

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes the

MEETING THREE

SUBCOMMITTEE FOR DOSE RECONSTRUCTION AND
SITE PROFILE REVIEWS

The verbatim transcript of the Subcommittee for
Dose Reconstruction and Site Profile Reviews,
Meeting 3, held at the Adam's Mark, St. Louis,
Missouri, on February 7, 2005.

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February 7, 2005

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P R O C E E D I N G S

(8:40 a.m.)

1
2
3 **DR. ZIEMER:** Good morning, everyone. I'm going
4 to call the meeting to order. This is the
5 Subcommittee for Dose Reconstruction and Site
6 Profile Reviews. This is not the full Board
7 meeting, even though a good fraction of the
8 Advisory Board will be in attendance at this
9 session. But this is a session of the
10 Subcommittee for Dose Reconstruction and Site
11 Profile Reviews.

12 This particular subcommittee will be meeting
13 most of the morning to cover several items
14 which are on the agenda.

15 I have a few announcements and pieces of
16 information before we get into the agenda.
17 First of all, we'd like to ask all attendees
18 who are here in the room, if you have cell
19 phones or beepers we ask that you turn them off
20 while you're in the room. If you need to make
21 calls and so on, please do that in the hall,
22 but we've had problems in the past with cell
23 phones and beepers interfering with the meeting
24 and the sound system. So if you would, please
25 do that.

1 We apologize for the late start. We ourselves
2 had problems getting all the sound up and
3 running here this morning, as well.

4 The sessions throughout the meeting will be
5 taped by Louise McKeel, who's with the Village
6 Image, and they will be taping throughout, so -
7 - and just so you're aware of the fact that
8 that is occurring.

9 Later in the morning we expect a visit from
10 Senator Kit Bond, and at the point at which
11 Senator Bond arrives, we will interrupt
12 wherever we are on the agenda in order to
13 accommodate his schedule. He does wish to
14 address the Board or those that are here at
15 that time, and we'll try to accommodate that,
16 and he will bring some greetings and some
17 related remarks relative to this week's agenda.
18 I'd like to ask everyone who is here, Board
19 members, visitors, to be sure to register your
20 attendance on the registration book that is out
21 in the hallway.

22 Also on the rear table you will find many
23 handouts, including the agenda and other
24 support and supplementary materials relating to
25 this meeting and other Board-related

1 information.

2 I'm going to introduce Dr. Lew Wade, who is
3 serving as our Executive Secretary and
4 Designated Federal Official today. Lew, do you
5 have a few remarks as we get under way?

6 **DR. WADE:** Yes, just very briefly. I'll make a
7 more formal welcome to the full committee when
8 it arrives, but I think I needed to explain why
9 I'm in the chair and will remain in the chair
10 throughout not only the subcommittee meeting
11 but the full Board meeting as both Executive
12 Secretary and Designated Federal Official.
13 As you know, Larry Elliott has ably served in
14 those roles at previous Board meetings, but as
15 we looked at this agenda and the likely agenda
16 of subsequent Board meetings, there are a
17 number of items that will require Larry to
18 interact with this Board as the program head of
19 OCAS within NIOSH. And therefore, to free
20 Larry up to do that, and also to avoid any
21 appearance of a conflict between his role as
22 the head of OCAS, as well as his role on this
23 Board, I'll sit in the chair.

24 I would start by apologizing to the Board that
25 I don't have the depth of experience that Larry

1 does, and I will unashamedly seek advice and
2 guidance as it's needed to serve the Board.
3 But if you have any issues or needs, please let
4 me know and I consider it at this late stage in
5 my career really an honor to be able to sit in
6 this chair.

7 **DR. ZIEMER:** Okay. Thank you very much, Lew,
8 for those remarks.

9 **REVIEW AND APPROVAL OF DRAFT MINUTES, MEETING 2**

10 Subcommittee members, you have in your folder,
11 in the binder, the minutes of the subcommittee
12 meeting that was held in December at Livermore.
13 I'd like to call attention to those minutes and
14 ask if anyone has any corrections or additions
15 to those minutes.

16 (No responses)

17 **DR. ZIEMER:** If not, I'll entertain a motion to
18 approve the minutes.

19 **DR. DEHART:** So moved.

20 **DR. ZIEMER:** It's been moved -- and seconded?
21 Has it been seconded?

22 **MR. GRIFFON:** Second.

23 **DR. ZIEMER:** Seconded, thank you. All in favor
24 of approving the summary minutes of the
25 December subcommittee meeting, please say aye.

1 (Affirmative responses)

2 **DR. ZIEMER:** And any opposed?

3 (No responses)

4 **DR. ZIEMER:** And the motion carries and those
5 minutes then are approved.

6 **SUBCOMMITTEE DISCUSSION -- CASE SAMPLING MATRIX**

7 Following our meeting in Livermore we asked a
8 working group to work with our contractor and
9 with NIOSH on developing the responses to both
10 the first set of 20 dose reconstruction
11 reviews, as well as the site profile review
12 that had been completed. In that connection,
13 that workgroup had developed a matrix for
14 assisting us in the selection of cases as we go
15 forward in selecting cases -- dose
16 reconstruction cases for audit. And Mark has
17 kind of had the lead on developing that matrix.
18 I'm going to call on Mark -- Mark, are we ready
19 to present that? I don't know if we have the
20 handouts yet or --

21 **UNIDENTIFIED:** (Unintelligible)

22 **DR. ZIEMER:** Okay. Well, one thing you do have
23 at your -- at your desk is the summary
24 materials, and actually NIOSH provided this, as
25 they committed to last time. And that gives

1 breakdowns of the cases that we have looked at,
2 as well as the numbers of cases from the
3 various sites and the categorization of cases.
4 If you look at this, first of all by location,
5 by cancer type, by year of first employment, by
6 number of working years, total cases that have
7 been processed and the projected number of
8 cases from the various sites and so on. So
9 this will help us as we select future cases to
10 make sure that we are getting representations
11 by site, by cancer type, by other parameters
12 that we may wish to emphasize.

13 Are there any questions on the material that's
14 been provided for us here, just -- as you look
15 down through that, and you may not have had --
16 this was here at your place so you haven't had
17 a chance to look at it in advance, but for
18 example, if you looked at the first page there
19 you see the Savannah River Site, the total
20 number of cases received and you see the number
21 of cases that we have selected already and so
22 on, so that's how that is broken down.

23 The second page you see the number of cancer
24 types and the various percentages of each in
25 the -- in the -- from the various sites and the

1 numbers that we have selected already and so
2 on.

3 **DR. DEHART:** I think the other construct is
4 that if you assume a two-and-a-half percent
5 sampling rate, that's -- then the projected
6 cases would be the number of cases --

7 **DR. ZIEMER:** Oh, right.

8 **DR. DEHART:** -- that needs to be --

9 **DR. ZIEMER:** That column just to the left of
10 the number of cases that we've already
11 selected, the projected cases would represent
12 the two-and-a-half percent of the total cases
13 that would eventually be received, so that
14 gives you some -- you can look and see where
15 are we relative to what we may finally wish to
16 end up with.

17 Any questions on that? Yes, Roy.

18 **DR. DEHART:** If a case goes to appeal, which
19 has happened with our group, but is that case
20 then removed from the total percentage that we
21 see --

22 **DR. ZIEMER:** The answer is yes. In fact, there
23 were two cases in the last batch of 20 for
24 which that occurred, and those were removed
25 then immediately. So actually we have before

1 us or in process now and SC&A is reviewing now
2 18 rather than 20 cases because of that very
3 fact. And I believe that will always be the
4 case, if -- if it's not really final, then it's
5 not eligible for the audit at that point.

6 Mark.

7 **MR. GRIFFON:** The -- the other thing in this --
8 in the handout is that there's a second pool,
9 pool two I think it's called, that shows those
10 same four tables, but on the available cases at
11 this point, so it kind of gives us the numbers
12 based on the available cases, if I'm
13 interpreting this correctly. So that's also,
14 you know, --

15 **DR. ZIEMER:** Okay --

16 **MR. GRIFFON:** -- consideration --

17 **DR. ZIEMER:** -- you're on -- you're on page 5
18 of the packet?

19 **MR. GRIFFON:** Right.

20 **DR. ZIEMER:** And what was --

21 **MR. GRIFFON:** Well, I mean it -- it's -- that's
22 the cases that have final determinations --

23 **DR. ZIEMER:** Oh, yes, okay.

24 **MR. GRIFFON:** -- at this point, yeah.

25 **DR. ZIEMER:** Right.

1 **MR. GRIFFON:** So we -- you know, we don't have
2 that overall pool available yet to sample from.
3 That's -- that's the point they're making here.

4 **DR. WADE:** Pool one is all cases received and
5 pool two, cases that have final determination.

6 **DR. ZIEMER:** Right.

7 **MR. GRIFFON:** I just wanted to point that out.

8 **DR. ZIEMER:** Right. And it's pool two that we
9 actually are drawing from. Right. But keeping
10 in mind the long-term pool that hopefully will
11 eventually be completed.

12 **MR. GRIFFON:** Right, right. There -- there's a
13 couple of thing-- one thing that I think we
14 should probably include, at least for the pool
15 two cases, is the approved or denied, or -- or
16 -- I think we were actually going to maybe
17 break down the percentages on POC, and I forget
18 how we broke those down, Paul, in our criteria,
19 but we talked about --

20 **DR. ZIEMER:** Well, we did ask --

21 **MR. GRIFFON:** -- less than 40, 40 to 50 --

22 **DR. ZIEMER:** We did ask in the last --

23 **MR. GRIFFON:** Yeah.

24 **DR. ZIEMER:** -- selection that they indicate
25 probability of causation --

1 **MR. GRIFFON:** Right.

2 **DR. ZIEMER:** -- in the final determinations,
3 and I'm not seeing that here in the packet. Is
4 that --

5 **MR. GRIFFON:** No, what -- previously when
6 they've pulled 20 random cases for us, they've
7 -- they've put that POC on there, and I think
8 it'd be good to also --

9 **DR. ZIEMER:** Right, let me --

10 **MR. GRIFFON:** -- have a track to --

11 **DR. ZIEMER:** -- ask any of the staff, is that -
12 - is that a parameter that can easily show up
13 on this -- Stu Hinnefeld, we're just asking
14 whether or not probability of causation is a
15 sort that we can also see in the future on
16 these or --

17 **MR. HINNEFELD:** In terms of the count, as well?

18 **DR. ZIEMER:** Yes, right.

19 **MR. HINNEFELD:** Yes.

20 **DR. ZIEMER:** Well, it probably can, because I
21 think they indicated that information when they
22 gave us the cases.

23 **MR. HINNEFELD:** Yes. Yes, we can put that on.
24 In fact, I can have it for you in a little
25 while. It'll take me just a minute.

1 **DR. ZIEMER:** Yeah.

2 **DR. WADE:** Is it the subcommittee's desire to
3 see that information for all cases that have
4 had a final determination made?

5 **DR. ZIEMER:** I believe that was the -- kind of
6 the consensus last time, that we would like to
7 --

8 **MR. HINNEFELD:** Well, page 8 has the -- has the
9 numbers of the ones that are final
10 determination and how they broke out in terms
11 of greater than 50 and less than 50 in terms of
12 percentages. That's on page 8 --

13 **DR. ZIEMER:** Right --

14 **MR. HINNEFELD:** -- but what we don't have is
15 the count of the 38 that have been selected.

16 **DR. ZIEMER:** Right, and the other part of that
17 was -- there was some desire to maybe focus on
18 cases that were somewhat in the middle of the
19 range, below the 50 but -- you know, the 40 to
20 50 particularly we were somewhat interested in
21 focusing on --

22 **MR. HINNEFELD:** Okay.

