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PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes the

WORKING GROUP MEETING

ADVISORY BOARD ON  
RADIATION AND WORKER HEALTH

HANFORD

The verbatim transcript of the Working  
Group Meeting of the Advisory Board on Radiation and  
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STEVEN RAY GREEN AND ASSOCIATES  
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### TRANSCRIPT LEGEND

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-- "\*" denotes a spelling based on phonetics, without reference available.

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

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

(1:00 p.m.)

1  
2WELCOME AND OPENING COMMENTSDR. CHRISTINE BRANCHE, DFO3  
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5  
6  
7

**DR. BRANCHE:** We're now on the record.

Anything else, Liz?

**MS. HOMOKI-TITUS:** No, that was it. Thank  
you.

**DR. BRANCHE:** Dr. Melius, now it's yours.

8

PURPOSE OF MEETING9  
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**DR. MELIUS:** Okay, let me first start off,  
well, first thank everybody for taking the  
time to participate either this morning or  
this afternoon, depending on where you are.  
And let me just give a little background on  
this call.

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Given the scope of the Hanford site  
and the scope of the SEC petition for the  
Hanford site, what we've tried to do is to  
organize our review of the Hanford site by  
SC&A, the site profile document as well as the  
SEC evaluation report in a way that we can be  
able to evaluate sort of discrete sections of

1 that report rather than trying to do one large  
2 review and then have to, you know, which could  
3 take a long time and then would take a long  
4 time to try to resolve.

5 We're trying to look at this as sort  
6 of discrete areas within the report and trying  
7 to prioritize what we will review so that we  
8 can keep the process moving as efficiently as  
9 possible. NIOSH is still in the process of  
10 collecting records there and developing  
11 certain parts of the site profile and those  
12 have relevance to the SEC petition, the  
13 evaluation of that petition, so we're taking  
14 that out.

15 The area for the SEC petition that we  
16 thought was the best place to start was the  
17 part of the petition that NIOSH was  
18 recommending be added to the SEC class. So we  
19 have focused on the thorium and americium  
20 issues in the initial report review that SC&A  
21 did. And that report has been shared with  
22 many people as of December 2007, so their  
23 review (sic).

24 I will add because there were  
25 difficulties with access to documents from the

1 site due to some DOE budgetary problems this  
2 is sort of labeled as a draft report because  
3 not all the information that they needed or  
4 wanted access to could be accessed at this  
5 time. We're still working on getting that  
6 taken care of. However, to the extent that we  
7 can move along with the process and at least  
8 get an initial evaluation done and possibly  
9 approve part of the SEC petition we thought it  
10 would obviously help the claimants involved in  
11 this as well as try to move this process  
12 along.

13 So the main purpose of this call today  
14 is focusing on that part of the NIOSH/SEC  
15 evaluation report and the review by SC&A.  
16 After we've talked about that, we will  
17 probably spend a little bit of time talking  
18 about some sort of organizational issues like  
19 what will be the next steps involved.

20 So to focus on the thorium and  
21 americium issues, like Chris asked is if,  
22 Arjun, you could give a brief summary of your  
23 review of the SC&A report focusing on that.  
24 Then we'll ask NIOSH to sort of respond to  
25 that and discuss and see where we stand and

1 then see what we need to do to be able to move  
2 forward on this petition.

3 So, Arjun.

4 **OVERVIEW**

5 **DR. MAKHIJANI:** I'd be happy to do that, Dr.  
6 Melius.

7 The basic area covered by the report  
8 focused on the two radionuclides as you  
9 mentioned, Thorium-232 and Americium-241. And  
10 we focused on that because NIOSH had already  
11 identified that they could not do dose  
12 reconstruction for those two radionuclides for  
13 certain buildings and certain periods. As for  
14 thorium, it was up to the end of 1959 and for  
15 americium it was up to the end of 1968. And  
16 there were certain buildings identified. I  
17 won't name them all.

18 And we focused basically on seeing  
19 whether within that period there were other  
20 buildings or workers who moved between  
21 buildings who were involved in thorium and  
22 americium work. And that was the basic  
23 purpose of this particular short report.

