim on behalf of a claimant.

Dr. Ziemer explained that the public comment period is intended as an opportunity for the Board members to hear from the public. It does not operate as a question and answer function. The Board's interest is in hearing how effective the program is or where it is not effective, whatever a commenter's experience may be.

Dr. Ziemer informed the group that a list of those in attendance is desired for public record, and asked that members of the public enter their names on the sign-in sheet if they hadn't already done so. An additional sheet is provided for those who wish to speak, in order to keep the flow going and make sure everyone gets an opportunity to do so.

Ms. Gai Oglesbee
National Nuclear Victims for Justice

Ms. Oglesbee announced she was very experienced and knowledgeable, with nine people in her family battling cancer currently. She offered her opinion that much of the public information was inaccurate, contradictory and being ignored. She indicated health physicists were not "expert witnesses" and that she had her own experts. She stated she was in a conflict with Dr. John Howard, director of NIOSH, regarding

what he feels is his right to dismiss her generic dose reconstruction. She declared the IREP program was based on Dr. Owen Hoffman's unreliable methodology. She questioned whether records being processed are the same records she submitted.

Mr. E. R. Samson,
Kennewick, Washington

Mr. Samson observed that more information has been provided in one day (of the Advisory Board meeting) than in the past four years. He indicated he felt he had a pretty good claim, but his concern was for a group of surviving widows living on a fixed income who need the money, particularly the medical payments. He said more help would be appreciated.

Mr. Charles Moore,
Yakima, Washington

Mr. Moore indicated he had worked 23 years on the Hanford project, was fired because he has asbestosis, and has never received any compensation. He stated his purpose in being there was to discuss dose reconstruction. **Mr. Moore** had with him documentation relative to his exposure records which he indicated gave widely conflicting information, as well as one document which purported to bear his signature but which he declared was forged. He asked the Board to go through the documents and tell him if it felt accurate dose reconstruction could be done from that type information.

Mr. James Williamson,
Survivor

Mr. Williamson spoke on behalf of his mother and his family regarding his father, who was hired in 1967 and worked for 25 years before his retirement in 1993, the year he was diagnosed with cancer. **Mr. Williamson** expressed his confusion at the fact that his mother's claim was a rarity in that it was a Hanford cancer-related claim that had won in the State of Washington, but for some reason it didn't work under the Federal part and they didn't understand why.

Mr. Ken Staley,
Claimant

Mr. Staley described his work experience at Hanford and the difference in radiation exposures allowed in the '40's and now. He spoke about other people in the room, their health issues and the lack of financial assistance they'd received. He described a group of some 20 or so widows, some of whom have had to borrow money to eat, and questioned the fairness of that because their husbands have died. **Mr. Staley** stated he had a claim number, and had been denied. He asserted that the sample taken from his arm had come back benign because it had been taken from the wrong place.

Ms. Donna Beecroft,
Survivor Claimant

Ms. Beecroft indicated her family had moved to the area in January of 1943 when her father became one of the first reactor operators at Hanford. She commented that she didn't believe anyone understood what they were up against back then, and it was fun and exciting and they loved living there.

Ms. Beecroft commented on Mr. Moore's records that were from 1950 to 1976, and wondered if anyone thought records were kept better in the '40's. She described her father changing rods with his hands before they had robots, and working until he couldn't make the Geiger counter stop ticking by showering and scrubbing and soaping. And then he came home like that. Her three brothers have thyroid problems, her sister had breast cancer and her mother died of cancer.

Asking the Board not to think they were a pitiful little family, **Ms. Beecroft** declared her family was proud of what her father did and proud of him -- and proud of Hanford. She stated they loved it there and had enjoyed their lives there. It had cost them to be there, but it was worth it. She reiterated she had not asked for the money, she had been approached. But now that it's been offered, it seems to be a dead end.

Mr. Mike Henning,
Claimant

Mr. Henning stated he had worked at Hanford since 1978 in almost every building. He filed a claim in December of 2001 and had his dose reconstruction done. The report indicated he had X rem, less than the 50 percent required. But nothing told him what 50 percent would have been. He not only didn't know what the criteria consisted of, he didn't know how it had been arrived at.

Mr. Henning indicated he'd had lymphoma five or six years ago, which had so far not returned, but he didn't know if it would. He noted that when people asked if he's clear from cancer, he observes he was clear before he got it, so he doesn't know. He indicated criteria clarification would be helpful.

Dr. Ziemer acknowledged that **Mr. Henning**'s comments had been noted, remarking that the issue of communication is one raised fairly regularly and something that is being worked on.

Mr. Charles W. Shatell,
Claimant

Mr. Shatell declared he was only 86 years old and had come to Hanford with the duPont Company in 1944. Radiation work began in 1948 when he worked the contractor under the Jones Company and did radiation work for all the reactors and finally ended up with cancer.

Mr. Shatell described his work experiences, the exposures they encountered, how they devised ways to deal with them. He described calculating how quickly they would reach their known exposure limits in certain areas. That calculation was then used to determine how much time they could allot themselves to complete a job, sometimes measured in only seconds.

Mr. Shatell indicated that when he had filed his claim, his exposure information was needed. He knew that when he worked at the Jones Company a daily log book had been kept of exactly what everybody did, how much radiation they received and the location. **Mr. Shatell** stated that when he left, there was a filing cabinet full of the log books, which he understood the Jones Company had in turn passed on to DOE. He commented that discovery of those logs could be very helpful, but he'd been told they could not be located.

Mr. Shatell observed that he's now at the point in the process where he's being asked how much money he's spent, so he's hopeful that's an indication he might get paid. He discussed how much his insurance coverage costs and that it will continue to go up.

He also commented that during his time there, DOE had been very cooperative with whatever was asked for, such as clean-up before being sent into a high radiation area and lead-lined blankets.

Mr. John David,
Sheet Metal Workers Local 66

Mr. David announced he was fortunate to represent the sheet metal workers in Local 66, and noted that it was pretty evident to anybody who'd heard the people speak that dose reconstruction does not work. He observed that whether a sheet metal worker or pipe fitter or whatever you did, you took a lot of dose.

Mr. David recollected people called timekeepers, whose job was to keep track of dose. He indicated he found it amazing nobody knew where those books went.

Mr. David expressed his thanks to the Board for coming, but indicated that people had to be given what they have coming. He remarked that he had worked with a gentleman who'd spoken at an earlier meeting and had offered to grant permission for NIOSH to exhume his father's body. He had made that offer because there was no record of his father ever being contaminated, and it was his belief that plutonium would be found in his body.

In conclusion, **Mr. David** commented that when comparing compensation to the numbers who have applied under the program, he didn't think anyone could say it had done its job so far.

J. L. Mitchell,
Claimant

Mr. Mitchell indicated he had worked at Hanford 33 and a half years in all areas, all buildings and with various types of materials. He commented he'd been exposed to americium the night the plant blew up, and had worked with thorium and beryllium during his employment. He described why he didn't believe the film badges gave a true reading, and noted that air samples would be allowed to decay 24 hours before readings were taken. That would not accurately reflect exposures to employees in the labs.

Hank Hartley,
Hanford Building Trades Medical Screening

Mr. Hartley indicated he had managed the Hanford Building Trades Medical Screening program for six and a half years, and wanted to address a number of subjects, beginning with Mr. Shatell. **Mr. Hartley** had been one of the young guys working under Mr. Shatell, who had always warned them to be careful of the shine. **Mr. Hartley** stated he'd only had a bit of skin cancer.

Mr. Hartley said he had often wanted to know his dose rate, but nobody could ever tell him. So he was hoping that can be done now, although he didn't see how it could.

Mr. Hartley said he referred a lot of people from the medical screening to apply under the program, but they were afraid because they can't remember details of where and when, et cetera. He wanted to announce that there are ways of finding out that information, it just takes a little work and research. **Mr. Hartley** suggested that Mr. Shatell would be a good contact for a lot of people because he had good faculties and could recall who people were and where they worked. **Mr. Hartley** also suggested the people at the resource center in Kennewick were very helpful and resourceful, and encouraged claimants to call them, regardless of their fear.

Mr. Roy Yates,
Electrician, Hanford

Mr. Yates commented that he had had colon cancer, taken nine months of chemotherapy and now suffered osteoporosis as a result of the chemo. He related inconsistencies he'd witnessed on the site, as well as situations in which he felt no records would cover, such as getting hot coveralls back from the laundry. He described other workers relating instances of monitors being turned off because of nuisance alarms. He spoke of corrosion of aluminum components, leading to another element of exposure from the toxins of corrosion.