23 **DR. ZIEMER:** -- if it's -- I know it's easy to
24 sort on the yes and no, 50 and above and below
25 50. But for example, can we get one to 40 -- I

1 forget how we --

2 **MR. GRIFFON:** Yeah, I think we talked about
3 zero to 40, 40 to --

4 **DR. ZIEMER:** Zero to 40 and then 40 to 49.999
5 and then --

6 **MR. HINNEFELD:** And 50 and above, do those
7 three?

8 **DR. ZIEMER:** Yeah.

9 **MR. HINNEFELD:** I think I can probably have
10 that before the day is over.

11 **DR. ZIEMER:** That would be helpful, too.

12 **MR. HINNEFELD:** Okay.

13 **DR. ZIEMER:** Thank you.

14 **DR. WADE:** And we would have that for cancer
15 type, as well as for site? That would be your
16 desire?

17 **MR. GRIFFON:** That would just be for cases.
18 Right? I don't know if we need that by cancer
19 type.

20 **DR. WADE:** So you would like just one number?

21 **MS. MUNN:** Yeah, I think that's what we need.

22 **DR. ZIEMER:** I don't think we'd need it by
23 cancer type at this point. We start getting
24 more detailed than we can deal with.

25 **DR. WADE:** But you would like it for site? I

1 just want to be sure that the --

2 **DR. ZIEMER:** Oh, I -- I --

3 **MR. GRIFFON:** No, I just want it by case --

4 **DR. ZIEMER:** -- no --

5 **MR. GRIFFON:** -- just for case.

6 **DR. WADE:** By case, so one aggregate.

7 **DR. ZIEMER:** Right, right, so we know sort of
8 what fraction of these are -- have we looked at
9 that are way low, way high and then the middle.
10 Okay, other comments on -- this is very helpful
11 and we thank the staff for providing this
12 information.

13 **MR. GRIFFON:** I think one thing that we had
14 discussed in our procedure, and I -- procedure
15 on case selection, was these other parameters
16 that we may want to track that aren't easily
17 obtainable from the database. One that comes
18 to mind quickly when I'm looking at my old
19 spreadsheet is the job type, and I know that's
20 a difficult one to wrap our hands around maybe
21 'cause job titles -- they might have four or
22 five titles and -- but I think it may be
23 important if we want to at least be able to
24 look -- say we looked at some construction
25 workers, some production workers, some

1 maintenance type -- you know.

2 **DR. ZIEMER:** Yeah. And you may recall that we
3 -- we know that we can't sort against job type
4 a priori 'cause it's not a -- one of the sort
5 able parameters, but after the fact -- and I
6 guess we may need to track that or have SC&A
7 help us track that. That -- Hans, I -- is John
8 here this morning?

9 **DR. BEHLING:** No, he's not.

10 **DR. ZIEMER:** This may be something we wish to
11 talk with SC&A, but one of the tasks is to
12 track the cases, and it may be that that is a
13 track able item because there is a job
14 description, once we get the case and review
15 it. And we can talk with SC&A. That may be a
16 tracking effort that we may need to do
17 ourselves at that point since it's not in the
18 original sort able database.
19 Are we okay on this matrix then? Anything else
20 on the matrix itself that we need to discuss?
21 Mark.

22 **MR. GRIFFON:** Just one final item that I've
23 raised before, and I'm not sure, I -- I was
24 looking to NIOSH or ORAU for guidance on this,
25 is the last grouping there, sample of industry

1 groups, that includes a lot of the AWEs, and
2 I'm -- I've -- I have proposed before that it
3 might make sense to group -- to have sub
4 groupings, you know, like -- I know that
5 there's a lot of uranium industries in that
6 group, so I don't know if it makes sense to
7 break that out in any way or just leave them as
8 all -- as one larger group. That's -- that's
9 the question, and maybe NI-- I thought NIOSH
10 might have a sense of that.

11 **DR. ZIEMER:** What -- Stu or Jim -- Stu, what is
12 in the group of 83 -- oh, well, 3314 called
13 sample industry groups?

14 **MR. HINNEFELD:** That's essentially all others
15 at this point. Since we didn't know exactly
16 what was in there to start, we just put all
17 others in that category. So -- now in your e-
18 mail you suggested some possible things, like
19 perhaps uranium-only AWEs and -- and some of
20 those, and we've not had any additional
21 internal discussion about, you know, kinds of
22 things to put in there, but we can certainly,
23 you know, welcome your suggestions. The
24 database is fairly query able and so we can
25 probably put whatever we want there.

1 **MR. GRIFFON:** Maybe my -- you know, this is not
2 a question to answer right now, but maybe if --
3 in the future we could get sort of some sense -
4 - 'cause I know there's a couple of procedures
5 that say they're applicable to several
6 different AWE sites, so obviously they're
7 grouping some -- they're -- they're going
8 through this thought process of which ones
9 belong -- which ones are sort of similar and
10 which ones are not --

11 **DR. ZIEMER:** Now it might -- might be helpful
12 then to -- if we actually had a sort of who's
13 in that group and -- and how would you
14 categorize them.

15 **MR. HINNEFELD:** Okay.

16 **MR. GRIFFON:** For future -- yeah.

17 **DR. ZIEMER:** Would -- would that be reasonable,
18 just if -- if that's something you can sort for
19 easily and we could take a look at it and see
20 if that's...

21 **MR. HINNEFELD:** Okay. Yeah, we can provide
22 that to the Board between now and the next
23 meeting? How would we do that?

24 **DR. ZIEMER:** I think in the next meeting is --
25 we don't need it now, do we?

1 **MR. GRIFFON:** I don't think.

2 **DR. ZIEMER:** This is, again, looking ahead as
3 how this may be further of help to us.

4 **MR. HINNEFELD:** Okay.

5 **DR. ZIEMER:** Thank you.

6 **DR. WADE:** So we'll leave to the NIOSH staff
7 the decision as to how to subdivide that sample
8 and they'll bring that to you --

9 **DR. ZIEMER:** Yeah, what categories would make
10 sense, yeah. Wanda Munn?

11 **MS. MUNN:** With respect to categories, I guess
12 I feel that the Board perhaps should give some
13 direction in that regard. Are we looking for
14 sites broken out or are we looking for what
15 you've just mentioned, Mark, categories of
16 employment more than anything else, operations,
17 maintenance, construction, clerical, major --
18 that was my thinking when I looked at that
19 number, rather than by site, because --

20 **DR. ZIEMER:** Would it help if we knew a little
21 more about what -- what is actually in that --
22 it's kind of a catch-all category.

23 **MS. MUNN:** It is.

24 **DR. ZIEMER:** Stu, give us some examples of what
25 are in that category. I mean it's smaller

1 sites, is that not correct?

2 **MR. HINNEFELD:** Well, there were -- there are
3 some 300 covered facilities, so it's the
4 combination of all other facilities other than
5 the ones listed. Quite a number -- quite a
6 large number of them are Atomic Weapons
7 Employers, if not all. I'm not exactly sure if
8 there -- if all the DOE sites are listed there
9 or not, so it's -- it's the assembled mass of
10 Atomic Weapons Employers that are covered under
11 the program.

12 **MS. MUNN:** Which --

13 **DR. ZIEMER:** It could be a wide variety of
14 types of activities, is that not correct?

15 **MR. HINNEFELD:** It's a -- it's a wide variety
16 of types of activities, and there's a wide
17 variety of durations of covered employment at
18 the various sites. Some --

19 **DR. ZIEMER:** Some of it might be R&D, as well
20 as --

21 **MR. HINNEFELD:** Yes, there's some R&D sites, as
22 well.

23 **MS. MUNN:** Yeah.

24 **DR. ZIEMER:** What kind of -- Wanda, did you
25 have in mind certain kinds of categories that

1 might be helpful, like --

2 **MS. MUNN:** That's what I was thinking. I was
3 thinking if -- you mentioned R&D -- if we had
4 research or laboratory, technical professional
5 --

6 **DR. ZIEMER:** It may be that once we see what's
7 in there and -- and if you can identify it in
8 some way, many of these have a -- like a
9 single-mission site type of thing, and if it's
10 R&D you could identify that or --

11 **MR. HINNEFELD:** Right.

12 **DR. ZIEMER:** -- even perhaps the type of R&D.

13 **MR. HINNEFELD:** There's some categories that
14 come to mind readily that would capture quite a
15 few of them, and then --

16 **DR. ZIEMER:** Why don't we try that as a first
17 step.

18 **MR. HINNEFELD:** -- beyond that, there may --

19 **DR. ZIEMER:** Would that be agreeable?

20 **MS. MUNN:** That would be my thought.

21 **DR. ZIEMER:** Yeah, okay.

22 **MR. HINNEFELD:** Okay.

23 **DR. ZIEMER:** Thank you. Anything else on the
24 matrix? The matrix. Okay.

25 **MR. GRIFFON:** Was that someone on the phone?

1 **MR. PRESLEY:** Henry coming in.

2 **SUBCOMMITTEE DISCUSSION -- SUMMARY OF 1ST SET OF CASE**
3 **REVIEWS/PREPARE RECOMMENDATION FOR FULL BOARD**

4 **DR. ZIEMER:** Are we ready then to proceed with
5 the summary of the first set of case reviews?
6 Okay.

7 We have -- we have some materials that were
8 just distributed. We had a working group
9 working with SC&A and with NIOSH since our last
10 meeting, and Mark, it turned out that although
11 Tony was the Chair of that workgroup, Tony was
12 actually not able to be in attendance, had a
13 conflict at the time that -- that it turned out
14 they needed to meet, so Mark stepped in and
15 served as Chair of that workgroup. So Mark, if
16 you would lead us through this then.

17 **MR. GRIFFON:** Sure. Cori was nice enough to
18 quickly print off two of these -- two documents
19 here. The main focus I think of our discussion
20 today should be this one-page summary, which is
21 a methodology for categorizing and ranking DR
22 case review findings, and our -- or at least
23 Wanda and I and Mike Gibson discussed this in
24 McLean, Virginia, I think -- or in Cincinnati,
25 one or the other.

1 The idea -- what -- what I -- what we attempted
2 to do, we -- we met in McLean, Virginia with
3 SCA and NIOSH, which I should say also was a
4 very good and encouraging process, where we
5 went through the previously-provided DR case
6 review reports issue by issue and did a lot of
7 the technical back-and-forth discussions that
8 have to occur, that worked well at that level
9 with that number of people. And SCA has
10 produced a -- a revised report from that which
11 I think -- a lot of us haven't even read
12 through that entire thing. I think we got it
13 Friday of last week.

14 **DR. ZIEMER:** Let me interrupt for a moment.
15 How many of you actually got the SC&A report?
16 Some did not. I didn't get it. It's probab--
17 I would -- it's probably sitting in an
18 electronic file back at Purdue over the
19 weekend, but I've not seen it myself, but -- so
20 not all the committee Board members -- a few
21 have seen it, a few have not. Okay, thank you.

22 **DR. WADE:** It's a 300-page document and NIOSH
23 has not had a chance to see it or review it at
24 this point.

25 **DR. ZIEMER:** Okay.

1 **MS. MUNN:** It's been seen, not reviewed.

2 **DR. ZIEMER:** Okay, thank you.

3 **MR. GRIFFON:** Right.

4 **DR. ZIEMER:** Proceed.