24 And we found that there was thorium  
25 exposure within the identified period by NIOSH

1 in buildings other than those that were  
2 identified. Specifically, there were  
3 buildings in the 300 Area that were not within  
4 the NIOSH identified buildings where thorium  
5 work seemed to have gone on. There were also  
6 areas of dumping, waste areas and so on, where  
7 workers may have been exposed.

8 And there was also the question of  
9 within a particular area workers seemed to be  
10 able to move between buildings and those  
11 workers did not have to log in and log out of  
12 those buildings every time they went in and  
13 out. So there was a question of roving  
14 workers and how they might be identified and  
15 how the exposure potential to thorium might be  
16 defined by the buildings named by NIOSH.

17 And we did a number of interviews  
18 including with the petitioners and any  
19 workers, Kathy and I did, and we found the  
20 same in the 200 Area for americium. And we  
21 identified -- you have the report, and there  
22 are tables both for thorium and for americium  
23 where exposure potential beyond the areas  
24 listed by NIOSH was identified.

25 In the case of americium we also

1 identified exposure potential in Building 325.  
2 And we also had some discussion in the report  
3 about the tank farms and exposure potential at  
4 the tank farms. So broadly -- and so sorry,  
5 and the last point is that there may have been  
6 thorium exposure in parts of the 100 and 200  
7 Areas, but we haven't nailed down all the  
8 findings definitively because, as you  
9 mentioned, we have had some difficulties in  
10 accessing the documents we wanted. But for  
11 the 200 Area for americium and the 300 Area  
12 for thorium we did find that exposure  
13 potential was beyond the buildings identified  
14 by NIOSH.

15 **DR. MELIUS:** Anything else, Arjun, or --

16 **DR. MAKHIJANI:** Well, I guess I didn't say  
17 what the relevance of this is. The relevance  
18 basically is since NIOSH has said that they  
19 don't have the data to do the internal dose  
20 reconstruction for these two radionuclides for  
21 the specified period, the main sort of  
22 immediate question that you and NIOSH and SC&A  
23 had agreed on for an initial focus in order to  
24 move matters along was to see what the NIOSH,  
25 how well the NIOSH description actually fit

1 the exposure potential so far as our review  
2 went. And that was the purpose of it, and  
3 that report was presented to the working group  
4 and NIOSH some time back for their own review.

5 **DR. MELIUS:** Thanks, Arjun.

6 Sam, do you want to comment? Or I'm  
7 not sure who, I believe it's you speaking on  
8 behalf of NIOSH?

9 **NIOSH UPDATE**

10 **DR. GLOVER:** Yes. This is Sam Glover.

11 Yes, Jim, Dr. Melius, NIOSH reviewed  
12 SC&A's report, and also as you mentioned,  
13 access to some data has taken some time,  
14 thorium and americium. We conducted  
15 additional research and in looking at how the  
16 class would be administered and with the  
17 additional research we've done regarding  
18 employees, NIOSH has agreed or we put forth  
19 that we would revise the ER report in time for  
20 the next Advisory Board meeting in support of  
21 the following change to the class definition.

22 That change would be -- let me read  
23 the original class definition and then you can  
24 hear what the revision would be. The previous  
25 definition was for internal thorium

1 radiological exposures for September 1, 1946  
2 through December 31<sup>st</sup>, 1959, in the following  
3 facilities: the 300 Area including the metal  
4 fabrication building, 313; the reactor fuel  
5 manufacturing pilot plant, 306; 300 Area  
6 maintenance shop, 3722; and the radiochemistry  
7 laboratory, 3706. Or, for number two,  
8 internal americium exposures from January 1 of  
9 1949 through December 31<sup>st</sup>, 1968, in the 231Z,  
10 242Z and the plutonium finishing plant, the  
11 234, 5Z plant.

12 We recommend proposing the change  
13 class to be the following: from September 1  
14 of 1946 through December 31<sup>st</sup>, 1961 in the 300  
15 Area or January 1, 1949 through December 31<sup>st</sup>,  
16 1968, in the 200 Area. So it greatly  
17 simplifies the administration based on what we  
18 find in the files and how the class will  
19 actually be administered.