Mr. Yates indicated he had made a claim for his cancer which had been denied. However, he felt some exposures were not accounted for and that records didn't reflect everything accurately.

Ms. Catherine Van Dyke,

Claimant

Ms. Van Dyke stated she had been a quality control inspector at Hanford for ten years before quitting to stay at home and take care of her child. She also had ongoing health problems. She had applied for the former Hanford checkup and found she was beryllium sensitized and is currently going to National Jewish annually. Her claim has been approved for ongoing testing.

Ms. Van Dyke indicated her main concern is that she's 45 years old and permanently disabled, but she can't find a physician or anyone to piece her multiple problems with the other things she's been exposed to.

Ms. Louisa Jahnke,
Survivor Claimant

Ms. Jahnke spoke of her husband who had gone to work at Hanford straight out of the Marines and worked there 40 years. She had documented every building he'd worked in and what he'd done. She indicated he had been exposed to asbestos and beryllium, and had documentation on two accidents resulting in radiation exposure. He had ended up completely paralyzed.

Ms. Jahnke went on to say that her children had all been born and raised in the area. Beryllium had been found in the lungs of her youngest son, who had never worked at Hanford. His doctor had concluded it had been brought home on her husband's shoes and his clothing, which was washed with that of the rest of the family. She indicated a wish that the program would take care of something.

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Dr. Ziemer thanked everyone who had attended and had participated. He noted the Board would meet again the following day and any who wished to attend would be welcome. He agreed with an earlier speaker who had observed there was a lot of information, and pointed out the various presenters were educating the Board, as well. **Dr. Ziemer** announced the formal part of tomorrow's session would commence at 8:30, continuing through the day, with a public comment period in late morning.

With no further comments, the Board officially recessed until the following morning.

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Wednesday, April 21, 2004

Dr. Ziemer called the second day to order, commencing the day's session with administrative and housekeeping items.

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REVIEW AND APPROVAL OF DRAFT MINUTES

Dr. Ziemer called for substantive corrections or additions to the minutes of the 22nd meeting of the Advisory Board on March 11 by teleconference.

Dr. DeHart noted that on page 3 the minutes indicated his attendance, which was incorrect, and that it was correctly noted in other places in the minutes.

Motion to approve the Executive Summary and Minutes of the Twenty-second Meeting, with modifications as discussed, was seconded and unanimously passed.

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ADMINISTRATIVE AND HOUSEKEEPING

Dr. Ziemer reminded the Board that at the February meeting they had requested Board participation when responding to any Congressional letters. After that meeting **Dr. Ziemer** had written to the three New York members of Congress informing them of decisions on the site profile audits. A letter from the three members of Congress in response to that letter had since been received and **Dr. Ziemer** wanted to make sure everybody had a copy of that letter. He suggested the Board consider and discuss it later in the afternoon during the working session.

Ms. Cori Homer addressed some housekeeping matters, including travel arrangements and scheduling additional Board meetings. She reminded the Board that the next meeting is June 2nd and 3rd in Buffalo, New York.

In discussing the future meeting schedule, **Mr. Elliott** informed the Board of deadlines relative to task order modifications and new task orders, as they may impact that planning process in order for those changes to be effectuated during this fiscal year. **Dr. Ziemer** suggested it might be better to wait until after the presentation by Sanford Cohen & Associates to determine exactly where they were with contractual matters.

Dr. Ziemer indicated there were some matters that had come to the Chair in relation to the contractor, reminding the Board that some things had been specified or authorized for the Chair to handle on behalf of the Board, and he wanted to report on those items. There were progress reports received on task orders one, two and three, all dated March 15th, from Sanford Cohen & Associates. The reports indicated time and effort spent on various tasks and were invoice-related, and had come to **Dr. Ziemer** for approval. He did no technical review, but simply gave the okay to NIOSH to pay the bills. Those three were approved for payment, and copies were available to any Board member wanting to see them. They contained no technical

information.

Two additional progress reports had been received on task orders three and four dated April 15. They were similar type reports which had been received just before coming to the meeting. **Dr. Ziemer** indicated he would give the okay to proceed with payment of those two, so there will be a total of five that have been processed and approved for payment.

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CONTRACTOR UPDATE AND REPORT

Dr. John Mauro,
Sanford Cohen & Associates

Dr. Mauro began by reminding everyone that in January SC&A was awarded a task order contract, meaning from time to time the Board would ask them to perform certain tasks. To date they have been authorized to proceed with four. Primarily the contractor has been working on tasks one, two and three. Task one relates to site profiles. The first deliverable was a procedure that will be used to perform the reviews. That procedure was delivered to the Board on March 3rd and on April 2nd the Board approved it.

They began work on performing those reviews on April 5th. Joe Fitzgerald is the task one manager and will be giving a status report on those activities.

Task two is the case tracking software. Under task four the contractor will be receiving a number of cases for review. The purpose of the case tracking is to maintain a relational database that will help advise the Board of the degree to which the cases being audited are representative of the totality of cases. As the contractor proceeds through the audits, that database will be loaded with information to inform what percentage of the audits are from which site, what percentage are a certain type of cancer, et cetera. Data will also be loaded indicating results of audits. From that database should emerge trends to gain insight into areas where the dose reconstruction process could be improved.

The software and report were delivered on April 3rd, and SC&A is awaiting any comments. That is a software program that is expected to be revised as time goes by. It is simply a tool.

On the NIOSH web site are a large number of OCAS and ORAU procedures which are the heart of the protocol used to perform dose reconstructions. SC&A in task three was authorized on February 13 to review those procedures. Their first deliverable was to write a procedure for reviewing the procedures. That was delivered on April 13th. After it is reviewed, with any comments, that procedure will be finalized. Once that has been done, that particular task order is over. The scope of task three does not include performing the reviews. That would require either a modification or a new task order to proceed.

Discussion Points:

Mr. Griffon asked **Dr. Ziemer** if the two deliverables, the tracking software and procedure, would be available to the Board.

Dr. Ziemer indicated the procedures were in the packet and would be addressed in this afternoon's working session. If those are approved or approved with little change, then the contractor can officially be given the go-ahead to do those reviews.

Dr. Mauro noted there were two sets of procedures relative to task three. One dealt with methodology for reviewing the OCAS/ORAU procedures and the other related to quality assurance. The plan was to independently review all the OCAS/ORAU procedures that are being used for quality assurance.

Dr. Ziemer clarified that once the Board approved the procedures for review, SC&A could be told to proceed with that review based on the approved procedures.

Dr. Mauro agreed, indicating that they could not go forward, however, until they had received a modification to the contract.

In discussing which would be easier, a modification of task three or a new task five, **Mr. Elliott** indicated a modification would be easiest to effectuate.

Dr. Ziemer commented that if the Board decides to proceed, they still have to define the task and there would have to be an independent cost estimate on the actual review.

Status Update, Task One
Site Profile Review

Mr. Joe Fitzgerald,
Sanford Cohen & Associates

Mr. Fitzgerald introduced himself as the site profile review manager for the overall program, and noted that they had commenced the Savannah River review on April 5th. **Mr. Fitzgerald** commented that these evaluations require the ability to jump in and look at the issues with a certain degree of experience, not something to be learned on the job. His approach is to bring in expertise and experience for the particular site and put together a team to hit the ground running and add value to the process in terms of insights and understanding of the history of the site. He had taken that approach in assembling the team for Savannah River, gathering what he would consider national experts on operational history, as well as the radiation protection programs for the history of the site. **Mr. Fitzgerald** indicated that was a precedent he wanted to set for this task.

The first phase is considered review of documentation, and that phase has been completed. **Mr. Fitzgerald** indicated he had sent **Dr. Ziemer** a letter to summarize what SC&A thought the issues surrounding moving to the second phase would entail. The second phase is to actually get into validation, looking at data sources, as well as individuals who would have various perspectives at sites, with the goal of looking at

completeness and adequacy of the site profiles.

In the second phase timely access to people and data sources is going to be a key challenge and key imperative to a productive review on the site profiles. An effort is being made to put into effect a process which was outlined in a conceptual way. They will be working with the Board on how to proceed and identify issues as they see them in what they consider a prototype review. They will also try to better define the process to follow. They will work through how the team will be able to evaluate the data sources and have access to people in a timely way, and work with the Board to figure out how that can be expedited. The letter outlines some of those issues.