5 **MR. GRIFFON:** So after -- you know, after the
6 meeting in McLean, Virginia where we went
7 through all these cases, you know, we -- we --
8 as a working group we -- we were tasked with
9 the -- with the notion of coming up with some
10 criteria on how to pull these reviews together
11 in a summary fashion to present to the full
12 Board. And -- and this -- this product here,
13 this one-pager, is sort of a draft methodology
14 of how we might go about, number one, ranking
15 the individual findings -- and I had proposed
16 here and one to five ranking system, with five
17 being the most serious -- and -- and I think
18 some of these parameters are -- or some of the
19 bullets listed below the rankings there are
20 important to consider. Did the -- did the
21 finding -- could the finding have affected the
22 dose significantly, only modestly or very --
23 very minor effect on the dose estimate; would
24 it have affected the final determination of the
25 probability of causation, would it -- was it

1 that significant of a -- of a finding. And the
2 other -- the other one to think about I think
3 when -- when trying to rank these findings is
4 did the finding affect only that individual
5 case; could it likely affect -- affect other
6 cases from that site, or could it likely affect
7 a lot of cases throughout the program. So did
8 it have -- was it a broader finding or was it a
9 very narrow finding. I think that's important
10 in -- when we consider this numerical sort of
11 ranking of the seriousness of the finding.
12 And then I also wanted to try to categorize or
13 group these findings, and I -- I sort of have a
14 -- two groupings, kind of -- may be a little
15 difficult to describe, but they probably -- at
16 least ring true to some people. The first one
17 in the next-to-last paragraph from the bottom
18 of the page talks about procedural, technical,
19 quality control or regulatory findings, so --
20 so taking individual findings, going through
21 and -- and saying was this -- and understanding
22 that there's probably a little overlap on some
23 of these findings, that some are procedural and
24 technical mixed, but you know, was it primarily
25 a procedural issue, was it a -- a technical

1 issue, was it quality control-related, sort of
2 -- sort of categorize them like that.
3 And then additionally I thought it was useful
4 to group them by the -- sort of some of these
5 scope of work criteria, or the way we -- we
6 sort of structured the task order. The
7 categories in the task order include data
8 collection -- this is at the very bottom of the
9 paragraph -- data collection, the interview
10 process -- which is the CATI interview -- the
11 internal dose, external dose, medical dose or
12 general. And -- and I must admit when I first
13 went through these, general -- general was the
14 category where I put some ones where I couldn't
15 find a category for, but -- but they do -- in
16 some ways they are a -- a few of the ones that
17 were identified in this first meeting seemed to
18 -- seemed to cross the category, so there were
19 more -- more generic findings about the DR
20 reports themselves.
21 And that's -- that's sort of what we came up
22 with. I think that -- Wanda, I don't know if
23 you have anything to add. We -- we -- this was
24 a -- a -- a limited group of the working group
25 that discussed this, you know, draft.

1 **MS. MUNN:** Yes, and frankly, we haven't had a
2 chance to rework these -- these initial
3 comments of Mark's. Just going over them, I
4 don't see any major difference to what we had
5 discussed. I think you captured most of the
6 high points that we considered appropriate for
7 this type of review.

8 **DR. ZIEMER:** Okay. Thank you. Then we will
9 consider this to be a recommendation to the
10 subcommittee from the working group and as such
11 it will constitute a formal motion. This group
12 then can adopt this and recommend it to the
13 full Board. It can modify it. You can discard
14 it, do whatever you wish, but it now is before
15 us as a formal motion.

16 Let me open the floor for questions or
17 comments. Let me ask the first question.
18 On the rankings, Mark, the one to five ranking
19 system, you have three bullets. What would be
20 -- would bullet one be, for example, a five?

21 **MR. GRIFFON:** Yeah, these are -- are things to
22 consider when -- when thinking about the
23 seriousness of -- so -- so the first bullet
24 actually could be a one or a five -- one
25 through five, anywhere. It says that -- would

1 the finding affect only the individual claim --
2 in that case you'd probably lean it toward a
3 lower -- a lower -- a less significant finding
4 --

5 **DR. ZIEMER:** Okay, so you're not --

6 **MR. GRIFFON:** -- many claims on the site would
7 be a -- you know, middle, and then if it
8 affected program-wide, you might give it a
9 higher ranking. But you also have to -- these
10 three criteria, you sort of have to think about
11 them all at the same time --

12 **DR. ZIEMER:** Okay.

13 **MR. GRIFFON:** -- because if it only affected
14 one case, but it could have pushed it over the
15 50 percentile POC, I'd say that would be a
16 pretty serious --

17 **DR. ZIEMER:** Right.

18 **MR. GRIFFON:** -- serious-ranked finding.
19 Right.

20 **DR. ZIEMER:** So actually the three bullets are
21 simply questions you ask to arrive at a score.

22 **MR. GRIFFON:** Yeah.

23 **DR. ZIEMER:** And --

24 **MR. GRIFFON:** There's no prescriptive sort of -
25 -

1 **DR. ZIEMER:** Are you suggesting that the
2 contractor would do this initially, or that the
3 Board would do this?

4 **MR. GRIFFON:** That -- that's open, certainly.
5 I -- I should -- this -- this might be a -- a -
6 - well, I don't know, you can tell me, but this
7 -- SCA, in their report that we just received,
8 which no one's seen -- that's the -- why I'm
9 not sure if it's appropriate to bring it up
10 here or not, but they have come up with a two-
11 page matrix on -- on way -- on their own
12 ranking system, which --

13 **DR. ZIEMER:** Somewhat like --

14 **MR. GRIFFON:** There's a lot of commonality
15 here, but -- but they're not exactly the same,
16 so there's some differences, so you know, I --
17 I think that if we -- I think if we set up a
18 system, we could probably ask the contractor to
19 do it, once we've agreed -- sort of meshed
20 those two --

21 **DR. ZIEMER:** To the parameters, uh-huh.

22 **MR. GRIFFON:** -- agree upon the system, and
23 then let the contractor do it. That would make
24 a lot of sense, I think. Just my opinion.

25 **DR. ZIEMER:** And you would -- you would see

1 this as a continuum of scores from one to five,
2 or discrete -- you know, one, two, three, four,
3 five -- or maybe you haven't discussed that
4 kind of detail, but how -- how much specificity
5 to these grades would you envision?

6 **MR. GRIFFON:** I don't think I got that far,
7 although when I did this --

8 **DR. ZIEMER:** Okay, it's more conceptual at the
9 moment then, yeah.

10 **MR. GRIFFON:** Right, when I did -- compiled
11 this other document here, I found myself doing
12 -- you'll -- you'll notice on the first page of
13 that matrix one to two, three to four --

14 **DR. ZIEMER:** Okay.

15 **MR. GRIFFON:** -- so...

16 **DR. ZIEMER:** Okay. Roy DeHart.

17 **DR. DEHART:** Would it not be best to have an
18 experience by using this second product that
19 has -- has been generated so that we can get a
20 better feel of just how this page is applied
21 and whether it makes sense before we actually
22 act upon this?

23 **DR. ZIEMER:** Okay, good question. That's not
24 necessarily a rhetorical question. If somebody
25 has the response to it, they can -- Wanda Munn.

1 **MS. MUNN:** I don't have the response. I guess
2 in terms of the three bullets and ranking, it
3 may not be clear what the thinking was at the
4 time that these were generated. Correct me if
5 I'm wrong here, Mark, but I think our general
6 thought process was is this finding of major
7 importance to this claim only, or is it of
8 major importance across the board, so that
9 rather than three categories there, in my mind
10 there were two -- whether this is a broad
11 concern or whether it's a narrow concern. And
12 within those two definitions, then there is the
13 issue of whether it's -- would affect final
14 dose reconstruction numbers or significantly
15 affect the dose estimate, so the -- the wording
16 of the three bullets -- I don't know, perhaps -
17 - am I clarifying it --

18 **MR. GRIFFON:** No, that's --

19 **MS. MUNN:** -- or just muddying the water better
20 -- more?

21 **MR. GRIFFON:** No, that's -- that's pretty
22 accurate. That first one, I -- I guess broad
23 and narrow really -- really defines it well. I
24 was adding in that -- that it may be that it
25 could affect a lot of -- a lot more cases, but

1 only at that individual site, not beyond into
2 the programmatic. I was giving three -- three
3 tiers there, but really it's broad versus
4 narrow is a good description of that. And then
5 the other big component is this significance of
6 the finding on the final dose, so that -- those
7 are -- that boils it down. And maybe we -- we
8 can certainly work with this wording. I mean
9 that -- you know.

10 **DR. ZIEMER:** Okay. Other comments?

11 **MR. GRIFFON:** I can respond to Roy's idea. I
12 mean I think it is worthwhile. The only thing
13 about going through this other matrix here that
14 I've come up with is that I generated this
15 while SCA was generating their final report,
16 and then I tried to -- last night, mostly --
17 compare the two documents and edit as necessary
18 because I think it -- at the meeting in McLean,
19 some findings were -- some findings basic--
20 basically were -- may have been dropped as a
21 result of that meeting, once it -- once they
22 got clarif-- once SCA got clarification from
23 NIOSH, I think there were some that were
24 dropped. It was a misunderstanding on the
25 auditor's part. Others, NIOSH had agree--

1 agreed with the finding. And then there was
2 this third category which I tried to capture in
3 -- in the NIOSH response section of this
4 matrix, and the third category was some --
5 required further investigation or follow-up, so
6 -- so this is pretty draft -- you know, if we
7 wanted to look at it in terms of how this
8 methodology worked, that's one thing, but it's
9 -- it's -- understand it's very draft and may
10 not even represent SCA's final product. That's
11 what I fear, you know, as far as...

12 **DR. ZIEMER:** Okay. Mark, could you also put
13 this in context with the concept of findings
14 versus observations that SC&A used in their
15 first report. Is this applying only to
16 findings, as opposed to observations?

17 **MR. GRIFFON:** I didn't think -- and SCA --

18 **DR. ZIEMER:** I think -- I think those were the
19 --

20 **MR. GRIFFON:** -- SCA --

21 **DR. ZIEMER:** -- and double-check with Hans,
22 perhaps. We had findings, observations and
23 then there was maybe a third category, which I
24 can't remember -- and he can't remember either,
25 maybe.

1 **DR. BEHLING:** I'm not sure I really fully
2 comprehend the difference a findings
3 observations because in many instance we were
4 trying to tone down the rhetoric and use
5 terminology that would be acceptable, such as
6 "issues of concern" as opposed to the use of
7 "errors" or things like that. So when we
8 talked about findings and observations, I'm not
9 sure we really differentiate between those two
10 --

11 **DR. ZIEMER:** Yeah, and actually now that I
12 think about it, I'm also mixing site profile
13 reviews with dose reconstruction reviews. I
14 think in the site profile reviews you actually
15 had the findings and observations as a -- as
16 specific categories that you folks made.

17 **DR. BEHLING:** I think we used them
18 interchangeably. I don't think there was any
19 attempt to differentiate the findings from an
20 observation.

21 **MR. GRIFFON:** My sense in this report -- and
22 again, I've -- I've only -- did a cursory
23 review of the final one, but my sense is that
24 they didn't really distinguish, so these
25 findings -- I didn't really want to use the

1 terminology of findings and observations.
2 Rather I thought if people wanted to see the
3 significance of a finding, they should look at
4 the ranking, so the ranking sort of says is it
5 a serious -- is it a serious matter or is it a
6 less serious matter instead of -- 'cause
7 observation and finding's pretty -- pretty
8 vague terminology, too.

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

10 **MR. GRIFFON:** So that -- that's the way, at
11 least in this method, that we're proposing it.

12 **DR. ZIEMER:** And then also help us think about
13 sort of the -- the cross-walking between the
14 ranking of the findings and the categorization.
15 For example, is a procedural five ranking
16 versus a quality control five ranking -- does
17 one -- is there any different level of
18 seriousness or is a five a five?

19 **MS. MUNN:** A five's a five, yeah.

20 **MR. GRIFFON:** I think a five's a five.

21 **DR. ZIEMER:** A five's a five.