20 **DR. ZIEMER:** This is Ziemer. Can I ask a  
21 question, Sam? Could you relate that now to  
22 the remarks that Arjun made? It sounds like  
23 what you're covering is all inclusive of the  
24 areas that Arjun described. Am I  
25 understanding that correctly?

1           **DR. GLOVER:** That's correct. The class  
2 definition extends, we recommend that we  
3 extend it for two additional years beyond what  
4 our original discussion had with thorium where  
5 we went through '59 before, and now we're  
6 saying through '61 based on the bioassay data  
7 that we've observed. And that is the 300 Area  
8 and for the 200 Area for the americium  
9 exposures. So those would be, I believe,  
10 inclusive of what Arjun described.

11           **DR. ZIEMER:** And, Arjun, you also had some  
12 additional areas in the 100 Area also in the  
13 thorium. Is that correct?

14           **DR. MAKHIJANI:** Well, Dr. Ziemer, it wasn't  
15 quite clear what the exposure potential was in  
16 the 100 Area. I mean, there were reactors  
17 that were using thorium slugs, but information  
18 --

19           **DR. ZIEMER:** But possibly not internal  
20 exposure then.

21           **DR. MAKHIJANI:** Yeah, since we didn't kind  
22 of conclude one way or another since there  
23 were slug failures in numbers of them, and we  
24 don't know what the exposure potential might  
25 have been during the slug failures. I mean,

1                   these are areas that we had some difficulty  
2                   investigating in terms of not being able to  
3                   fully research the documents.

4                   **DR. ZIEMER:** Is that still an open question?

5                   **DR. MAKHIJANI:** Yeah, I believe it would be,  
6                   but it wouldn't interfere with what NIOSH is  
7                   saying because workers actually, so far as we  
8                   could determine --

9                                 -- Kathy, correct me if you have a  
10                   different kind of summary of all our  
11                   interviews --

12                                -- because when they went from the 300  
13                   Area, say, to the 100 Areas, and they were  
14                   assigned originally to the 300 Area, they  
15                   actually had to log in. They had to get  
16                   permission. There was a whole procedure, and  
17                   there's a paper trail generally associated  
18                   with that. So so long as the definition is  
19                   being extended to the 300 Area where the  
20                   primary thorium work took place, I think it  
21                   wouldn't interfere with the later  
22                   consideration of other issues in other areas.

23                   **DR. ZIEMER:** Thank you.

24                   **DR. MELIUS:** Anybody else on the working  
25                   group have questions or comments?

1 (no response)

2 **DR. MELIUS:** Okay.

3 **DR. ZIEMER:** So the bottom line is now that  
4 both NIOSH and SC&A are in agreement on the  
5 extent both in time and in areas where the  
6 thorium and the americium exposures occurred.  
7 Is that correct?

8 **MS. DeMERS:** This is Kathy DeMers, for the  
9 designated time period.

10 **DR. ZIEMER:** Yes.

11 **DR. MAKHIJANI:** Yeah, I mean, that is a  
12 caveat. This paper is limited to those  
13 timeframes.

14 **DR. ZIEMER:** Thank you.

15 **DR. MELIUS:** So the next steps would be is  
16 that NIOSH would be able to, would revise  
17 their, I guess you would amend your SEC  
18 evaluation report to include the new  
19 definition and the justification for that.  
20 And do you think you can get that done prior  
21 to our April Board meeting?

22 **DR. GLOVER:** It is our intent to get you a  
23 revised ER report prior to the Board meeting,  
24 you know, in time that you guys can take  
25 action.

1           **DR. MELIUS:** Yeah, because I think what we  
2 would be able to do is, if we had that on the  
3 agenda for the April Board meeting which is  
4 the sixth, seventh and eighth, something like  
5 that, in early April.

6           **DR. BRANCHE:** It's April 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup>, and  
7 I have the SEC petition status update for  
8 Hanford for the afternoon of April 8<sup>th</sup>, but  
9 that's tentative.