In terms of next steps, while this issue of expedited site access and data access goes along, the team will want to spend time understanding better how NIOSH and ORAU have put the site profiles together, understand some of the criteria and bases, using Savannah River as the test. That will help frame better what is sought in terms of the evaluation and will proceed over the next several weeks. A report will made to the Board on progress in that area.

In general **Mr. Fitzgerald** indicated he believed the group had started off strongly, there is a good team. They had proceeded with the initial part of the Savannah River review. They have an important second phase to continue. They're exploring next steps that would permit the team to start looking at some of the other sites, assuming some lag in getting data on Savannah River. While waiting for data to come in from DOE they plan to continue to move ahead on the review of other sites to get as much done as they can, and then go back to Savannah River when that data comes in, complete the review and be able to report to the Board. This is an effort at a strategy to not be held up waiting for information to come in if that information is going to take some time.

Discussion Points:

Dr. Ziemer reminded the Board that in order to assure a level of independence for the contractor, the Board had set ground rules that contractor requests for information or access to documents or individuals would be made to the Board Chair, who would relay the request to NIOSH, noting that the nature of the letter is such a request. **Dr. Ziemer** indicated it would be his intent to officially ask NIOSH to provide the information requested.

Dr. Ziemer identified some statements in the document which he felt might raise questions, such as determining whether there's a scientifically valid dose estimate made. **Dr. Ziemer** pointed out that in this program they are interested in determining compensable doses, which may not be scientifically accurate. He wanted it understood that in giving a go-ahead the Board is not assuming that every statement is technically correct. The letter is actually a request for access.

Mr. Fitzgerald indicated he had wanted to provide some discussion of their basis for pointing to certain data sources, and commented that at this phase of the review it's fair to say there are more questions than answers. **Dr. Ziemer** acknowledged his understanding of that intent, noting that the main

thrust is to access documents and individuals. Some may be on DOE sites and not in the files of NIOSH.

Mr. Fitzgerald's response was that, realizing the Savannah River review is the prototype, they understand the issue will come up again and again. The question of access may be the pacing element to the ability to deliver completed reviews to the Board. Anything the contractor can do with the Board to expedite that would be the ideal. And in the context of implementing the reviews, they wanted to cite the kinds of questions that are arising out of their initial phase as reflective of what they're going to have to tackle in the second phase.

Dr. Ziemer asked **Mr. Elliott** if the agency's Memorandum of Understanding with DOE covered the type of access being described, and if NIOSH had any issues with requests for such access as far as the agency was concerned.

Mr. Elliott replied that the MOU does cover everything in the letter, both requested and by intent. And while it had not been mentioned yet, there was also a request to have Q clearances reinstated for people who had held them before, and he indicated they would work that through. It was also covered under the MOU. NIOSH would facilitate the availability of the authors of the dose reconstructions or site profiles for the line of questioning SC&A had added in the letter. Some preliminary documents and references and source information was also identified, and so NIOSH will submit that to the Department of Energy under a request for that information.

Mr. Fitzgerald expressed his appreciation for **Mr. Elliott**'s responsiveness. He commented that one issue is the process of going through the documentation. Maybe the most insidious part that could be a problem would be to get into a process of reviewing documentation and data sources, identifying issues that point to other data sources, and then have to go back through another cycle of requests through DOE. That may be a challenge to be faced and solved.

Dr. Ziemer commented that it would not necessarily be the job of the auditor to pursue those documents they had learned about. They want to make sure the audit remains the audit. If things like that arise and something maybe should have been pursued, then the Board can go back to the agency and raise that as an issue. **Dr. Ziemer** reminded everyone that they would hear him say over and over again he does not want the auditors to do the job of the agency. They simply want to identify issues. And if they need to be raised, they raise them and say go back and do something.

In answer to the second question, **Mr. Elliott** remarked that the role he plays here is to facilitate Board access, but he is also concerned about production and impacting resources. He will work with everyone to make sure they get what they want and need, but not at the price of slowing down development of site profiles and dose reconstruction production. **Mr. Elliott** indicated NIOSH welcomed the audit and was receptive to identification of areas of improvement, but its delicate role needed to be recognized.

Mr. Griffon commented the SC&A letter seemed to be requesting a specific agreement between DOL, DOE and the Board. Such does not exist, and the MOU is between NIOSH and DOE.

Mr. Fitzgerald responded that administrative support is essential and he knew from personal experience there was a lot of sensitivity on the sites, and that could be an issue.

After discussion, **Mr. Elliott** indicated the MOU would have to be used as-is and he saw no issue. He noted

that because of the Secretary of DOE's commitment, there was a considerable difference in access under the compensation program and that of the health research program he and **Mr. Fitzgerald** had experience in.

Dr. Melius indicated he was concerned by **Mr. Elliott**'s comment that he didn't want this process to slow down other processes. Since NIOSH was being audited, he didn't want it to appear NIOSH didn't provide adequate resources to the Board to do that, and if there are resource issues, they should be identified up front and addressed.

Mr. Elliott responded that it was not a resource issue. If NIOSH needed to go onto a DOE site with the contractor, they would do so. This is viewed as a request from NIOSH on behalf of the Board. The resource impact is providing face time with dose reconstructors, site profile authors, site profile development managers which takes them away from their work setting. That can be managed and balanced, but not to the detriment of the audit.

Mr. Melius wondered if it were worthwhile for the Board to write to the Secretary of Energy to point out the commencement of the audit function.

Mr. Rollow agreed with **Mr. Elliott**'s summary of how the process would work using the existing MOU with DOE, noting that NIOSH has full and free access to all information at the sites. He opined the sites will view the review team no differently than they do NIOSH people. As far as a letter, **Mr. Rollow** didn't feel it was needed, but it could be sent to the Secretary to remind him of the importance of the audit, and they'd take a look at it when it arrives.

Ms. Munn observed that attitudes toward clearance had markedly changed since September of 2001. Not wanting to see the definition of security from site to site influencing accessibility to information, perhaps a letter would at least not be harmful if it requested the Secretary of Energy to notify his site managers of the audit and request they provide access as necessary for the records.

Dr. Andrade offered to try to provide a set of thoughts that could be used in developing a solution. One is that the auditing contractor use the site profile authors to get an idea of specifically what they would like to get their hands on when they get on site. Another is there should be a general handshake agreement between the Board, the DHHS and the auditing contractor with respect to accelerated Q's or re-establishing Q clearances. It's a good idea for DOE to let sites know this function is occurring. It will affect them, and everyone should just be up front about it, with an effort to try to minimize the impact on the work ongoing at the DOE sites. **Dr. Anderson** agreed, noting it could limit what would have to be requested once the auditors got on site.

Dr. Ziemer commented that **Mr. Fitzgerald** is very experienced in this sort of thing. Requested access does not necessarily mean that they would look at all those things, but they were simply demonstrating things they may need access to.

Mr. Fitzgerald replied that the procedures had in their first phase to talk to site profile authors, interview site experts and review the site profile preliminarily. Those things lead to second phase of looking at data sources and validation. It sets the stage to better know what information they should examine more closely. It can be done in a way to mitigate burden on the profile authors.

Mr. Presley commented the letter was a great idea, but it should not stop at DOE but to take the letter down to the NNSA level as DOE and NNSA don't always talk. He suggested that data needed and

clearance levels should be coordinated, and Q clearances should be requested only when necessary. It takes a lot longer to get.

Dr. Ziemer observed that a recurrent theme throughout the general suggestions and observations was the issuance of a letter or memo, but it wasn't clear to him whether the idea was that this should come from the Board or from NIOSH or from the auditing contractor. He also noted that if the Board wanted to do something formally, he would be looking for a motion.

A motion was made and seconded that the Board direct a letter to the Secretary of the Department of Energy as notification of the audit process, describing the needs of the audit contractor, and requesting the Secretary notify the sites accordingly.

Dr. Ziemer declared the motion open for discussion.

Ms. Munn wondered if the letter should address the issue of funding and identify funding is through NIOSH.

Dr. Ziemer said it was his understanding **Mr. Elliott** had indicated there was no need to mention funding.