22 **MS. MUNN:** Yeah.

23 **DR. ZIEMER:** That makes sense.

24 **MS. MUNN:** That's big stuff.

25 **DR. ZIEMER:** Yeah. You have a comment, Wanda?

1 **MS. MUNN:** Yes, I do, with respect to the issue
2 of findings and observations. If there's not a
3 clear delineation there, there may be some
4 significant confusion to people who are
5 accustomed to seeing very clear
6 differentiation. To me, a finding is something
7 which is of significant enough importance that
8 some decision must be made on it. An
9 observation is just exactly that, it is calling
10 to your attention something which might or
11 might not cause other issues to raise in
12 people's minds. And the third category -- in
13 my parlance, which is not widespread, I'm sure
14 -- is a comment, which is simply an
15 acknowledgement that something was noted or --
16 or something was observed that wasn't worthy of
17 boosting it up to a significant level. If we -
18 - if we use findings and observations
19 interchangeably, my perception is that that
20 will be confusing, both to the casual reader
21 and to some researchers.

22 **DR. ZIEMER:** Uh-huh. My -- my impression was
23 similar, that both the observations and the
24 comments were items that the audit may wish to
25 call attention to, but it had a priori very

1 little significance in the scheme of things,
2 but may be something that ought to be done
3 differently, that it didn't affect outcomes but
4 it was something perhaps that some attention
5 has to be given to. If it's in the finding
6 category, it automatically takes on a -- an
7 importance, and then --

8 **MS. MUNN:** Yes.

9 **DR. ZIEMER:** -- the ranking would tell us --

10 **MS. MUNN:** Yes.

11 **DR. ZIEMER:** -- is that of narrow importance or
12 widespread --

13 **MS. MUNN:** Yes.

14 **DR. ZIEMER:** -- importance in the scheme of
15 things and --

16 **MS. MUNN:** Exactly.

17 **DR. ZIEMER:** -- would -- but it may be helpful
18 to -- if we do go forward using terms such as
19 findings versus observations and comments, that
20 there be a clear distinction between those.
21 John Mauro has walked into the room and I had a
22 comment, John, and I think this was -- probably
23 dealt more with the site profile reviews, but
24 you -- you did distinguish between a finding
25 and an observation, did you not, in the site

1 profile reviews, as I recall?

2 **DR. MAURO:** (Off microphone) Yes, we did.

3 **DR. ZIEMER:** Yes, and the finding was
4 inherently of more serious nature than an
5 observation.

6 **DR. MAURO:** (Off microphone) Yes, in effect,
7 the --

8 **DR. ZIEMER:** You may need -- does he need --

9 **DR. WADE:** Would you get to the microphone,
10 please?

11 **DR. ZIEMER:** This is John Mauro from SC&A, the
12 contractor.

13 **DR. MAURO:** The way I like to communicate it,
14 to sort of bring it down to the simplest -- a
15 finding is we -- we believe we've found a -- a
16 problem, something that needs to be fixed. An
17 observation is -- you know, there's an issue
18 here that you may want to look into the
19 literature a little further, to get further
20 clarification. So in other words, it's not
21 that there's necessarily something that's
22 wrong, but it's something -- something that is
23 probably worthy of additional consideration.
24 So there's a pretty clear -- we're trying to
25 make a clear boundary between the two.

1 **DR. ZIEMER:** Right. And that was more focused
2 on the site profile reviews, but it may be that
3 a similar nomenclature could be used in the
4 dose reconstruction reviews, as well.

5 **DR. MAURO:** That's true, although our --
6 although I'd like to ask Hans to -- because we
7 have come up with a -- a checklist, as you may
8 be aware, where we've taken a different tact.

9 **DR. ZIEMER:** Right, and unfortunately, not all
10 the Board members have had a chance to see that
11 yet. Mark referred to the fact that there is a
12 -- a matrix now that you are using, and it
13 somewhat parallels these ideas and we may need
14 to merge them conceptually, as well.

15 **DR. BEHLING:** If I may, I would just like to
16 make a comment. When we talk about whether
17 something is significant and whether or not
18 that significance spreads to other issues,
19 sometimes that distinction is very, very
20 difficult to make. And I guess the best way to
21 illustrate this to give you an example, and I'm
22 sure that, for instance, Mark will agree
23 because he's been party to some of the
24 discussions we've had. When we, for instance,
25 have an individual who has had an exposure that

1 is part of -- in the record; in other words, we
2 have TLD data or we have film badge dosimetry
3 data. And in certain number of cases that
4 we've reviewed to date, the individual dose
5 reconstructioner failed to actually introduce
6 the issue of uncertainty for that dose. And I
7 won't go into the details to what causes here,
8 but again we want to say is this a significant
9 issue? Well, it's insignificant if the dose of
10 record -- let's say for that individual, for
11 the years that he was employed is a modest
12 let's say 200 millirem, the uncertainty of an -
13 - the exclusion of uncertainty at most, even if
14 he doubled it, would be 200 millirem. But
15 we've had other individuals whose dose of
16 record was something like 30 rem. Now the
17 absence of including the uncertainty now
18 becomes a significant issue. So how do you
19 classify it? It's relative to the issue of
20 what was that individual's exposure. So the
21 absence of uncertainty is not something you can
22 categorize without defining what the actual
23 dose was for which the uncertainty was not
24 included.

25 **MR. GRIFFON:** And that's -- that's why, you

1 know, you -- we have the--

2 **DR. ZIEMER:** Right.

3 **MR. GRIFFON:** -- not only the effect on the
4 dose, but also the broad versus narrow nature
5 of the finding and --

6 **DR. ZIEMER:** Right, and would that particular
7 situation affect other cases, and you've made
8 an example here where yes, it might not affect
9 this case, but broadly could affect many other
10 cases, so that would be an example -- and in
11 which case you would give it a higher ranking
12 as a finding. Uh-huh.

13 Did you have a comment, Lew? No. Okay. Other
14 comments, subcommittee?

15 It may be that you will wish to adopt -- I'm
16 sorry?

17 **MR. PRESLEY:** Henry just came --

18 **DR. ZIEMER:** Oh, Henry, I'm sorry. Okay,
19 welcome. Henry Anderson is on the phone. He's
20 somewhere in the far reaches of the world.
21 Henry, where are you this morning?

22 **DR. ANDERSON:** (Via telephone) I'm in
23 Anchorage, Alaska.

24 **DR. ZIEMER:** Anchorage, Alaska.

25 **DR. ANDERSON:** (Unintelligible)

1 **DR. ZIEMER:** Okay. His question is would you
2 see this fitting into Table E.

3 **DR. ANDERSON:** (Unintelligible)

4 **DR. ZIEMER:** Okay. Is it -- where -- I'm not
5 sure if we all have access to that table,
6 Henry. Is that the table in the new SC&A
7 report?

8 **DR. ANDERSON:** (Unintelligible)

9 **DR. ZIEMER:** Yeah. Unfortunately not all the
10 Board members have gotten that report yet, so -
11 -

12 **DR. ANDERSON:** (Unintelligible)

13 **DR. ZIEMER:** Right, as -- but not -- not all of
14 us have gotten that report yet.

15 **DR. ANDERSON:** Oh, okay.

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

17 **MR. GRIFFON:** Kind of generally, Henry --

18 **DR. ZIEMER:** Yeah, here's Mark.

19 **MR. GRIFFON:** Generally I thought that there --
20 we have overlap in the approaches --

21 **DR. ANDERSON:** Yeah, you had a little more --
22 you had a few more elements, I think, that you
23 added, as in broadly impacting other cases and
24 things like that, but I...

25 **MR. GRIFFON:** Right, right.

1 **DR. ZIEMER:** Okay, thank you. Conceptually we
2 would have to somehow merge these concepts, I
3 would -- I would guess.

4 What I'm wondering is if the subcommittee would
5 wish to recommend that the Board adopt this
6 methodology in a general sense, with -- with
7 the details of the scoring and so on to be
8 worked out. This is -- at this point is more
9 of a conceptual piece than it is a -- a detail
10 on how you would actually do it.

11 Would that be a fair characterization, Mark,
12 Wanda?

13 **MS. MUNN:** Yes, I believe that it would be. I
14 would suggest that the motion be that we accept
15 this concept in principle, the details to be
16 worked out.

17 **DR. ZIEMER:** Okay. We can consider that kind
18 of a friendly amendment to the original motion
19 to adopt the document, would be to adopt it as
20 a -- say the words again, if you're --

21 **MS. MUNN:** As a concept.

22 **DR. ZIEMER:** As a concept.

23 **MS. MUNN:** The details --

24 **DR. ZIEMER:** With the details to be worked out.

25 **MS. MUNN:** -- to be worked out in the short

1 term.

2 **DR. ZIEMER:** Uh-huh. Is that a -- that's
3 agreeable as the true nature of the motion
4 that's before us. Mark, before we vote do we
5 need to look at your supplementary material at
6 all? Oh, this --

7 **MR. GRIFFON:** Well, I spent a lot of time --
8 no.

9 **DR. ZIEMER:** You'd really like to work on --
10 look at it then. The supplementary material
11 really takes the, quote, findings from the
12 first 20 cases -- right? -- and tries to
13 actually categorize them, according to this
14 concept.

15 **MR. GRIFFON:** Right, that's -- that's right.
16 And there -- there --

17 **DR. ZIEMER:** And tell us -- on the table here,
18 for example, the -- the reference numbers on
19 the left --

20 **MR. GRIFFON:** Yeah, on the left-hand side --

21 **DR. ZIEMER:** -- refer to --

22 **MR. GRIFFON:** Reference numbers refer to the --
23 the document we worked from in McLean, Virginia
24 had finding numbers or issue numbers for each
25 case, so I took the case number and issue

1 number, so it's case number one, issue one is
2 1.1, case one, issue two, so forth, down the
3 line.

4 **DR. ZIEMER:** Okay.

5 **MR. GRIFFON:** And then I grouped them -- I
6 sorted these by internal dose being the first
7 several pages here, and then you'll see other
8 groupings.

9 **DR. ZIEMER:** So you've done the categorization,
10 such as you talked about in your -- your --

11 **MR. GRIFFON:** Right.

12 **DR. ZIEMER:** -- bottom section of your --

13 **MR. GRIFFON:** At least for most --

14 **DR. ZIEMER:** -- categorizing paper.

15 **MR. GRIFFON:** At least for most of them there's
16 a ranking --

17 **DR. ZIEMER:** So you've got them categorized by
18 internal dose, external dose, external medical,
19 interview and data collection. Correct?

20 **MR. GRIFFON:** And then general at the last.

21 **DR. ZIEMER:** And some general.

22 **MR. GRIFFON:** Right.

23 **DR. ZIEMER:** And then in each case you've
24 summarized the findings, you've summarized
25 NIOSH's response, you've --

1 **MR. GRIFFON:** And in some cases, either
2 parenthetically or -- or underlined, I -- I
3 noted that there -- at least from my notes,
4 there was an agreement from either NIOSH or SCA
5 to -- you know, more investigation was required
6 or several of them NIOSH and SCA agreed that --
7 that these comments were better resolved in the
8 site profile reviews which were ongoing. They
9 were slightly broader issue, but were also
10 being discussed in the site profile reviews, so
11 they sort of were left to that discussion. So
12 I tried to note -- note sort of what the action
13 was when I -- when I could remember -- when my
14 notes were good enough to tell me.
15 And the last thing I'll say is that this is the
16 matrix that -- that their -- SC&A report has in
17 it, and this matrix -- I tried to go through
18 issue by issue on my sheet and match up where
19 they had a -- an item checked off on their
20 matrix to match with the finding, and for the
21 most part I was successful. There were some
22 where I questioned what -- what -- how to match
23 them, so --
24 **DR. ZIEMER:** Yeah. Let me insert here, let me
25 ask this question. Is the SCA report available

1 today to the public? I mean is it -- is it
2 here?