10          **DR. MELIUS:** Okay. Good, well then we'd be  
11 able to take action then on this. And then  
12 also obviously give time for everybody to  
13 review the language and so forth.

14          **ACTION ITEMS**

15                       Rosemary White (ph), do you have any  
16 comments or questions?

17          **MS. WHITE:** Thank you. Yes, I do have a  
18 concern, and that is for at the July meeting  
19 in Richland, Washington, NIOSH discussed  
20 creating a supplement for the first part of  
21 the set, and that never happened. So I would  
22 like to know, I think that a lot of this could  
23 have been avoided had they followed through on  
24 their word that they were going to do a  
25 supplement and expand the areas, include all

1 of the areas and not list the individual  
2 buildings. That was discussed at the July  
3 meeting, and I think that should have  
4 happened.

5 I'm also concerned that this has the,  
6 NIOSH accepted the report for evaluation, the  
7 petition for evaluation in December of 2006.  
8 And here we are in 2008, and it's still not  
9 complete. And there are still obstacles.  
10 There are still many obstacles. There are  
11 still access obstacles. These need to be  
12 resolved.

13 **DR. MELIUS:** One of the obstacles though has  
14 been access to data from the site, and we'll  
15 discuss that in a moment.

16 Is everybody in the working group  
17 comfortable with this approach or...

18 **DR. ZIEMER:** It appears to me that it's a  
19 practical approach given the circumstances.

20 **DR. MELIUS:** I think the thought was, you  
21 know, again, given some of the circumstances  
22 here, given the delays, the most important  
23 thing and the one we could reach the quickest  
24 resolution on, we hoped, was this. The part  
25 that was this, the part that I think everybody

1 was in agreement should be in the special  
2 exposure cohort class, and we just sort of  
3 resolved, refined that and resolved how to  
4 best implement that.

5 So I think that's good, and then we  
6 can move on to some of the other issues that  
7 have to be dealt with. Though again, that may  
8 take some more time, and I don't think it's  
9 something we'll have to wrestle with also. I  
10 don't think the work group needs to take  
11 action, official action, here with this. I  
12 think we'll review the language and then deal  
13 with it at the Board meeting coming up unless  
14 anybody feels otherwise.

15 **MR. CLAWSON:** Jim, this is Brad Clawson  
16 speaking. I have no problem that we're going  
17 forth with it in this way. I just wanted to  
18 make sure that there still are several  
19 outstanding issues that we need to take care  
20 of. But with time restraints and so forth we  
21 need to keep pressing forward.

22 **DR. MELIUS:** Okay. Thanks Sam and the  
23 people, Stu and the others at NIOSH, Larry,  
24 for working with us to get this issue resolved  
25 in the way that it has been.



1 thorium. I don't know if you want to, I  
2 notice in the recently released not publicly  
3 released matrix there's still some open areas  
4 on the americium and thorium.

5 One of the reasons I bring this up is  
6 that we have been working with DOE to get key  
7 word searches done for americium and thorium  
8 and the next issue would be uranium. So we  
9 need to work with them to, they have been  
10 very, their budget issues have been very  
11 difficult and so we certainly will, we'll take  
12 a look at those, but we may have to take that  
13 into account.

14 **DR. MELIUS:** Well then, I guess I was going  
15 to do that, talk about that next and --

16 **DR. MAKHIJANI:** Dr. Melius, before you do  
17 that could I make a clarification --

18 **DR. MELIUS:** Sure.

19 **DR. MAKHIJANI:** -- about Sam's last remark?  
20 This is Arjun. The matrix just went out, but  
21 the matrix was produced in parallel with these  
22 two reports. And one of the things I think I  
23 would propose, Dr. Melius, is that we go back  
24 and re-label the items that have been resolved  
25 by this NIOSH proposal so that there's no

1                   misunderstanding about what's in the past and  
2                   what remains to be addressed.

3                   Because I think many of the issues in  
4                   the matrix have to deal with some of the areas  
5                   that have been covered today if I remember  
6                   correctly. And so we can label them as  
7                   resolved and maybe issue a revised matrix in  
8                   the next week or two. That might clear up  
9                   most of, or at least some of what Sam is  
10                  referring to.