Mr. Elliott responded that he interpreted **Ms. Munn**'s question as whether DOE will have funds available or whether it would be an unfunded mandate. **Mr. Elliott** indicated his commitment is to support and facilitate Board access, which means if the Board gets access and, because DOE doesn't have enough clerical support, needs somebody to retrieve the records, they'll help. If the Board chooses to address funding in its letter to DOE, it should address the funding support down through the chain in DOE to the sites.

Dr. Andrade commented that one purpose of the letter is to ameliorate surprise, as well as to allow sites to prepare for a visit that would have minimal impact. Because of the MOU, they know they will do the work, but the Board wants to be considerate and provide them with notice, and reassurance that the impact will be minimal.

Dr. Anderson observed that it was in the order of an FYI so they could prepare.

Mr. Elliott offered that it might help their understanding of the agreement with DOE to know that NIOSH transfers money to DOE only when technical advice or consultation is sought, or if DOE has a technical expert whose help NIOSH needs in understanding a piece of information or data. They are compensated back for that, but not for accessing, providing and retrieving information. They assist, but do not transfer funds for that.

Dr. Ziemer announced that he would be calling for a vote on the intent to send the letter, which will include the discussed concepts. If the motion passes, he will assign a couple of people to draft the document and the

Board will have an opportunity to approve the actual letter later in the day, if that is agreeable with the mover and the seconder.

Dr. Melius asked if the letter could be circulated by e-mail after the meeting, with **Dr. Ziemer** as final approver.

Dr. Ziemer answered that it depended on what the Board authorized. The Board could not approve or take formal action on it outside the public forum, but the Chair could be authorized to send the letter, so long as the general content is agreed upon by the Board at the meeting.

The Chair called for a vote on the motion of intent to send the letter, as discussed, to the Secretary of the Department of Energy. The motion carried unanimously.

Dr. Ziemer asked **Dr. Melius** and **Dr. Andrade** to make an effort to provide the Board with a rough draft as a preliminary idea of the content during the afternoon session. He indicated they were welcome to call on anyone else for expert advice in the preparation.

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Status Update, Task Three
Protocol for Review of NIOSH Methods and Procedures for Dose Reconstruction

Mr. Hans Behling,
Sanford Cohen & Associates

Mr. Behling introduced himself as a health physicist by training. He described that there is a statutory requirement under EEOICPA for the Board to independently review the methods for dose reconstruction. He explained that he had been asked to develop a procedure to provide both an outline and a general approach for the review of procedures that have been adopted by NIOSH for dose reconstruction.

Thirty-three procedures representing OCAS implementation guides, technical information bulletins, program evaluation reports and procedures, ORAU's plans, procedures and technical information bulletins were provided to Sanford Cohen & Associates. They are a part of the package before the Board which briefly identifies and gives a one or two-sentence summary of each.

They are quite diverse in both content and scope. **Mr. Behling** admitted it took a while to understand how to write a procedure to review procedures so varied. He indicated he re-read the Act and final rule 42 CFR 82 and the regulations themselves for inspiration.

He felt a key was the Act requirement that DHHS establish regulations and methods for arriving at reasonable estimates. Further, the Act specifically states a key objective of the program is to provide timely compensation. Other directives state methodologies should be efficient, consistently applied, reasonable and fair to the claimant, adequate and complete, and well-grounded in the best available science. Science has to be an integral part of the review protocol, but it's not the only part.

Mr. Behling stated he would present slides identifying seven objectives from review of the Act and final rule, and identifying criteria SC&A will use to determine whether the procedures under review meet the objectives.

To establish a sense of timeliness became the first objective, that procedures allow for rapid analysis of dose, et cetera. Objective two, that procedures establish a sense of efficiency in instances where a more detailed approach would add no value. Completeness and adequacy of data is objective number three. Objective four is to provide a consistent approach to dose reconstruction that would assure consistency, regardless of time and employment location. The fifth objective is to account for unknowns -- loss of data, missing records, unmonitored exposures -- and in the process be fair and give the benefit of doubt to the claimant. The requirement for quantifying the uncertainty of dose estimates is objective number six. The last objective is to strike a proper balance in terms of the guidance for doing dose reconstruction efficiently, without sacrificing the quality of science.

Mr. Behling's slides indicated each objective, below which he listed the criteria by which SC&A will assess the procedures. For example, in the first objective of establishing a sense of timeliness, the first assessment is whether the procedure is written in a style that is clear and unambiguous. **Mr. Behling** then led the Board through each step of the review protocol.

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PUBLIC COMMENT PERIOD

Dr. Ziemer announced he was going to delay the next item on the agenda because he regards the public comment period as time-certain. There are individuals who have come specifically for that purpose. He indicated he had nine individuals who have requested to speak. Reminding the public that time is somewhat limited, he asked the speakers to be aware of their fellow speakers in that regard and that they confine their remarks, is possible, without being repetitive.

Ms. Beverly Westerfield Cochrane,
Survivor

Ms. Westerfield described her father's work history at Hanford from 1948 until his retirement 35 years later, noting he worked there when exposure was probably greatest. She spoke of some of his work

experiences and his illness. She expressed her belief that her father's service entitled his survivors to compensation. Having filed a claim some three years earlier, she suggested the program is being studied to death. She indicated she saw no need to spend money to have meetings to do the same thing over and over when nothing is being settled, and commented that the public didn't understand that.

Ms. Teresa Moran,
Richland, Washington

Ms. Moran indicated she wanted to let the Board know that she had heard people still working at Hanford were afraid to make a complaint because of retaliation, although she had no proof of it. **Ms. Moran** had lived with her grandfather, who had moved to Richland to work at Hanford. She recalled his illnesses and that he had been afraid to say anything because he didn't want to lose his pension. After his death, her grandmother didn't want to cause any problems because she was afraid the money would be cut off. Another family member has had cancer and still works at Hanford, and is afraid to come forward because of worry about losing a job. **Ms. Moran** suggested if there isn't a safety net, something should be created so that people could feel secure about discussing their problems without worrying about losing their jobs.

Mr. Frank Trent,
Claimant

Mr. Trent stated he had been with the Army in 1950 and stationed at Hanford, where they all lived in tents with stuff coming through the stacks. Years later he had gone to work at Hanford in the 200 areas, and related several incidents that happened during his employment. He expressed his belief that records have been expunged because he has seen his personal files and they are not totally representative of what happened. **Mr. Trent** suggested that either building 712 or 713 had contained records which went back quite a long way.

Mr. John David,
Local No. 66

Mr. David advised the Board that he had been in touch with the person who had offered exhumation of his father's body, and the offer stood. He indicated a woman who had spoken last night would probably do the same with her husband. **Mr. David** indicated his point in bringing that up is an effort to help the Board understand how important this matter is. He urged the Board to go back to whoever it is and say the process is not working, regardless of the efforts of individuals involved. He reiterated his belief that Hanford should be a Special Exposure Cohort site.

Mr. David also commented that he hoped the earlier suggestions of retaliation were inaccurate. In a free country where people are being asked to come forward with this information, suffering retaliation would be criminal.

Mr. Gayle Shook,
Claimant

Mr. Shook indicated he had worked 38 years at Hanford in nuclear research. He described his cancers and berylliosis and expressed his hope that the Board would be more attentive to the claimants' problems and maybe make it move faster to a resolution.

Mr. Roland Haney,
Claimant

Mr. Haney stated he had lived in the area since 1950 and had worked seven years at Hanford as a serviceman. He described a serviceman as a laborer who does all the dirty jobs. He enumerated his various health problems which began after five years, noting that when his health got bad enough, working was made so difficult he finally quit. He commented that today people dress as if they're going to the moon to do things he did wearing coveralls and a baseball cap.

Mr. Jim Knight,
Richland, Washington

Mr. Knight indicated he hadn't started at Hanford until 1963, so he can only speak from his experience from that time forward. He declared his worst exposure had been being stuck in an office with two chain smokers. This included work in areas dealing with uranium, plutonium and waste product.

Mr. Ron Strait,
Kennewick, Washington

Mr. Strait had worked for contractors at Hanford and had thought they generally ran a safe, stable work site. He recounted a few incidents that had occurred, however, in which he felt he had received high exposures and was unmonitored, which made him believe their dose cannot be reconstructed properly. After working at some commercial plants, he considered them to be more careful with workers. He described dosimetry as being more carefully tracked. He described badges tied to a computer system to keep control of dose and how they were alerted by that. **Mr. Strait** indicated that over a long period of time it dawned on him that he hadn't been properly covered at Hanford.