3 **UNIDENTIFIED:** (Off microphone) Yes.

4 **DR. ZIEMER:** And it's on the back table?

5 **UNIDENTIFIED:** (Off microphone)

6 (Unintelligible)

7 **DR. ZIEMER:** Okay. So -- and it's a -- it's a
8 lengthy report. How many thousand copies of
9 this 300-page report have we --

10 **UNIDENTIFIED:** (Off microphone)

11 (Unintelligible)

12 **DR. ZIEMER:** We have enough. Okay. So that
13 report is available, and Board members who did
14 not get a chance to get that report before you
15 came, please pick one up. It seems to me it's
16 going to make sense for us to lay this side by
17 side before our Board meeting and look at these
18 two --

19 **MR. GRIFFON:** And I would just recom--

20 **DR. ZIEMER:** -- and see how they track.

21 **MR. GRIFFON:** I would recommend, too -- it's
22 useful to lay --

23 **DR. ZIEMER:** So Mark, you can --

24 **MR. GRIFFON:** -- methodology next to this --

25 **DR. ZIEMER:** Yeah.

1 **MR. GRIFFON:** -- matrix.

2 **DR. ZIEMER:** Yeah, what you're referring to --
3 and I want to make sure members of the public
4 have this -- is what, a summary in the front of
5 the SC&A report?

6 **MR. GRIFFON:** It's a summary that they have in
7 front, and then in the front of each case,
8 also.

9 **DR. ZIEMER:** Okay.

10 **MR. GRIFFON:** Throughout the document.

11 **DR. ZIEMER:** And there's an overall -- overall
12 summary, as well? The document you just
13 referred to, give us an identification table,
14 for the record.

15 **MR. GRIFFON:** All I have as a reference is
16 Table 2, case review checklist. Is that --

17 **DR. ZIEMER:** Table 2, case review checklist.

18 **MR. GRIFFON:** Wait, it might be...

19 **DR. ZIEMER:** Yes?

20 **MS. BEHLING:** My name is Kathy Behling. Just
21 to clarify, we put an executive summary into
22 the report, and that table is ES-1, in which we
23 summarized -- we -- all of the 15 DOE facility
24 cases --

25 **DR. ZIEMER:** Okay.

1 **MS. BEHLING:** -- that we reviewed, and --

2 **DR. ZIEMER:** Thank you.

3 **MS. BEHLING:** -- and within the -- excuse me,
4 I'm sorry -- within the report, in each
5 individual tab, there's also a table for that
6 particular -- for the 15 DOE facilities.

7 **DR. ZIEMER:** Okay. Excellent, thank you. So
8 that will be a way of kind of looking at this
9 matrix that Mark has here and kind of laying it
10 side by side to get a feel for that.

11 Yes, Stu Hinnefeld.

12 **MR. HINNEFELD:** Yeah, I just wanted to make
13 sure everybody understands, we're seeing the
14 matrix that Mark prepared for the first time
15 today, and I haven't seen anything in it I
16 disagree with or I think mischaracterizes the -
17 - the discussion in McLean, but we would want
18 to be able to make sure that, you know, we see
19 that and -- and it has captured what we recall
20 having been said. I haven't seen anything yet
21 that doesn't, but I just thought -- we haven't
22 seen it yet and everybody should know that.

23 **DR. ZIEMER:** Right, nor have we.

24 **MR. HINNEFELD:** Right.

25 **MR. GRIFFON:** I agree. In fact, there's

1 several of them which I -- I was unclear
2 whether SC&A had agreed to drop the finding or
3 not, so I think it's definitely --

4 **MR. HINNEFELD:** Right. I'm sure that's the
5 case. Right.

6 **DR. ZIEMER:** Right. And let's -- let's
7 understand that Mark's -- Mark's sheet here is,
8 again, working the concept at this point 'cause
9 we haven't had a chance to really see what the
10 final report from SC&A -- well, some have but
11 most haven't -- yeah, and Hans, please.

12 **DR. BEHLING:** Yeah. I just want to clarify a
13 point. I think there was some misunderstanding
14 that Cori had to -- stated that the report was
15 available on the back table. It is not. The
16 report in question was made available, has
17 already been acknowledged, to each of the Board
18 members by e-mail, electronically. At this
19 point I'm also expecting three copies, hard
20 copies, to be sent to us here at the hotel
21 sometime today for distribution, just the three
22 copies, limited distribution. And of course
23 each and every Board member will also receive a
24 hard copy that will be mailed sometime probably
25 today and when you get back to your office you

1 will find -- find a hard copy of that report.

2 **DR. ZIEMER:** Okay.

3 **DR. BEHLING:** So right now there is no hard
4 copy as we speak.

5 **DR. ZIEMER:** Okay.

6 **DR. BEHLING:** Only what we will expect to get
7 sometime -- by FedEx today for distribution.

8 **DR. ZIEMER:** And I believe as soon as
9 available, that report will also be made
10 available on the web site. Is that not
11 correct?

12 **UNIDENTIFIED:** (Off microphone) I believe so.

13 **DR. ZIEMER:** Yes. We want to make --

14 **UNIDENTIFIED:** (Off microphone)

15 (Unintelligible)

16 **DR. WADE:** It has to be Privacy Act reviewed.

17 **DR. ZIEMER:** Yes, after a Privacy Act --

18 **DR. WADE:** You are having a discussion of this
19 generic methodology, so I think your materials,
20 and then possibly I could work with SC&A and
21 see that some summary of their generic material
22 could also be made available to the Board for
23 consideration tomorrow, short of the full
24 report. So I would try and work with you,
25 John, to see that we could get that material.

1 But the -- the full report has not been looked
2 at from a Privacy Act point of view.

3 **DR. ZIEMER:** So that needs to occur before it's
4 widely distributed. Okay. Yes, Shelby.

5 **MR. HALLMARK:** Dr. Ziemer, Shelby Hallmark,
6 Labor. Just in looking at this report for the
7 first time this morning, and in light of the
8 discussion that was held earlier about the
9 ranking system and the fact that the rank
10 that's being applied in this report applies at
11 some points to the individual reconstruction
12 itself and at other points to the
13 methodological, broad scale, a suggestion from
14 our vantage on this would be that maybe there's
15 a need for two ranks, one applicable to the
16 individual case and another applicable to the
17 broad impact. And obviously some method-- some
18 of the items that are shows as fours here go
19 across all the different dose reconstruction
20 reports and are in fact important
21 methodologically, but with respect to the
22 individual case they may not have an impact as
23 far as outcomes and so on, and so I think it
24 would be more transparent to the public if you
25 had two scales.

1 **DR. ZIEMER:** Yeah. The comment then would be
2 to -- to break those two apart, and that's
3 certainly a possibility, that you have a -- a
4 ranking for the case and a separate ranking for
5 the impact overall as a broad finding, and it
6 may very well be that making that separation
7 will be helpful, as well. Thank you for that
8 comment. Wanda?

9 **MS. MUNN:** And Shelby's comment is well-
10 accepted. It would be, I think, simpler to
11 see.

12 I wanted to express real appreciation to Mark
13 for having put together this summary, which is
14 very much in line with what I believe the
15 working group was thinking. I personally made
16 a weak effort to try to do a similar kind of
17 thing, and found my notes from the McLean
18 meeting seriously lacking and therefore gave up
19 in frustration. So thank you very much, Mark.
20 I have one question. I notice that in some of
21 the cases you had underscored the response --
22 the NIOSH response comments that you had --
23 that they were going to resolve the general
24 issue with NCA (sic) and with others that was
25 not underscored. Was there a reason for the

1 underscoring or is that just clerical?

2 **MR. GRIFFON:** Probably cl-- probably late at
3 night and didn't -- I wasn't consistent with
4 that application, probably.

5 **MS. MUNN:** Okay.

6 **MR. GRIFFON:** Yeah, I have to go through that
7 again, but --

8 **MS. MUNN:** Thanks.

9 **DR. ZIEMER:** So the underscoring doesn't have a
10 particular --

11 **MR. GRIFFON:** Usually I tried to capture when
12 there was an outstanding issue for either SCA
13 to follow up on or NIOSH, but I -- I agree, I
14 probably have to go back through that --

15 **MS. MUNN:** Okay.

16 **MR. GRIFFON:** -- and edit.

17 **DR. ZIEMER:** It may not -- it may not have been
18 consistent at this point? Thank you.

19 Further discussion? We're still on a motion as
20 to adopting this idea or this concept. Yes,
21 Roy.

22 **DR. DEHART:** Just a point of clarification on --
23 -- on the summary sheets. Were you intending to
24 leave out the ranking on pages 2 and 3?

25 **DR. ZIEMER:** Yeah, I think some of these the --

1 the issue disappeared because it was resolved
2 between the -- is that correct?

3 **MR. GRIFFON:** Yeah, that's --

4 **DR. ZIEMER:** 'Cause that's what --

5 **MR. GRIFFON:** Page 2 and 3 are actually a
6 specific site, and the -- these weren't
7 discussed in McLean, Virginia because they were
8 under discussion with the site profile
9 discussions, so I didn't really have a sense of
10 the ranking until I -- I think we hear from
11 those discussions, so they were intentionally
12 left blank --

13 **DR. ZIEMER:** Oh.

14 **MR. GRIFFON:** -- in that case, yeah.

15 **DR. ZIEMER:** Okay. So not necessarily resolved
16 at that time --

17 **MR. GRIFFON:** Right.

18 **DR. ZIEMER:** -- but under discussion.

19 **MR. GRIFFON:** Right, they -- they weren't
20 discussed at that McLean meeting. They were
21 held for further discussions on the site
22 profile task.

23 **DR. ZIEMER:** Thank you. Are you ready to vote
24 on the motion? It appears that we're ready to
25 vote on the motion.

1 All in favor of accepting, say aye?

2 (Affirmative responses)

3 **DR. ZIEMER:** Those opposed, say no?

4 (No responses)

5 **DR. ZIEMER:** Any abstentions?

6 (No responses)

7 **DR. ZIEMER:** Thank you. The motion carries.
8 Thank you, Wanda. Thank you, Mark, for
9 excellent work on this. Let's see, Mike was
10 also involved, and thank you, Mike, appreciate
11 that.

12 **DR. WADE:** I'd certainly like to add my thanks
13 to all three, particularly to Mark. I think
14 this is a tremendous contribution. Thank you
15 very much.

16 **DR. ZIEMER:** The agenda indicated that we would
17 prepare a recommendation to the Board on the
18 summary of the first set of case reviews. But
19 in essence, what -- what we've done here is
20 adopted a kind of methodology for going
21 forward. We have -- we now have the revised
22 report from our contractor. That is, it in
23 essence is in our hands or close to being in
24 our hands right now. But is, again, a rather
25 lengthy report and needs to be looked at in

1 light of this approach so that -- it appears to
2 the Chair that we will not be in a position of
3 actually recommending an action on the report
4 itself from SC&A. Is that the sense of the
5 subcommittee at this point, that we're -- we're
6 not at a position of making a recommendation on
7 the -- on an action on that first set of 20.
8 Nonetheless, this has been good progress
9 because we are developing a methodology which
10 will be useful and helpful in all succeeding
11 audits and therefore this will help streamline
12 the process for the future. So even though it
13 seems a little slow for the first 20, but we're
14 learning a very good process. I think it's
15 been helpful to the Board, helpful to the
16 auditors, as well as to NIOSH. So certainly
17 the sense of the Chair that that's where we are
18 on this and that we have reached close to a
19 closure on the methodology for how we handle
20 these audits as we go forward.
21 We're going to do the selection of the next set
22 of cases, but I think it would be appropriate
23 to have a brief break here before we proceed
24 with that, so I'm going to declare a 15-minute
25 recess and then we'll reconvene to handle the

1 next piece of business.