11                 **DR. MELIUS:** Okay.

12                 **DR. ZIEMER:** And that would also help us  
13                 identify what is left in terms of gaps on  
14                 thorium and americium. I think we want to, we  
15                 do want to close those gaps and not leave them  
16                 there and move on to the uranium without  
17                 making sure we've closed the gaps on the  
18                 thorium and the americium as well.

19                 **DR. MELIUS:** I think the other, I guess my  
20                 caveat on that is that we need to see about  
21                 the access issue and whether we will have  
22                 access to the, you know, which one will we  
23                 have adequate access both for NIOSH and SC&A  
24                 to be able to address.

25                 **DR. ZIEMER:** We'll have to go with what's

1 available obviously, right.

2 **DR. MELIUS:** Exactly, and I think maybe this  
3 -- Sam, correct me if I'm wrong, but the way  
4 I'm thinking about it would be to look at both  
5 those issues. Let's sort of figure out  
6 priorities for access. Where are the  
7 different ^ responses for ^ stands. I don't  
8 know if NIOSH has had a chance to see, look at  
9 the uranium report from a perspective of in  
10 order to respond to what SC&A's concerns. Do  
11 they need to access additional records or not  
12 or is it more efficient to go back and try to  
13 finish up on the americium and thorium issues  
14 in terms of extent and timeframe and so forth.  
15 And I don't know if you can answer that now,  
16 Sam, or think about it or what.

17 **DR. GLOVER:** I think we will have to  
18 evaluate the report. It certainly has been  
19 looked at. We haven't formulated an  
20 appropriate plan on how to. I think part of  
21 what we want to do today is prioritize.  
22 Certainly, we could talk about how to finish  
23 up the thorium and americium since we have  
24 some active things dealing with that. And  
25 what is it going to take to get the uranium

1 done.

2 **MR. ELLIOTT:** Dr. Melius, this is Larry  
3 Elliott. I'd like to make a comment on a very  
4 general, broad context here that goes to what  
5 you were just speaking about, our coordination  
6 of data requests in front of DOE.

7 And just so everyone knows, we are  
8 working with the Department of Energy and with  
9 SC&A to coordinate and prioritize our requests  
10 for information. And so we certainly, you  
11 know, this working group discussion will help  
12 I think inform better how to prioritize and  
13 structure the requests that we need to make.  
14 And so I just want that out there so everyone  
15 knows that this is going on with us, SC&A and  
16 the Department of Energy.

17 Also, I'd say that I think everybody  
18 needs to understand that as we understand it,  
19 the Department of Energy is not cutting funds,  
20 but they, in this fiscal year, they were not  
21 provided enough funds to accommodate all of  
22 the requests for information that we have  
23 placed before them. And so they're running  
24 out of those funds that were allocated. I  
25 know that they're trying to do what they can

1 to see if they can replenish that or better,  
2 through efficiency measures, utilize the funds  
3 they have.

4 I don't know if anyone's on from DOE  
5 or not, but I just felt that that needed to be  
6 heard by those who are attending this work  
7 group discussion.

8 **DR. MELIUS:** Larry, if I can ask a question,  
9 and I don't know if you can answer, but  
10 somehow I had the impression that it was a  
11 fiscal year 2008 issue, and that once the  
12 budget got passed for 2008, which is just took  
13 place before the first of the year, that they  
14 would be able to sort of resolve the resource  
15 issue and that things would start moving  
16 along. And I guess I'm a little concerned  
17 that it doesn't appear to be resolving or  
18 maybe it's just taking more time than we had  
19 heard and figure out how to resolve it and how  
20 to allocate for this year.

21 **MR. ELLIOTT:** Well, I, too, thought like you  
22 that it was a continuing resolution issue and  
23 as soon as their fiscal year funds were  
24 appropriated, then they could start infusing  
25 the money in the proper way to the right

1 folks. But now I learn that it's evidently  
2 not that. I'm sorry DOE has not got a  
3 representative on the call today. I asked for  
4 them to participate in this discussion this  
5 morning, and unfortunately, they're not here.  
6 But, you know, I think it is important that we  
7 all correctly understand this, and I think  
8 only DOE can give us the proper insight to  
9 what's really going on.