Mr. J. L. Mitchell,
Claimant

Mr. Mitchell indicated he had overlooked some things the night before that he'd wanted to mention. He said his transfer from Atlantic Richfield to Westinghouse was a paper transfer because he had so much foreign objects in his system he wasn't supposed to have.

Mr. Mitchell said that he had been told when he retired 15 years ago that he and the other employees involved in the McCluskey explosion would be monitored. He's never had any such monitoring. He stated there had never been a signal to stay away from 912 and they knew McCluskey was in 912 alone, so seven or eight had gone in to get him. He commented that when they opened the air locks, black smoke was rolling like a tornado and they knew they were in trouble. He said nobody would ever tell them how much exposure they received, but that some was in his head, some in his lungs and possibly in his bones.

Ms. Gai Oglesbee,
National Nuclear Victims for Justice

Ms. Oglesbee said she didn't think she'd mentioned she was working at the site and facility at large at Hanford from 1992 through 1996 when she took voluntary early retirement. She stated she would not be a bionic person.

Ms. Oglesbee read into the record several pages of court rulings which she purported to be critical of methodology developed by Dr. Owen Hoffman.

Ms. Oglesbee stated she knew of only one person from Hanford who'd received compensation, regardless of statistics. But she indicated she knew a lot of people had been paid in Special Exposure Cohort issues back east. She declared Hanford a Special Exposure Cohort site because the records couldn't be found, although she knows where they are. She indicated they are hidden and she knows where a lot of them are.

Ms. Oglesbee then read a number of what she called witness quotes into the record related to qualifications of doctors on the physicians panels, nurses making a 300 percent profit for "the entity" who are not familiar with military medicine, the order the chart gets put in before it goes to the panel, et cetera.

Mr. Richard Miller,
Government Accountability Project

Mr. Miller commented that one of the nice things about the Board's meeting so frequently is the opportunity it affords to hear about the program and plans. Without that information, it would be impossible to analyze what needs to be fixed.

Mr. Miller offered his opinion about what it will take for the program to succeed and his pleasure at Mr. Rollow's assurance of access to full and open records. He expressed a belief that it would be not the words of the MOU but the spirit which would carry forward to the audit phase. **Mr. Miller** delivered a challenge that requests for records be full and transparent and any questions about what the auditors need, if they're well-reasoned, should be provided.

Regarding the presentation on health studies, **Mr. Miller** commented that the statute clearly calls for consideration of worker studies. He indicated that the schedule laid out by **Mr. Henshaw** appeared to be slow as molasses in addressing the agenda the Board had identified a year ago.

Mr. Miller asked if the substantive facts offered during public comment got rolled into the process in any way, such as transcripts provided to Dr. Toohey or if the information is distilled in some way.

Mr. Elliott replied that NIOSH and ORAU had staff in attendance who observed, heard and considered. It was not taken lightly.

Mr. Miller's final topic had to do with chronic lymphocytic leukemia. He suggested it would be useful to make clear how large a claimant base of CLL cases have applied under the program. There was information yesterday that 180 cases had been returned to DOL as non-compensable. Might it be worthwhile to notify those claimants that research is being undertaken and they'll be contacted at some point in the future.

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UPDATE ON AWE FACILITIES

Dr. James Neton
NIOSH/OCAS

Dr. Neton offered a companion presentation to the DOE site profile update from the day before, addressing the status of AWE facilities, where they are with the site profiles and dose reconstruction efforts. There are approximately 2,000 AWE cases at NIOSH. **Dr. Neton** outlined the top ten sites as far as number of cases, with Bethlehem Steel having the largest number at 518. The bulk of those cases have been completed and most are back at DOL for final adjudication.

Cases have been received from 124 different AWE facilities, but those top ten sites represent 1,195 of the total cases. **Dr. Neton** pointed out that beyond those ten sites there was a point of diminishing return, and the practicality of developing a profile document to move five or ten or one case must be examined.

Dr. Neton described the differences in site profiles for an AWE and a DOE facility, primarily that the AWE profiles do not have the six chapters. There is usually very little personnel monitoring data for AWEs. Many facilities were uranium foundries and general commercial activities, with no health physics support. The Environmental Measurements Laboratory in New York provided that, and did much of the urine monitoring information available has come from their retrieved records. Using their hierarchical approach, NIOSH wants to make sure bioassay data are used if it exists.

For the majority of the claimants, NIOSH is in a situation of developing an exposure model. There is some

air sampling data, some knowledge of the processes. They generate a best-estimate for the intake of the workers and put an uncertainty distribution about it, and apply the model to most of the cases. There are allowances for work history, cancer type and diagnosis date. Where work history and something about what people did at the sites is known, they can partition it. If they don't know, they take the claimant-favorable approach and assume all workers breathed in the same amount indicated by the best estimate and the uncertainty distribution.

Four AWE profiles have been issued. The new one is Tennessee Valley Authority, Muscle Shoals, which only covers five facilities. It was a uranium development plant where they made uranium from phosphate ore, very similar to the Blockson Chemical process. So it was an easy adaptation to estimate those exposures.

Some sites are being revised, just as with DOE site profiles. Bethlehem Steel is undergoing revision to include an ingestion pathway model and there is a draft on the table for review. It is not anticipated it will add a lot of exposure.

Dr. Neton indicated they are still deliberating on how to characterize the radon exposure at the Blockson Chemical facility. That section of the profile remains reserved.

A number of AWE site profiles are under development going along the lines of the number of claims at those sites. Nine sites ORAU is looking at represent 132 cases. Below these, there is a situation of only having one or two or three cases per site.

There are data capture efforts underway to secure information on these facilities. Information is obtained from a lot of sites. Many, but not all, are AWE's. Information is scan-captured and put onto the site database. Relevant bioassay data or TLD data are extracted and put into another database the health physicists can access.

There have been 650 dose reconstructions conducted thus far, representing 43 different AWE sites. That is by virtue of the complex-wide AWE profile **Dr. Neton** described in earlier meetings. That document allows dose reconstructions for sites that had uranium principally, natural and very low enriched uranium, no other radionuclides, and the time frame had to be after a certain time period. So there are some limitations on the use of that document.

Discussion Points:

Dr. Melius asked the schedule for completion of the new chapter on construction being developed for the DOE site profiles.

Dr. Neton indicated they were going to attempt to complete Savannah River first since they'd gotten good feedback there in November. The Center to Protect Workers Rights had done a study that

catalogued a fair amount of information. Savannah River may become the prototype for future profiles. The problem is health physicists with free time, particularly health physicists with construction-related experience. **Dr. Neton** expressed hope to have a draft out in the next month or so, and indicated he would be happy to discuss their progress at the next Board meeting.

Dr. Melius commented that if he understood correctly, lack of such a chapter is going to hold up individual dose reconstructions.

Dr. Neton agreed, noting that oftentimes construction workers are unmonitored. If they have no bioassay data and no good handle on how to do it, it will be held up until they can get a chapter done on that.

Mr. Leon Owens asked **Dr. Neton**'s thoughts about site profiles for sites with only a few claims filed.

Dr. Neton opined that they wouldn't have individual site profiles because it doesn't make economic sense. He doubted they would do individual profiles for sites with less than 20 cases, although there could be exceptions. If it's an easy adaptation of another one, they may do that. Most likely they would end up doing hand-crafted dose reconstructions, but would rely heavily, to the extent possible, on information from the other profiles.

Dr. Melius asked if anyone had looked at the number of potential people who had worked at these sites during the appropriate time periods, offering that the number of requests is going to be dependent on the extent of outreach by DOL.

Dr. Neton replied they had not looked at numbers, but there had been some outreach. He acknowledged awareness is an issue at smaller sites and workers are hard to locate.

Mr. Elliott added that they had never tried to estimate how many claims might come in for a given site, but noted that it also goes back to eligibility, in which NIOSH plays no part. He pointed out records from Bethlehem Steel would have indicated only a handful of people, yet after eligibility determination they saw about 500 claims.

Mr. Turcic commented that most AWE's are not like Bethlehem Steel, however, and were small operations where it's difficult to find people. DOL is working hard at it and will coordinate with NIOSH so that as they research a facility and locate potential claimants, if it should become necessary to do a site profile there will be ample time to do it.