2 (Whereupon, a recess was taken from 9:45 a.m.
3 to 10:10 a.m.)

4 **SUBCOMMITTEE SELECTION -- 3RD SET OF INDIVIDUAL CASES**
5 **FOR BOARD REVIEWS**

6 **DR. ZIEMER:** We're now ready to consider the
7 selection of the third set of individual dose
8 reconstruction cases to be reviewed by the
9 Board. Before we do that, I'm going to ask Stu
10 Hinnefeld from NIOSH to provide us now with the
11 information on the previous selected cases as
12 to the numbers that were compensable and not
13 compensable. Stu, could you give us a quick
14 summary?

15 **MR. HINNEFELD:** Right, of the -- of the 38
16 cases in the first two selection populations or
17 first two groupings, eight of those cases were
18 above 50 percent POC and 30 of them were below
19 50 percent POC, so that's the breakdown of the
20 consolidation of the first 38.

21 With respect to a little more definition of
22 where those fell, I know there was interest in
23 the 40 to 50 percent band, I don't have that
24 information for the full 38, but I have it for
25 the second grouping, the 18 that were selected

1 in the second population. Of those 18, 11 were
2 less than 40 percent, five were between 40 and
3 49.99 percent, and two were above 50 percent.
4 So those are the -- that's what we -- that's
5 what I can provide right now is about the
6 breakdown of that stratification.

7 I also know that the -- for the sampling pool
8 as a whole as of December, for -- using that
9 same breakdown of less than 40, 40 to 50 and
10 above 50, 67.4 percent of the cases from that
11 total sampling pool in December were less than
12 40 percent; 8.1 percent of the cases were
13 between 40 and 50 percent; and 24.5 percent of
14 the cases were above 50 percent. So that was
15 of the sampling population as of December.

16 **DR. ZIEMER:** How many total cases in that
17 number?

18 **MR. HINNEFELD:** There were some 3,000 in that
19 population.

20 **DR. ZIEMER:** Could I ask you just to repeat
21 those again, those percentages?

22 **MR. HINNEFELD:** For the December? For the
23 population --

24 **DR. ZIEMER:** Yes.

25 **MR. HINNEFELD:** -- break down in December, 67.4

1 percent were less than 40 percent; 8.1 percent
2 were between 40 and 50 percent; and 24.5
3 percent of those cases were greater than 50
4 percent POC.

5 **DR. ZIEMER:** Thank you. Any -- Board members,
6 any questions on the information Stu's just
7 provided you?

8 Okay. Now in your packet, tab one behind the
9 summary minutes of the subcommittee meeting,
10 you will find the randomly-selected cases that
11 have been generated for our use here today. In
12 order that we not run into the problem that we
13 had last time where we ran out of cases before
14 we had finished selecting, I asked Larry
15 Elliott to make sure we had a good pool here to
16 work from, so we have -- is this right, 98 --
17 the next 98 random selections are here.

18 Now perhaps one other piece of information
19 that's been asked that we have a report on
20 before we make the selection, all of you have
21 received your copies of your cases as a -- as
22 subteams for which cases you will review. It
23 would be helpful if we could have a report from
24 SCA as to their timetable on review of the --
25 that -- that second 20 -- it's actually 18

1 cases, and Board members also need to know at
2 what point they can be plugging into those
3 discussions. So either Hans or John, can you
4 tell us where we are on that timetable on those
5 second 18 cases?

6 **DR. BEHLING:** At this point I can only say that
7 we've begun to look at them. We have not
8 firmly made any written reports or informal
9 reports regarding those cases. And in truth,
10 the cases that I'm personally going to be
11 reviewing I have not looked at because of all
12 the other commitments I've had in dealing with
13 task three, as well as the revised first 20
14 cases. So as soon as I get back from this
15 meeting that's going to be my priority to start
16 looking at these dozen or so cases that I
17 personally will review. So at this point only
18 a handful of those second 20 set of cases have
19 been looked at by other people who are part of
20 the SC&A team.

21 **DR. ZIEMER:** Thank you. And I think -- I think
22 we can assume that the process will be similar
23 to before, you will have a time in which you
24 will come together and do the internal review,
25 at which time the individual Board members can

1 be available either in person or by phone to
2 review their cases with you and provide input.

3 **DR. BEHLING:** Can I assume that we will use the
4 same protocol, identifying the same --

5 **DR. ZIEMER:** Yes.

6 **DR. BEHLING:** -- individuals as we did the
7 first 20, that will be again --

8 **DR. ZIEMER:** Right.

9 **DR. BEHLING:** -- assigned two at a time for
10 each --

11 **DR. ZIEMER:** That's correct, and the -- the
12 assignments were made at our last meeting, so
13 if you don't have those, make sure that we get
14 those to -- to you so you know who's on each
15 case.

16 **DR. BEHLING:** As soon as we are prepared we
17 will obviously then notify the Chair and -- and
18 make arrangements for a common agreed time to
19 again come to SC&A and by telephone conference
20 conduct this initial review, as we did the
21 first go-round.

22 **DR. ZIEMER:** Thank you. Mark?

23 **MR. GRIFFON:** Paul, I don't know if this is the
24 point to discuss this. We can certainly do the
25 case selection process first if you want, but I

1 think we need to discuss just -- just the
2 process of ongoing work here. You know, just
3 the thing we just left a -- before the break
4 was the -- the summary report, the matrix, that
5 I drafted, and rough draft certainly.
6 Someone's got to take the SCA report, together
7 with those -- that draft matrix and come to a
8 final conclusion on that report --

9 **DR. ZIEMER:** Yes.

10 **MR. GRIFFON:** -- and if we want to do it in a
11 subcommittee meeting next time or -- you know,
12 just the process of -- of ongoing events here.

13 **DR. ZIEMER:** Thank you. During the break we --
14 we got a copy of the SC&A matrix, and we'll
15 have a copy that is in a sense redacted. It's
16 just the general matrix, and we're going to get
17 copies of that made for the Board so that when
18 we have the discussion tomorrow -- is it
19 tomorrow?

20 **DR. WADE:** Yes.

21 **DR. ZIEMER:** -- of the -- of this
22 subcommittee's recommendation, we will have the
23 opportunity to lay your proposed scheme side by
24 side with the SC&A matrix, and that I think
25 will help us to in a sense merge those concepts

1 and perhaps have a -- an agreed-on scoring
2 system. So that would be one piece of that.

3 **DR. WADE:** We also do have the Board's six-step
4 process that you had agreed upon last time and
5 we can look at that and sort of schedule out
6 the remaining steps in that process. We've
7 only come -- really now approaching the third
8 step, so I think we need to lay that all out
9 tomorrow.

10 **DR. ZIEMER:** Yeah, so on the first 20 cases
11 there are a couple of steps that remain to be
12 done before that's finalized, and then
13 presumably that same process then would be used
14 with the next 20, or actually the next 18
15 cases, a similar procedure. And now that that
16 process is in place, that hopefully will move
17 along a little more smoothly.

18 Now the way we would normally proceed on -- on
19 this next group would be to move through them
20 one at a time and -- and vote up or down --
21 whether to retain them in the next group that
22 are reviewed. However, you also have the
23 option to pick out particular ones that meet
24 criteria. The criteria may be probability of
25 causation criteria, it may be facility

1 criteria, may be cancer type criteria, so we
2 can always jump ahead to identify ones that
3 meet criteria of interest.

4 And the object will be now to get the next 20
5 cases.

6 **DR. WADE:** Will we look for 22 now to make up
7 the deficit?

8 **DR. ZIEMER:** My sense of it is that the way
9 we're -- in terms of our own numbers and SCA's
10 handling, we're -- we're better prepared to
11 handle 20 at a time. The fact that we only had
12 18, I -- I don't want to necessarily overload
13 the system by saying we'll do 22, although
14 that's certainly up to the Board if you wish to
15 -- it means a couple of the teams will have to
16 handle extra cases if you wish to do that.
17 Otherwise we would stick with the 20, but we
18 can certainly go to 22 if this group wishes to
19 recommend that. Any comments on that? Owen --
20 Leon Owens.

21 **MR. OWENS:** Dr. Ziemer, I would like to do the
22 22 cases.

23 **DR. ZIEMER:** You recommend that we go ahead and
24 select 22?

25 **MR. OWENS:** Yes, sir.

1 wish to recommend particular cases based on any
2 of the parameters that we mentioned, such as
3 probability of causation or other such
4 parameters.

5 The first case on the list is -- and I'll just
6 use the right-hand digits -- case one, the
7 colon cancer, Bethlehem Steel. I'm going to
8 ask for yeas, yea meaning let's keep it on the
9 list. Am I going too fast?

10 **DR. WADE:** Nope, I think they got you.

11 **DR. ZIEMER:** Okay, nays?

12 (Negative indications)

13 **DR. ZIEMER:** Okay, preponderance of nays.
14 Incidentally, as we do each one we might review
15 how many such cases we have. For example, on
16 Bethlehem Steel we have already on our matrix
17 four cases from that facility.

18 Okay, the next case is Savannah River Site,
19 malignant melanoma. Yes?

20 **DR. DEHART:** Could I suggest we exclude
21 Savannah from this survey? We've got nine --

22 **THE COURT REPORTER:** Dr. DeHart, that's not
23 working.

24 **DR. ZIEMER:** Dr. DeHart is suggesting that we
25 exclude Savannah on this list. We already have

1 nine Savannah River cases.

2 **MR. PRESLEY:** I would -- I would go along with
3 that suggestion.

4 **DR. ZIEMER:** So any Savannahs that come up
5 here, you want to exclude for the time being.
6 Is that agreeable to the group? So --

7 **MR. OWENS:** Dr. Ziemer --

8 **DR. ZIEMER:** Yes, Leon?

9 **MR. OWENS:** -- I would be agreeable, unless the
10 probability of causation is at such a point
11 where -- in the high 40's.

12 **DR. ZIEMER:** Okay. Easy way to handle that
13 then, as these come up I'll just ask if anyone
14 wants to include it as -- if it's a Savannah
15 River Site. Otherwise, we're going to drop it.
16 So we've excluded number two. Number three is
17 another Bethlehem Steel, acute lymphocytic
18 leukemia. Yes? No? No voting? Let me see
19 the no's again. Okay, the no's have it.

20 **MR. GRIFFON:** Paul, is it just the subcommittee
21 voting? Jim was asking.

22 **DR. ZIEMER:** Well, you remember that everyone
23 here is officially a member of the
24 subcommittee, so you can all vote at this time.
25 It will have to be re-voted on by the full

1 Board later, but all -- all who are here can
2 vote.

3 Here's a Savannah River Site -- any yeas for
4 that one? Then it's off.

5 Another Savannah River Site, any yeas? It's
6 off.

7 Another Bethlehem Steel, any yeas? It's off.

8 We have a Y-12 Plant, female genitalia,
9 probability of causation zero. Sounds
10 interesting. Any yeas on that one? Nays?
11 It's off.

12 **MR. PRESLEY:** Abstain?

13 **DR. ZIEMER:** Abstaining, Robert Presley. I
14 should ask for the abstentions on all of these
15 -- or tell me if you're abstaining so we have
16 it in the record.

17 Paducah, male genitalia, 44 -- 45 percent POC,
18 yeses?

19 **MS. MUNN:** Yes.

20 **DR. ZIEMER:** It's on.

21 **MR. OWENS:** Abstain.

22 **DR. ZIEMER:** Abstain, Leon.