10 **DR. MELIUS:** We requested that they have  
11 somebody at the April meeting of the Board?

12 **MR. ELLIOTT:** Yes.

13 **DR. MELIUS:** Okay, because I think that  
14 would be helpful to the extent that it can't,  
15 unless it's resolved by then, but it sounds  
16 like it's going to take some time. And at  
17 least so we have, you know, on public record  
18 that, what's going on and what the  
19 implications of it is for dealing with this  
20 site as well as other sites that the Board has  
21 to address and that NIOSH is trying to  
22 address.

23 **MR. ELLIOTT:** Absolutely, and right now we  
24 are faced with this situation at Hanford and  
25 we also are seeing it at Nevada Test Site. I

1 want claimants to understand though that the  
2 priority data information request that we  
3 have, the top priority, is for any claim-  
4 related information that we request of DOE.  
5 And as far as I can discern or tell, those  
6 types of requests are still being processed  
7 even in Hanford, even at Nevada Test Site.  
8 It's the kind of request that we have put  
9 before them in large and broad depth here  
10 about site profile and SEC evaluation pieces  
11 that they hadn't evidently accounted for or  
12 anticipated in their budgeting process.

13 **DR. MELIUS:** Those also do affect claims.

14 **MR. ELLIOTT:** Absolutely.

15 **DR. MELIUS:** It may not directly, but --

16 **MR. ELLIOTT:** They do affect claims, yes.

17 **DR. MELIUS:** Okay, well, thanks, Larry, for,  
18 appreciate the update.

19 **DR. MAKHIJANI:** And then, Dr. Melius, may I  
20 ask a question?

21 **DR. MELIUS:** Sure. Go ahead, Arjun.

22 **DR. MAKHIJANI:** In regard to the outstanding  
23 thorium issues versus the uranium issues and  
24 the priorities might it be helpful to have a  
25 technical working call especially in view of

1 the document restrictions? I'm, personally, I  
2 haven't been personally reviewing the  
3 documents with NIOSH. Kathy's been doing  
4 that. I think it might be useful to have a  
5 technical call if Sam agrees, and then report  
6 to you and sort out whether we should go after  
7 the thorium remaining issues and the uranium  
8 first and give Sam a little bit more time also  
9 to address that question.

10 **DR. MELIUS:** I think that's a good idea, and  
11 such a good idea I'm going to tell you that I  
12 was just thinking of suggesting the same.

13 **DR. MAKHIJANI:** Sorry to jump the gun on  
14 you.

15 **DR. MELIUS:** No, no, it's fine. I think  
16 that's probably the best and not to resolve it  
17 here on the phone today and understand that  
18 we'll be able to report back certainly  
19 possibly at the April meeting about where we  
20 stand and have a new schedule and so forth.

21 So is that agreeable to the other  
22 members of the working group?

23 **DR. ZIEMER:** Yes. Yes, I agree. That would  
24 be probably a wise step.

25 **MR. CLAWSON:** That sounds good to me, Jim.

1           **MR. SCHOFIELD:** Jim, I've just got one quick  
2 question. Before we have that technical call,  
3 this is actually probably a question for  
4 Larry, if there's going to be any chance  
5 they're going to have any more data on the  
6 internal exposures and bioassays for the  
7 americium and thorium?

8           **MR. ELLIOTT:** Sam or some of the technical  
9 support folks are going to have to answer  
10 that. I don't have that answer, Phil.

11          **MR. SCHOFIELD:** Okay, thanks.

12          **MR. ELLIOTT:** Sam, I don't know. Do you  
13 have an answer?

14          **MR. HINNEFELD:** This is Stu. I don't think  
15 Sam quite heard the question. But, Phil, as I  
16 understand your question, you were asking with  
17 the additional data captures that are being  
18 pursued, is there any chance they would find  
19 additional monitoring data related to internal  
20 exposures to thorium and americium that might  
21 affect what we're doing today?

22          **MR. SCHOFIELD:** Correct.