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BOARD DISCUSSION/WORKING SESSION
PROCEDURE REVIEW AND SELECTION OF CASES

Dr. Ziemer remarked there were a number of matters to be addressed and they would begin with the task three documents. He called on **Dr. Mauro** to clarify the difference in the two documents relative to task three that had been provided to the Board.

Dr. Mauro indicated the smaller document is more an administrative audit. SC&A will look at NIOSH procedures and use their judgment and experience in the application of QA/QC as to the degree to which those procedures are consistent with the philosophy of what constitutes a good QA/QC set of protocols. The

larger document is a technical review.

Dr. Ziemer stated they would begin with the technical review. He indicated he thought the Board would want to end up either approving the procedures, approving it with minor modifications, or -- if there are major changes needed -- they would identify those and ask the contractor to come back with a revision.

Leading the Board through the document, **Dr. Ziemer** noted that the first ten pages of the document laid the background, with nothing for the Board to approve.

Dr. Andrade commented that he'd been through the document and it began to be substantive at about page 23.

Dr. Ziemer noted that a discussion of the seven criteria from **Mr. Behling**'s presentation began on page ten and the Board may wish to discuss those criteria. That becomes the basis for which the review will be evaluated, and to the extent that it can be objective, it's dependent on the criteria. Calling for comments from the Board on the criteria, there were none.

Following the criteria are the review objectives and approach, then the technical issues. **Dr. Ziemer** remarked it seemed what the Board needed to sign off on were the review criteria on pages 10 to 23, and then address the technical issues and make sure it was comfortable with both sides. **Dr. Ziemer** called for any concerns, issues, questions or comments relative to the review criteria.

Ms. Munn commented that the issue of completeness had been a concern for her. She complimented the authors of the document, noting that her review indicated every item which would have concerned her had been considered.

Dr. Ziemer, paraphrasing section 3.4, commented it was a statement that SC&A's evaluation is subjective in nature. Acknowledging there was judgment in a scoring system, he asked if there were any way to make it more objective, to have a higher level of confidence in the objectivity.

Mr. Behling indicated the scoring method was there for a quick overview. But the outline allowed for comments, which is where SC&A would offer detailed explanation of why they believe there are deficiencies that could be looked at and ask if this is a credible evaluation. He would not expect the Board to focus on the zero to five scoring, but the comments, noting that comments would not be limited to the size of the box on the document.

Dr. Ziemer asked if SC&A believed the graduated scoring system lends itself to being more objective insofar as they explain the reason for the score.

Mr. Mauro indicated they felt it captured nuance, but were prepared to discuss other strategies.

Dr. Ziemer remarked certainly professional judgment came into play. And once SC&A makes its evaluation, the Board will have to judge their judgment.

Dr. Mauro commented they hoped the score and commentary would provide a dialogue for improvement.

Dr. Melius offered it was a balance and the SC&A approach seemed a better way of communicating that. He indicated it was going to be a matter of finding the right balance, and he felt that was what NIOSH had tried to achieve.

Dr. Roessler said she couldn't figure out if five was good or zero was good.

Commenting that they understood the intent, **Dr. Ziemer** suggested they may have to reverse some of the questions. He noted it was an easy fix just to be consistent.

Mr. Behling observed that, for example, not all procedures will have certain aspects requiring the issue of timeliness. So the continuum is one to five. Zero would represent not applicable.

Dr. DeHart encouraged the use of the range.

Mr. Griffon observed that bullet number 5.3 on page 18 was a concern, in that a person could have monitoring records, but not for certain things.

Dr. Ziemer indicated that 5.3 was all-inclusive and it was the intent to cover unmonitored and missed dose, but it doesn't hurt to clarify it.

Moving to the section on technical issues, **Dr. Ziemer** called attention to page 30 where there are comments that SC&A "will question use of" ICRP-30, surrogate radionuclides and arbitrary fractions. He expressed his understanding that the meaning was that SC&A would evaluate those, not question their use.

Dr. Mauro replied that in the OCAS documents citing specific ICRP guidance, if that guidance isn't the most claimant-friendly, for example, SC&A is going to be cognizant of that and reveal it when found.

Dr. Ziemer pointed out that the thrust of his remark was that it sounds as if SC&A is questioning the use of the documents, as opposed to evaluating their use in the paragraph where that term is used three times. He suggested it might be less pre-judgmental to say "evaluate."

Dr. Neton commented that, although he couldn't recall specific wording, in the regulation the terminology related to most recent ICRP models, with no judgment as to claimant favorability.

Dr. Mauro indicated that SC&A had been thinking in terms of taking advantage of their access to information from an associate active in preparing ICRP documents. They were looking to keep the Board informed of developments related to ICRP internal dosimetry when there may be revisions upcoming. They weren't judging, but letting the Board know things were in the offing.

Dr. Andrade called attention to the term "arbitrary fractions" in that same paragraph, suggesting "different fractions" might be more appropriate.

Dr. Ziemer noted that there is a rationale behind the fractions used, so they are not completely arbitrary.

Mr. Behling commented that he would assume part of the responsibility for harsh wording. He had shared authorship with an associate whose first language is not English and he recognized he should have edited some of the wording, noting that it was a matter of familiarity with terminology perhaps less sensitive than it should have been.

A motion was made and seconded to approve, with modifications as discussed, "A Protocol for the Review of Procedures and Methods Employed by NIOSH for Dose Reconstructions", and was passed unanimously.

Dr. Ziemer noted **Dr. Henry Anderson** had had to leave the meeting and was not present for the vote.

The Board's attention was called to the QA/QC document as the next one requiring approval. Noting that it was rather brief and fairly straightforward, **Dr. Ziemer** asked if there were any comments, questions or concerns. There were none.

Dr. Ziemer noted that the deliverables described in the documents are deliverables that will result from the next task. This document is describing how they will do the QA on the procedures.

A motion was made and seconded to approve "SC&A's Procedure to Perform QA Reviews of NIOSH/ORAU Dose Reconstruction Procedures," and was passed unanimously.

Dr. Ziemer asked for staff assistance on what was needed and when for the next task order to do the reviews based on the approved procedure.

Mr. Elliott indicated it would be the same as for the other four, to sit together and discuss the scope of the task, define it in open public forum. Then the independent government cost estimate would have to be developed in closed session. He cautioned that new task orders are due in by July 6, so if they felt they would need a teleconference between the June meeting and July 6, that should be scheduled. That would not be a closed meeting, though, and if everything couldn't be done in June, there may be another face-to-face meeting needed in order to award the task and have it submitted by July 6th.

Dr. Melius asked which of these things could be delegated to a subcommittee, development of a task order and development of an independent cost estimate.

Ms. Homer indicated it would still have to come back to the Board.

Answering **Dr. Ziemer**'s question about the amount of detail needed in the task order, **Mr. Elliott** indicated it could be a paragraph, three or four sentences.

Dr. Ziemer observed that the Board should be able to do a task order today that says go review these documents in accordance with the approved procedures. Then the independent cost estimate would have to be developed in closed session, which could not be today since it would have to be noticed in the *Federal Register* and scheduled in advance. But to get ahead of the game, get the task order done today.

Mr. Elliott reminded the Board a deliverable should be considered, X number procedures reviewed or a report of the review of procedures completed in time frame X. He commented there were a number of ways it could be handled in two or three sentences, providing a scope of work with a time line and deliverable developed.

Dr. Ziemer called for a recess during which he would ask **Mr. Griffon**, **Dr. Andrade** and **Dr. DeHart** to assist him in developing something that could be projected onto the screen for the Board's review.

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A motion was made and seconded to approve a task to be referred to as the Procedures Review Task.

Dr. Ziemer opened the motion for discussion, indicating that they're basically identifying procedures from the document just reviewed. The period of performance is designated as four months. The contractor will provide monthly progress reports to the Board. Priority should be given to review of the OCAS implementation guides. A final report should be provided at the completion of the task. **Dr. Ziemer** indicated he would appreciate hearing from SC&A regarding the period of performance.

Dr. Mauro commented he would like the four months to be for delivery of the draft review document, with the final due at some appropriate time after receipt of the Board's comments, perhaps within two weeks.

A motion was made and seconded to revise the Procedures Review Task as discussed, and was passed unanimously.

Dr. Roessler commented someone had to clean up the use of "will," "should," and "shall," suggesting

NIOSH knows how to do it.

Mr. Elliott replied that the Board needed to make the decisions on this, not NIOSH.