23 Savannah River Site, lung, any yeses? It's
24 off.

25 Argonne West, eye cancer, any yeses? No's?

1 Off.

2 Idaho National Engineering Lab, lymphoma,
3 there's a 44 percent POC. Yeses? Abstentions?
4 It's on.

5 Keep in mind, this -- all these have to be
6 ratified by the full Board later in the
7 meeting, but this will be the form of a
8 recommendation.

9 Idaho National Engineering Lab, central nervous
10 system, 7 percent probability of causation.
11 Yes? No? Abstaining? It's off.

12 Incidentally, that, I believe, is the first
13 Idaho case we will have looked at now, just
14 FYI. And ultimately we are looking for 19
15 Idaho cases. I just want you to keep that in
16 mind as you have rejected. They're not all
17 going to be in the 40 percent range, so just
18 alert you to that. Okay? Is anyone having
19 second thoughts on the one you rejected? Okay.

20 Portsmouth, lymphoma, less than 1.1 POC.
21 Yeses? No's? Abstentions? It's off.

22 Here's another Idaho, female genitalia, less
23 than point -- or less than one percent POC.

24 Yes? No? Abstentions? Off.

25 Los Alamos, breast cancer, 17 percent POC. On

1 Los Alamos thus far we have no cases. We're
2 looking eventually toward 17. Yeses? No's?
3 Abstentions? That's a yes then.
4 Another Savannah River, lung cancer, 59 percent
5 POC, roughly. Yeses? No's? Abstentions?
6 It's off.
7 Another Savannah River Site, non-melanoma,
8 squamous cell, 1.4 percent POC. This is case
9 17. Yes? No? Let me see the no's again?
10 Okay, abstentions? That's off.
11 **MR. GRIFFON:** I thought we were skipping
12 Savannah River unless somebody --
13 **DR. ZIEMER:** Yes, if the Chair notices that
14 it's Savannah River and it registers, we'll
15 skip it; otherwise we may end up voting on it
16 anyway. I'm not trying to pressure anybody.
17 Okay, Feed Materials Production Center, male
18 genitalia, roughly 38 percent. Yeses? And
19 no's? And abstentions? Will -- no, that's on
20 then.
21 I just want to see where we are on Feed
22 Materials. We have -- this will be the fifth
23 case out of 14, so let's keep abreast of where
24 we are on that.
25 Next we have another Hanford one, non-melanoma

1 skin basal cell and esophagus. A yes? Any
2 yeses? No's? Any abstentions?

3 **MS. MUNN:** Abstain.

4 **DR. ZIEMER:** One abstention, and that's off.
5 The next one is a Bethlehem Steel. Any yeses?
6 No's? Off.

7 Another Bethlehem Steel, lung cancer. Yes?
8 No? Abstentions? It's off.

9 Chapman Valve. Chapman Valve I think would
10 appear in that sample of small industry groups.
11 This is a pancreatic cancer, 4 percent POC.
12 Any yeses? I see two yeses. No's? One, two,
13 three, four, five no's. Abstentions? It's
14 off.

15 On those small industry groups, eventually
16 we're looking for two cases, so...

17 Next we have Dana Heavy Water Plant. I believe
18 this is in that same category of small -- of
19 sample industry groups. Here we have
20 esophagus, 14 percent probability of causation.
21 How many yeses? One, two, three, four, five.
22 No's? One. Abstentions? One.

23 **MR. GRIFFON:** (Off microphone) I'm not
24 (unintelligible).

25 **DR. ZIEMER:** No?

1 **MR. GRIFFON:** (Off microphone) I'm sorry.

2 **DR. ZIEMER:** Okay. That one we're on.

3 **MR. GRIFFON:** Paul, I wanted to -- to correct
4 your last point. Small industries were --
5 eventually we want 83 cases. We're projecting
6 --

7 **DR. ZIEMER:** I'm sorry, we have -- yes --

8 **MR. GRIFFON:** We have two.

9 **DR. ZIEMER:** -- you're right.

10 **MR. GRIFFON:** Right, right.

11 **DR. ZIEMER:** Eventually we want a lot of cases,
12 yes, I -- sorry, 'cause there are ultimately
13 several thousand in this category, so we do
14 need cases in this group.

15 **MR. GRIFFON:** And I think the nature of those
16 cases also we should consider when we're
17 selecting 'cause sometimes they end up being
18 almost a site profile review, you know, or --
19 or...

20 **DR. ZIEMER:** Uh-huh. Thank you. The Chair now
21 recognizes another Savannah River Site. Are
22 there -- anyone -- anyone want to pull this one
23 back on? Okay, that stays off.

24 Here's a Hanford site, pancreas, 28 and a half
25 percent POC. Yes? One, two, three, four,

1 five. No's? And abstentions?

2 **MS. MUNN:** Abstain.

3 **DR. ZIEMER:** One abstention, and that one will
4 be on.

5 Idaho, malignant melanoma, .02 POC. Yes? No?
6 Abstaining? That one is off.

7 Oak Ridge Gaseous Diffusion Plant, male
8 genitalia, 38.6 percent. Yes? One, two,
9 three. Abstaining? Two. Off? One, two --
10 right at the moment that stays on.

11 The next two Savannahs, anyone wish to keep
12 either of those on? Okay.

13 Y-12 Plant, ovary, 8.4 percent POC, case 31.
14 Yes? No?

15 **MR. PRESLEY:** Abstain.

16 **DR. ZIEMER:** Abstain? Two abstentions. That's
17 off.

18 Bethlehem Steel, respiratory, 57 and a half
19 POC. Yes? No? Abstaining? And it's off.
20 Okay.

21 Y-12 Plant -- incidentally, on Y-12 we're
22 eventually looking for 59 cases. We have two -
23 - well -- yes, two so far. This is a lung
24 cancer, 59.9 percent POC. Yeses? No's? Four
25 no's. Abstaining? Two. It's off.

1 Rocky Flats, on Rocky we're looking for
2 eventually 24 cases. We have four thus far.
3 This one is a colon cancer with 4.5 percent
4 POC, case 34. Yes? No? Abstaining? That one
5 is off.

6 Okay, pause for a moment. We have garnered six
7 cases from that page --

8 **MR. PRESLEY:** Seven.

9 **DR. ZIEMER:** Seven? Let's make sure I -- case
10 eight, case 11, 15, 18, 23, 25 and 27.

11 **MR. PRESLEY:** That's seven.

12 **DR. ZIEMER:** Seven cases. Okay. I guess we're
13 making vast strides of progress.

14 Next page, case 35, Savannah River Site then we
15 would skip, unless someone wishes to keep this
16 one on. It's a POC of over 37 percent. Okay,
17 omitting that one.

18 Nevada Test Site, for Nevada we're looking for
19 26 cases and we have one to date, and there's a
20 lot of yeses on this one. It's a 41 percent
21 POC.

22 **UNIDENTIFIED:** (Off microphone)

23 (Unintelligible) abstain (unintelligible).

24 **DR. ZIEMER:** And abstentions, let's see the
25 abstentions -- one abstention. But this one

1 stays on.

2 Dana Heavy Water Plant, malignant melanoma, 33
3 and a half percent POC. Yes? One, two, three,
4 four, five yeses. No's? Six yeses. No's?
5 One no. Abstentions? That one -- this is the
6 second Dana we will have had. It's staying on
7 for the moment.

8 Idaho, bladder cancer, 18 percent POC, case 38.
9 Yeses? One, two. No's? Okay. Abstentions?
10 And that goes off.

11 The next Idaho, 44.9 percent POC, male
12 genitalia, case 39. Yes? All yeses. And any
13 no's? And any abstentions? So that stays on.
14 Here's another Rocky Flats, male genitalia,
15 28.9 percent POC, case 40. Yes? No yeses? No
16 yeses. Yes no's? Any no's? All no's. Any
17 abstentions? Case is off.

18 **DR. ANDERSON:** (Via telephone) I'm abstaining.

19 **DR. ZIEMER:** Oh, yes, Henry.

20 **DR. ANDERSON:** I can't see it, so that's okay.

21 **DR. ZIEMER:** Okay. Henry, we haven't gotten
22 your votes on these others. I apologize to
23 you.

24 **DR. ANDERSON:** That's okay. That's okay, I'm
25 just quietly listening.

1 **DR. ZIEMER:** If you -- do you not have the
2 list, Henry?

3 **MR. GRIFFON:** He doesn't have the list.

4 **DR. ZIEMER:** You don't have the list. You're
5 hearing a brief description. If you object to
6 any of them, yell out, will you?

7 **DR. ANDERSON:** (Unintelligible)

8 **DR. ZIEMER:** Thank you. Next case, 42, is a
9 Bethlehem Steel colon cancer, 9.5 percent POC.

10 **DR. ROESSLER:** You skipped one.

11 **DR. WADE:** You skipped --

12 **DR. ZIEMER:** What did I skip here? Oh, I
13 skipped -- I'm sorry, I skipped the --

14 **DR. ROESSLER:** Number 40.

15 **DR. ZIEMER:** I skipped -- I skipped Fernald,
16 number 41, did I not? Okay. I'm sorry, this
17 is case 41, bladder cancer, 30.9 percent POC.
18 This is the Feed Materials Production Center.
19 Yes? One, two, three, four yeses. Any no's?
20 Two no's? Abstaining? It stays on.

21 Now we're ready for case 42, Bethlehem Steel.

22 Yes? No? Many no's here. Abstentions? Those
23 were all no's. Okay.

24 Y-12, bladder cancer, 33.5 percent POC. Yeses,
25 one, two, three, four yeses. No's?

1 Abstentions? Two. That stays on.
2 Y-12, lung cancer, 61.7 percent POC, case 44.
3 Yes? One yes. No's? One, two, three, four
4 no's. Two abstentions.
5 Lew, could I ask you to continue through this
6 list? I'm losing my voice here. You can
7 proceed --

8 **DR. WADE:** Sure, I'll --

9 **DR. ZIEMER:** -- the same way. We're at --
10 we're at case 45.

11 **DR. WADE:** We've completed 45?

12 **DR. ZIEMER:** We've completed 44.

13 **DR. WADE:** Okay.

14 **DR. ZIEMER:** We're going to pause here for a
15 moment. I'm informed that Senator Bond has
16 arrived and we'd be pleased to have the Senator
17 address the panel, as well as those here in
18 attendance. Here --here we come.

19 **UNIDENTIFIED:** The Senator's answering
20 questions for the press.

21 **DR. WADE:** The Senator is answering questions.
22 I mean it could take a while or he could appear
23 at the door any minute, I guess. Shall we do
24 several more?

25 **MR. OWENS:** Yes, sir.

1 **DR. WADE:** Okay. Okay, so we have now to do
2 case 45, which is a Savannah River Site with
3 the Chair's option. Does anyone want to have
4 us consider case 45, Savannah River Site?
5 Seeing no yeses, we'll move on.
6 Case 46, also Savannah River Site, does anyone
7 want to make an argument for yes for case
8 number 46 from the Savannah River Site? Seeing
9 no argument, we'd move on to case 48.
10 From the Y-12 Plant, probability of causation
11 28.43, breast cancer. Can I see a show of
12 hands for yes? One yes. A show of hands for
13 no? One, two, three, four. Abstaining? One,
14 two. So that would be a no.
15 Case 49, Hanford, 2.12 probability of
16 causation. A show of hands for yes? A show of
17 hands for no? One, two, three, four --
18 everyone. Abstaining? Wanda abstains.
19 On to 50, again Savannah River Site, using the
20 Chair's discretion, does anyone want to say yes
21 to Savannah River Site, case number 50? Seeing
22 none, we'll move on.
23 Case number 52, Idaho and the Nevada Test Site,
24 probability of causation 22.72. Yeses? One,
25 two, three, four, five yeses. No's? Two no's.