23          **MR. HINNEFELD:** Is that your question?

24          **MR. SCHOFIELD:** That is correct.

25          **MR. HINNEFELD:** My understanding, and Sam

1 I'm sure will correct me if I'm wrong, is that  
2 we don't anticipate finding additional  
3 bioassay or bioassay for thorium or americium  
4 that would affect what we're doing today.  
5 This is more, I think the research is more  
6 extent of use and extent of potential exposure  
7 and potential exposures associated with those  
8 uses outside the 200 Area or the 300 Area  
9 depending on which radionuclide you're talking  
10 about. Those are the kinds of things we have  
11 to research, not so much the expectation we're  
12 going to see any more bioassay data for these  
13 two radionuclides.

14 **MR. SCHOFIELD:** Okay, I was just hoping I  
15 could narrow down a little bit by --

16 **MR. HINNEFELD:** We didn't hear that last  
17 comment. There was some static.

18 **DR. MELIUS:** I think it was a background to  
19 discussion.

20 **DR. GLOVER:** That is correct. What Stu  
21 said, that is correct.

22 **DR. BRANCHE:** There was another speaker  
23 trying to speak.

24 **MS. DeMERS:** This is Kathy DeMers, and I've  
25 got a question. I'm running into problems

1 getting data released that I've already copied  
2 because of the official use only issue that  
3 apparently hasn't been resolved to Hanford's  
4 satisfaction.

5 Larry, do you know anything about the  
6 progress they're making on that?

7 **MR. ELLIOTT:** I know that there was a  
8 discussion today about OUO. Have not had a  
9 discussion back to DOE yet; it's just been our  
10 side discussing the issue. But we're close to  
11 being ready to go back to DOE and pose some  
12 arguments about this.

13 **MS. DeMERS:** Okay.

14 **MR. ELLIOTT:** I'll keep you posted.

15 **MS. DeMERS:** Thanks.

16 **DR. MELIUS:** For those of us on the phone  
17 who aren't always up to date on that jargon  
18 could someone explain it?

19 **MR. ELLIOTT:** OUO is official use only, and  
20 it goes in -- well, there's no, it's labeled  
21 and is attached to certain documentation that  
22 some people would consider to be business  
23 confidential. Others might look at it and say  
24 I don't understand how it could be business  
25 confidential, but that's what it's used for.

1           **DR. MELIUS:** Okay, that's helpful.

2           **MR. ELLIOTT:** And so when we see these pages  
3 stamped OUO, we question whether or not the  
4 intent in so designating the document as such  
5 is based in a competitive advantage or is it  
6 based in someone's interpretation of how the  
7 document should be used or can be used.

8           **DR. MELIUS:** Yeah, and I understand.

9           **MR. ELLIOTT:** Very nebulous, tricky, mucky  
10 stuff.

11          **DR. MELIUS:** Even worse than Privacy.

12          **MR. ELLIOTT:** Yeah.

13          **FUTURE PLANS**

14          **DR. MELIUS:** Then what our plan will be is  
15 that NIOSH will do the supplement or whatever,  
16 the evaluation report with the new definition  
17 and justification for that. That hopefully  
18 will be ready before our April, and circulate  
19 before our April Board meeting. And we should  
20 be able to take action at the April Board  
21 meeting on that definition.

22                   Meantime Arjun will be talking to Sam  
23 and try to resolving these issues, the  
24 technical issues, regarding documents and sort  
25 of what, how do we, what next steps to take

1 and Arjun will also revise the issues matrix  
2 and update that in the context of all that we,  
3 discussions that we've had here today. And so  
4 I think that before that time is, we'll have  
5 an update hopefully a discussion with the  
6 Department of Energy at our next Board meeting  
7 regarding this, the overall, delays or  
8 slowness in releasing records and accessing  
9 the records on the site.