After discussion, it was taken by consent that the wording of the task order would use the term "will."

Mr. Griffon wondered if a clarification might be necessary to reflect that whatever may be the latest revision of a procedure is the one that will be reviewed subject to this task order.

Dr. Ziemer queried whether the addition of new procedures, or naming procedures related to this document, but a revision includes a title change, would require a new task order. He suggested a modifier to provide clarification of which procedure was being reviewed.

Mr. Elliott asked that the record reflect a caucus was being conducted without use of a microphone and therefore could not be captured.

Dr. Neton remarked that in the SC&A task three report there are no revision numbers associated with the procedures, so there would be nothing inconsistent with reviewing, for example, revision two. It would be well understood that would be the current procedure.

The Chair called for a vote on the motion to approve a task order referred to as the Procedures Review Task. The motion was passed unanimously.

Dr. Ziemer commented that an independent government cost estimate would have to be developed before the contractor was asked to submit his bid. That will affect the Board's scheduling for future meetings, which will be addressed shortly.

Dr. Ziemer announced that **Drs. Melius** and **Andrade** had prepared a draft of a proposed letter to the Secretary of Energy. This morning's motion had been a motion of intent or a motion of the concept. They now have a draft letter, which has been distributed to the Board members.

A motion was made and seconded to send the proposed letter to the Secretary of Energy, Spencer Abraham.

Dr. Ziemer opened the motion for discussion.

Dr. Andrade explained the handwritten comments on the draft are his and were made with the intent that the letter be signed by **Dr. Ziemer** on behalf of the Board; that it be written through the Secretary for HHS and then to the Secretary of Energy. He expressed a belief that it should be a cabinet-level communication, adding that the way it reads should suffice to carry it through at that level.

Dr. Andrade responded to **Dr. Ziemer**'s request for clarification and **Mr. Presley**'s query about NNSA by stating that a copy could go to Ambassador Brooks, the head of NNSA and who had oversight over the DOE complex for the weapons complex, but the MOU existed between HHS and DOE.

It was agreed since both Secretaries had executed the MOU, it should go to Secretary Abraham with a copy to NNSA.

Dr. Roessler suggested the use of something stronger than "communication," commenting that word sounded wimpy. It was agreed the proper term in this context would be "directive."

Dr. DeHart commented editorially that the letter format would not carry abbreviations, but the full law, et cetera, would be identified throughout the document.

Dr. Ziemer assured the Board he would take care of the editorial matters, and asked if there were any substantive changes.

Mr. Elliott called for a point of clarification, noting that in the second paragraph the author had struck DHHS and inserted DOL, and that it should in fact be DHHS. **Mr. Elliott** also offered that the memo format, accurately portrayed by **Dr. Andrade**, is the appropriate way to go from one Secretary to the other, and felt it would be appreciated in this case. The memo format has a line indicating To:, and From:, which would be the Board; and a line indicating Through:, where you would put Secretary Thompson's name. He would see it first, initial it and make sure it gets transmitted to Secretary Abraham. At the bottom would be cc's so that the recipients would see who got copies of it, as well.

The Chair called for a vote on the motion to send the proposed memorandum to Secretary Abraham. The motion was passed unanimously.

Dr. Ziemer announced the next matter was correspondence from the three members of Congress from New York. The Board had asked that Congressional letters come before them to assist in generating a response. Following the February meeting, **Dr. Ziemer** had written the three of them with an update on the site profile review process and to inform them one of the sites selected for audit was Bethlehem Steel. Another letter has been received from them in reply, with a couple of items in it that **Dr. Ziemer** felt called for a response.

They requested a detailed description of the scope and methodology for audit strategy be made available to them prior to commencement of the site audit. **Dr. Ziemer** noted the Board had committed to providing the audit procedure to them, as indicated in the initial letter. But there is an implication in their letter that there is a site-specific audit process, although the procedures approved by the Board are generic. They would be adapted as the audit occurs, but the commitment is to provide the process, and **Dr. Ziemer** felt the Board should discuss that.

They had also attached a list of questions they would like to see asked. **Dr. Ziemer** indicated in his initial letter he had suggested it would be more appropriate to ask those questions of NIOSH, the agency doing the site profiles. And while the audit may answer their questions, **Dr. Ziemer** commented he had a conceptual concern of any group asking the Board to shape an audit to meet their needs.

Dr. Andrade suggested the Board not be coy about what he felt was a definite agenda. He indicated the types of questions reeked of micromanagement of the Board's work and that it would be inappropriate to respond to those detailed questions. A description of the efficiency process, copy of the site profile for Bethlehem Steel, along with statistics of some of the cases that have been accepted and worked should be sufficient. Anything further should not be directed to the Board.

Dr. Melius disagreed in part. He indicated he didn't know if NIOSH had received similar communication, but he did know there was an issue related to the residual radiation report which had led to the raising of some of the issues in the letter. And today NIOSH said they had decided to modify the site profile to take into account the ingestion pathway, which is question four on their list. He suggested be responsive without saying we will address all these issues.

Dr. Ziemer acknowledged the review might very well answer some of the questions. His concern, though, is a process one of having a group come in and say here's what you need to address in this audit. That is a concern in terms of credibility and makes audits subject to whoever's got the game.

Dr. DeHart suggested the question might be one of for whom does the Board work, noting that it is a Presidential Advisory Committee. Now members of Congress are giving direction, and should they next expect to receive letters of query from the Tennessee delegation. The Board needs to make sure, legally and politically, where they belong in the way they answer the letter.

Ms. Munn agreed that the response should state precisely what **Dr. DeHart** had said, that the Board is responsible to the Administration. In its interactions with the agencies doing the work, the Board will consider the questions raised. But it's a serious mistake to establish a precedent of responding to itemized requests from anyone outside the authorities who have appointed the members.

Mr. Melius commented that Bethlehem Steel had been chosen for other reasons, not in response to a request from an outside group, so that was not the issue. He indicated that these members of Congress are upset about a problem with a posting of the residual radiation report on the NIOSH web site with incorrect dates and have been extremely critical, had done a press release saying NIOSH has little scientific credibility because of this error. Being responsive may be more helpful in this situation in a political sense, so long as it's done within what the Board's role is, adding that he didn't think the Board wanted to put NIOSH in the position of telling it not to respond.

Mr. Elliott replied that for clarification, NIOSH received the first letter before the issue of the error in the

report surfaced, so he didn't know how much correlation there is between their letters, the concerns they express and the residual radiation report clerical error on Bethlehem Steel.

Dr. Melius said what should be understood is that Quinn and Slaughter had offered legislation based on information from the posted report and were embarrassed by that fact.

Dr. Andrade offered to join in statement clarification and declared he had not meant to imply the Board should not be responsive. It should respond, state its roles and responsibilities. But it's up to the Board how much information should be provided. He had suggested sending them generic documents and statistics about their stated concerns. The letter should defer answering that list of detailed questions to the appropriate agency, and in that way make it clear that's the way the Board does business. The appropriate agency is probably NIOSH.

Dr. Ziemer indicated his original letter stated that he would transmit that list of questions to NIOSH, which he had done. He also sent Secretary Thompson a copy of the letter, along with a statement that it seemed the agency was in the best position to answer specific questions dealing with a site.

Dr. Ziemer further commented that the Board wanted to be sensitive to their concerns, yet there is an overriding process concern that the integrity of the audit has to be preserved, whether from Congress, a special interest group or whatever it might be. Any number of groups could come along and say here's my set of questions for this site; assure me you'll ask them.

Dr. Melius countered that his concern with being too recalcitrant was that Congress had set up the committee that gave it the role to do an independent review. They had an option use other entities.

Dr. Ziemer pointed out that the key is "independent review". Indicating that he didn't believe the letter could be crafted today, **Dr. Ziemer** indicated he could take the input and craft a response, which he'd be glad to share even before it's sent. He asked if the Board wanted to make any specific motions to outline parameters, or just allow him to proceed on that basis.

Dr. Melius indicated if **Dr. Ziemer** proceeded on that basis, he would be fine.

Dr. Ziemer acknowledged he would craft a response, and inquired if he could circulate it to the Board for input before sending it. He indicated the Board had given him authority to send the last letter, and called for a motion.

A motion was made and seconded that the Chair be given authority to draft a letter to the three New York members of Congress, taking into consideration the comments made during discussion, submit it to the Board for scrutiny and send it on the Board's behalf, and was passed unanimously.