10 Does that correctly capture what we've  
11 talked about?

12 **DR. GLOVER:** Yes. All right, so right now  
13 we have a revised report due to you? We're  
14 going to have a technical call, and we can  
15 work out a date to be sometime before the  
16 upcoming meeting. And then OUO and data  
17 access, was it --

18 **DR. MELIUS:** The fourth one was Arjun's  
19 going to revise the issue matrix. And I will  
20 confess that the delay in getting the issue  
21 matrix was mine. Arjun had sent it to me some  
22 time ago, and in doing all the e-mails trying  
23 to schedule this work group call, I sort of  
24 was ignoring that e-mail from him. And I  
25 didn't notice it until I asked him about it

1 earlier this week.

2 **DR. BRANCHE:** Jim, this is Christine. I  
3 just want to make sure there was an additional  
4 item that you would like to have DOE speak to  
5 this data access issue at the Board meeting in  
6 April. Is that right?

7 **DR. MELIUS:** Correct, yes.

8 **DR. BRANCHE:** We'll see what we can do about  
9 that.

10 **DR. MELIUS:** Okay. I had the impression you  
11 had already invited them but --

12 **DR. BRANCHE:** No, they were invited, but we  
13 often confer with them about any specific  
14 issues.

15 **DR. MELIUS:** This would be an issue that,  
16 you know, Pat Worthington discussed it last  
17 Board meeting and we thought it was taken care  
18 of. It doesn't appear to be, and I think they  
19 need to understand that.

20 **DR. BRANCHE:** Okay, thank you, Jim.

21 **DR. MELIUS:** If not, if no more, then that  
22 should conclude this work group call.

23 **DR. ZIEMER:** Very good, thank you.

24 **DR. BRANCHE:** One second. This is  
25 Christine. I just want to make certain that

1 everyone who, Jim said everything is cool.  
2 You have your next items, and we will  
3 officially close the call now. Thank you  
4 everyone.

5 **DR. MELIUS:** Can we just say one thing as  
6 clarification for the, certainly for the  
7 petitioners that the next, this will be  
8 scheduled on the next Board meeting. And  
9 there'll be also opportunity for the  
10 petitioners to comment at that time. And  
11 certainly we will get the supplementary report  
12 and so forth will be made available to them  
13 and will be posted on the website. So that  
14 should be widely available to everybody as  
15 will the timing of the call and so forth.

16 **DR. BRANCHE:** Jim, this is Christine. I  
17 would simply suggest, I would add one slight  
18 addendum. The generous time that's made  
19 available for petitioners or anyone else to  
20 comment on any of the Board's issues would be  
21 during the two public comment periods. That  
22 will be the afternoon of the first day of the  
23 Board meeting on April 7<sup>th</sup>, and in the evening  
24 beginning at 7:30 on the second day which is  
25 April 8<sup>th</sup>. Those are the times that best

1 accommodate comments from the public because  
2 we build in the time. I just want to make  
3 certain that people understand that that's the  
4 time that's most generously accommodating for  
5 them.

6 **DR. ZIEMER:** This is Ziemer. Christine, I  
7 do want to point out though that if we do have  
8 the petition before us for action, we do need  
9 to accommodate the petitioners at that time  
10 during the meeting as well.

11 **DR. BRANCHE:** I agree. I was about to say  
12 that we would accept those comments then, but  
13 if people wanted to be loquacious, they could  
14 do it earlier rather than later. But thank  
15 you, Dr. Ziemer, you're absolutely right.

16 All right, then this concludes the  
17 call. Thank you very much.

18 **MR. CLAWSON:** Hey, Jim, this is Brad.  
19 You're going to get out to the rest of the  
20 work group when they have this technical  
21 discussion. I'd just kind of like to be a  
22 part of that and just kind of listen in.

23 **DR. MELIUS:** We will work something out on  
24 that, yes.

25 (Whereupon, the working group meeting

1

concluded at 2:00 p.m.)

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**CERTIFICATE OF COURT REPORTER**

**STATE OF GEORGIA**

**COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that Shane Cox, Certified Court Reporter, reported the above and foregoing on the day of March 6, 2008. I, Steven Ray Green, transcribed said proceedings, and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 1st day of November, 2008.

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**STEVEN RAY GREEN, CCR, CVR-CM, PNSC**  
**CERTIFIED MERIT COURT REPORTER**  
**CERTIFICATE NUMBER: A-2102**