Mr. Elliott commented that there was a question he didn't think had been clearly answered yet, as to whether, even given the authority, a draft could be distributed and a Board decision gotten out of the process. **Mr. Elliott** suggested that **Dr. Ziemer** work closely with NIOSH on it, noting that the Office of General Counsel may have to offer an opinion.

Dr. Melius asked for clarification, and **Mr. Elliott** indicated he was concerned about sharing the draft and then all of a sudden it becomes a decision, which would not be appropriate under FACA. **Dr. Ziemer** asserted that if the decision is that legally they have to do the additional step to bring it back to open committee, that's they way it will be done. It just delays sending the letter.

Dr. Melius commented that he had served on many, many FACA advisory committees and he'd never heard of a situation where the chairman couldn't be authorized to send a letter.

Mr. Elliott reiterated that authority was not the issue, it was how the final letter was developed, and they had to check FACA to make sure there was no violation.

Dr. Ziemer announced that the Board members had been provided subcommittee discussion documents in their booklets. A working group had been assigned to prepare a proposed charter for a subcommittee. Under FACA rules a subcommittee has to be duly established with a charter or statement of responsibilities and is an ongoing subset of the main committee. Meetings have to be announced in the *Federal Register*, it meets in open forum. It merely entails a smaller group of the total committee. It may or may not be authorized to make final decisions, depending on what level of authority is granted by the main body for it to act on its behalf.

Dr. Ziemer declared that he and **Dr. Andrade** and **Mr. Griffon** had collaborated to develop a proposed structure, along with a list of items for discussion, things the Board may wish to consider as they go about setting up the subcommittee.

Dr. Ziemer described the number of members they were proposing for the subcommittee and its function.

A motion was made and seconded to adopt the subcommittee charter and charges outlined in the draft document.

Dr. Ziemer opened the motion for discussion, suggesting they begin with structure. After extensive discussion, **Dr. Ziemer** commented that the working group's intent had been to prepare a draft for the Board's action. Considering the short time left and the number of items for revision, since a subcommittee is not needed before the next meeting, he declared he would like to see some cleaned-up language for the Board's action. **Dr. Ziemer** noted that the subcommittee will become an important entity as they move forward, and he wanted to ensure it was properly structured. He observed that they were going to have to

meet as a full Board to do the independent cost estimate, although it might be delegated if the subcommittee were in place.

Dr. Melius commented he thought he had asked that, and **Dr. Ziemer** and **Mr. Elliott** explained that the same steps would have to be followed; the subcommittee could develop it, but the Board would have to meet to approve it.

A motion was made and seconded to remand the subcommittee document back to the working group for additional work, and was passed unanimously.

Ms. Homer addressed some housekeeping matters related to travel plans for the Buffalo meeting, and information for those attending the Hanford tour the following day.

Dr. Ziemer indicated they were up to their final item, which was their calendars. Noting that the task is ready, the next matter is the independent government cost estimate. If that didn't occur until June, they would be into July before the document reviews begin. He suggested a half-day meeting in a closed session to address that item of business.

After a discussion of time needed for *Federal Register* notice and the schedules of individual Board members, it was determined that the Board would meet in closed session at 9:00 a.m. on May 17 in Cincinnati, Ohio for the purpose of developing an independent government cost estimate for the newly-approved task order.

Dr. Ziemer noted that there was a full Board meeting scheduled on June 2nd and 3rd in Buffalo, New York, and inquired if the Board wanted to go beyond that in advance scheduling.

After discussion it was determined that the Board would meet August 24th and 25th in Idaho Falls, Idaho, with San Francisco as the alternate site. In the event a subcommittee is established, it would meet at the same location on August 23rd in order to prepare for the main meeting.

Mr. Griffon observed that he wasn't advocating it as a consideration for an August meeting, but Washington, D.C. might be considered soon. He noted that other people show up at those meetings who are interested in the process, and the SEC rule might be available to look at.

Mr. Espinosa commented that he liked the evening comment session, but would like to see the Board begin its meeting in early afternoon and work through that evening session, rather than having a long break later in the day.

Dr. Melius asserted there was no easy way to do it. As **Mr. Espinosa** had been talking, **Dr. Melius** had thought perhaps the subcommittee could use that morning time to meet, which he immediately recognized

Ms. Homer offered that, just from a logistics point of view, the dinner break gave them time to clean up, reset and expand if they needed to.

Dr. Melius commented that there is a public meeting of some kind scheduled in Buffalo in May, so there may not be as much interest in an evening meeting.

Dr. Ziemer suggested making the opportunity available and see how it goes.

With no further business to come before the Board, the meeting was adjourned.

End of Summary Minutes

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I hereby confirm these Summary Minutes are accurate, to the best of my knowledge.

Paul L. Ziemer, Ph.D., Chair

6/7/04
Date

ABRWH TWENTY-THIRD MEETING: ACTION ITEMS

RICHLAND, WASHINGTON
APRIL 20, 21, 2004

NIOSH/CDC Advisory Board on Radiation and Worker Health
April 20-21, 2004

I

The following came up for discussion and vote during the morning session of Day Two. The vote carried and a final version was submitted later by Dr. Melius.

To: Spencer Abraham, Secretary, Department of Energy

Through: Tommy Thompson, Secretary, Department of Health and Human Services

From: Paul Ziemer, Ph.D., Chair, Advisory Board on Radiation and Worker Health

On behalf of the Advisory Board on Radiation and Worker Health I am writing to request your assistance in the implementation of our review of the dose reconstruction activities being carried out by the National Institute for Occupational Safety and Health (NIOSH) under EEOICPA.

Under that law, our Board is mandated to conduct an independent review of NIOSH dose reconstruction activities. This independent review is critical to the credibility of the individual dose reconstructions being done by NIOSH. To assist the Board in carrying out this activity, the Board through NIOSH has hired a contractor (SC&A). This contractor working under guidelines established by the Board will need access to Department of Energy sites, to site operational history experts, and to appropriate records maintained at the site or by DOE. Security clearances will also be needed for some contractor staff. The Board believes that the best way to facilitate this process is to use the current Memorandum of Understanding (MOU) between DHHS and DOE and the procedures established under that MOU. These procedures appear to be working well in providing NIOSH with the records (both classified and unclassified) and other information needed for their dose reconstruction activities while minimizing unnecessary disruptions and burdens for DOE and site staff.

Given the importance of this review activity, the Board is requesting that you inform the appropriate DOE offices and site contractors about this review activity and direct their assistance in facilitating access to the DOE sites and to the personnel and records necessary for this review (consistent with the current procedures established under the MOU with DHHS). This assistance should also include addressing necessary security clearance issues. We believe that this directive from you will help to ensure that the Board can carry out our mutual, legally mandated dose reconstruction review activities as quickly and efficiently as possible.

We greatly appreciate your assistance with this effort.

Cc: Director,NNAS

II

During the afternoon session of Day Two the following two documents were discussed and voted on:

Draft Report: Task 3, A Protocol for the Review of Procedures and Methods Employed by NIOSH for Dose Reconstruction. This document was accepted by the vote to be carried out, with minor changes.

Draft Report: Task 3, SC&A's Procedure to Perform QA Reviews of NIOSH/ORAU Dose Reconstruction Procedures. This was voted on and accepted.

III

The following was submitted by Mark Griffon, voted on and accepted as a new task.

Procedures Review Task

Descriptive Title: Procedures Review Task

Task #:3A

Task Order Technical Monitor:

Purpose and Description of Work

To conduct reviews of all procedures adopted by NIOSH and its contractors for performing dose reconstructions under EEOICPA and as identified in SC&A Task 3 Report dated April 12, 2004.

Period of Performance

This task will be 4 month task.

Reporting / Deliverable Requirements

The contractor will provide monthly progress reports to the Board. Priority will be given to OCAS

Implementation Guides. A draft report will be provided to the Board at the end of the four month period. A final report will be provided to the Board two weeks after receipt of the Board's comments.

IV

In reference to the letter of April 6, 2004 from Congress members Quinn, Reynolds and Slaughter, it was voted on and decided the Chairman, Dr. Ziemer, would compose a letter in response.

V

The document titled, "Issues for Discussion (Subcommittee for Dose Reconstruction and Site Profile Reviews)" was discussed and the vote was accepted to remand the document back to the working group for additional work, to be brought up at the next meeting.

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