1 Abstain? So that one would get added to our
2 list.

3 Number 53 from Han-- from Hanford, urinary
4 organs excluding bladder, thyroid, 55. Yeses?

5 **DR. ROESSLER:** We need some over 50.

6 **DR. WADE:** Okay. With the comment that we need
7 some over 50, we have four yeses. No's? Two
8 no's and one abstaining, so that would be a
9 yes.

10 You only need to ask and you get what you ask
11 for.

12 Number 54, lung from the FMPC, 75 percent
13 probability of causation. Show of hands for
14 yes? Show of hands for no? One, two, three,
15 four, five, six, seven -- everyone. That's a
16 no.

17 Number 55, all male genitalia from Savannah
18 River. Again, does anyone want to make the
19 argument that we should add this Savannah River
20 Site case? Hearing no arguments, it'll be a no
21 and move on to 56.

22 Other respiratory, also Savannah River. Anyone
23 want to make the argument for including this
24 Savannah River Site? Hearing none, it's a no
25 to 56.

1 On to 57, another respiratory from the Y-12
2 Plant, 9.54 probability of causation. A show
3 of hands for yes? One. No? One, two, three.
4 Abstain? One, two. That would be a no.
5 Number 58, Lawrence Livermore National Labs, a
6 nervous system, 13.82 probability of causation.
7 Yeses? One, two, three, four, five, six --
8 everyone says yes. No no's, no abstaining, so
9 that's added to the list.
10 Number 59, Savannah River Site, 57, thyroid,
11 anyone want to make the argument to add?
12 Seeing no argument, we move on to number 60.
13 INEL, 15.5, lymphoma. Show of hands for yes?
14 I see none. Show of hands for no? One, two,
15 three, four, five, six. Abstain? That's a no.
16 Number 62, Pacific Northwest National
17 Laboratory and Hanford, lymphoma at 28.13
18 percent. A show of hands for yes? One, two,
19 three, four, five. A show of hands for no?
20 One. Abstaining? One. So that would be added
21 to the list.
22 Number 63 from Rocky Flats, a breast cancer at
23 36.82 percent probability of causation. Show
24 of hands for yes? One, two, three, four, show-
25 - five. Show of hand for no? One.

1 Abstaining? That would be added to the list.
2 We move on to 64 from Bethlehem Steel, stomach,
3 lymphoma and multiple myeloma, 5.8. Show of
4 hands for yes? Show of hands for no? One,
5 two, three, four, five, six. Abstaining?
6 That's a no.
7 Number 65, all male genitalia from Hanford, 43
8 percent. Show of hands for yes? One, two,
9 three. Show of hands for no? One, two, three.
10 Abstaining? One. Henry are you on the phone?
11 **DR. ANDERSON:** (Via telephone) Yep, I'm here.
12 **DR. WADE:** What do you say as to number 65?
13 **DR. ANDERSON:** I -- I can't --
14 **MR. GRIFFON:** He doesn't have the sheet.
15 **DR. WADE:** Doesn't have a sheet? I'm sorry.
16 Okay, we'll have -- that one --
17 **DR. ZIEMER:** The Chair will vote for it and
18 we'll keep it on.
19 **DR. WADE:** The Chair will vote for it so it
20 will be on.
21 Number 66, all male genitalia from Rocky Flats
22 at 17.73. Show of hands for yes? Show of
23 hands for no? One, two, three, four, five,
24 six, seven -- everybody says no, that's a no.
25 Number 67, a Savannah River Site with a low

1 probability of causation. Anyone want to make
2 the argument to include? Hearing no argument,
3 that's a no.

4 Number 68 from Bethlehem Steel, lung, 56.90.
5 Yes? One. No? One, two, three, four, five,
6 six. No abstentions. It's a no.

7 Number 69, colon from Paducah, 34.25 percent
8 probability of causation. Yes? One, two,
9 three. No? One, two. Abstaining? One. So
10 that's three to two yes? It'll be added.

11 Number 70, Pantex, 18 percent probability of
12 causation, non-melanoma skin, basal cell. Any
13 yeses? One, two, three, four, five, six.
14 No's? Abstaining? That's added.

15 Number 71, Y-12 leads a long list, all male
16 genitalia at 31.68. Yeses?

17 **MR. OWENS:** I have a question on this case. It
18 shows the years worked as 56.8 years, and the
19 decade is 1970. Is there some problem with
20 the...

21 **DR. WADE:** It would appear. Can we have
22 clarification from the NIOSH staff? Stu?

23 **MR. HINNEFELD:** Well, I wish I could but I
24 can't, so I can try to figure out back at the -
25 - I can call back and try to figure it out, but

1 I don't have an explanation right now.

2 **DR. WADE:** Please do, Stu. Thank you. Do we
3 wish to table that one or we want to vote on it
4 now?

5 **DR. DEHART:** You already have 20.

6 **DR. WADE:** Anyone object if we move past that
7 one, given the fact that the data is confusing?
8 Hearing no objection, we take a deep breath and
9 we take stock and we are at 20. Is that
10 correct?

11 **DR. DEHART:** I think so.

12 **DR. WADE:** Okay.

13 **DR. ZIEMER:** Two more.

14 **DR. WADE:** Two more? Let's continue on.
15 Number 72, Rocky Flats, breast cancer, 42.88
16 percent. Yeses? One. No's?

17 **DR. ROESSLER:** Yeses?

18 **DR. WADE:** I'm sorry, yeses? We'll do yeses
19 again. One, two, three. No's? One, two,
20 three, four, the no's have it.

21 We move on to 73, INEL, bladder at 32.25
22 percent. Yeses? One, two. No's? One, two,
23 three, four, five. No.

24 Number 74, colon at Hanford at 40.16 percent.
25 Yeses? One, two. No's? One, two, three,

1 four. Abstaining? One. That's a no.
2 Number 75 is a Savannah River Site. Anyone
3 wish to raise the issue that this should be
4 included? Hearing none, we move on to 76.
5 That's a lung at Bethlehem Steel, very high
6 probability of causation, 83.17. Yeses? No's?
7 One, two, three, four, five. Abstaining? One.
8 We move on to 77.
9 FMPC at 56.16 percent, let's suspend
10 discussions there. I think the Senator is
11 about to join us. Paul?

12 **WELCOME FROM SENATOR BOND**

13 **DR. ZIEMER:** Okay. We're pleased to have
14 Senator Kit Bond from Missouri with us today.
15 Senator, this is the Advisory Board on
16 Radiation and Worker Health. We're pleased to
17 have you here with us this morning. You can
18 use the podium up here. Welcome.

19 **SEN. BOND:** (Off microphone) Thank you very
20 much, and thank you so much for coming. Thank
21 you very much for coming.

22 (Pause)

23 **SEN. BOND:** (Off microphone) Currently I'm not
24 too worried about having a microphone. Since
25 the time when I was first campaigning for

1 office I was addressing a group in a large room
2 like this and somebody in the front said I
3 can't hear, then somebody in the back said I
4 can't hear the speaker, and a fellow in the
5 front said I can and I'd be happy to trade
6 places with you, so Charlie, is it working back
7 there? Charlie?

8 **UNIDENTIFIED:** (Off microphone) Yes, sir?

9 **SEN. BOND:** (Off microphone) The guy in the
10 back of the room can't hear.

11 **UNIDENTIFIED:** (Off microphone) No, we can't --

12 **DR. ZIEMER:** Yeah, let's wait just a moment
13 because we also -- we are required to record
14 what you say, Senator, for our proceedings, so
15 we'll get one here shortly. Or we can use one
16 of these. There we go.

17 **SEN. BOND:** All right. Now, this is -- this
18 may work a little bit better. Well, good
19 morning and on behalf of my constituents in
20 Missouri, it's my pleasure to welcome you to
21 St. Louis and the great state of Missouri. I
22 extend a very special thanks to the members of
23 the NIOSH Advisory Board on Worker Safety and
24 Radiation Health for your dedication and
25 service in ad-- in advising NIOSH on the

1 numerous complex issues that come before your
2 Board. Your input and guidance in helping
3 NIOSH resolve these issues is crucial to the
4 effective implementation of NIOSH's
5 responsibility under the Energy Employees
6 Occupational Illness Compensation Program Act
7 of 2000. EEOICPA, for those of us who like
8 acronyms in Washington.

9 But the President, the Congress and affected
10 stakeholders in Missouri all appreciate your
11 efforts in helping to make sure these former
12 nuclear workers or Cold Warriors are
13 compensated appropriately in a timely manner.
14 I thank Dr. John Howard, Lew Wade and the rest
15 of the staff at NIOSH for coming to St. Louis
16 to make a recommendation on the Special
17 Exposure Cohort site designation for the
18 Mallinckrodt downtown or Destrehan site. I've
19 had many, many telephone conversations and I
20 appreciate the good work that Dr. Howard and
21 his staff have done with my staff.

22 But over a year -- and I offer a formal
23 statement regarding the Special Exposure Cohort
24 for the downtown site and ask that it would be
25 submitted for the record. I will refer to the

1 Special Exposure Cohort and its acronym of SEC.
2 Over a year ago I wrote to the Secretary of
3 Health and Human Services, at that time the
4 Honorable Tommy Thompson, about the urgent need
5 to designate the former Mallinckrodt nuclear
6 production sites in Missouri as an SEC under
7 the EEOICPA. At the time, I cited the fact
8 that the Mallinckrodt sites, particularly the
9 downtown site, have the same extraordinary
10 circumstances as the four existing SEC sites in
11 Alaska, Ohio, Kentucky and Tennessee. These
12 circumstances include missing or incomplete
13 medical and personal exposure records, as well
14 as the fact that Mallinckrodt workers handled
15 highly toxic radionuclides such as plutonium,
16 refined uranium and the extremely dangerous
17 Belgian Congo pitchblende ore. In fact, a
18 former Atomic Energy Commission official said
19 that the Mallinckrodt downtown site was one of
20 the two worst plants in the country in the
21 terms of levels of radioactive contamination.
22 The Mallinckrodt downtown site had levels of
23 contamination that were over ten times the
24 level at the Paducah site, which was previously
25 considered the worst, and is one of the four

1 existing SEC sites.

2 In the letter I sent to Secretary Thompson I
3 also told him I'm convinced that the
4 Mallinckrodt sites in Weldon Spring and
5 downtown St. Louis met the two statutory
6 criteria for inclusion in the SEC. These
7 criteria, as you well know, are, one, it is not
8 feasible to estimate with sufficient accuracy
9 the radiation dose that a class of employees
10 received; and two, there is a reasonable
11 likelihood that such a radiation dose
12 endangered the health of members of a class of
13 employees.

14 Now this one is pretty obvious for the
15 Mallinckrodt workers. All you have to do is do
16 what I have done and -- to look at the
17 Mallinckrodt workers, the workers with cancer,
18 the ones who have already died of cancer, and
19 the other illnesses they've experienced.

20 Well, unfortunately, it's now over a year later
21 after I wrote to Secretary Thompson and there's
22 been no designation or resolution for these
23 workers. In the meantime, these former workers
24 are dying while waiting for NIOSH to perform
25 its dose reconstructions. So far, over 30 more

1 Mallinckrodt workers have died while waiting
2 for NIOSH to process these claims.
3 I've had the privilege, as I said, to meet a
4 few of these workers before they passed away.
5 Just last month I wrote again once more to
6 Secretary Thompson to make him aware of
7 additional newly-uncovered evidence which
8 indicates an accurate dose reconstruction for
9 Mallinckrodt employees is not available, and
10 that those employees should be designated as a
11 Special Exposure Cohort or SEC. This new
12 evidence includes, one, documentation from
13 Mallinckrodt and Atomic Energy Commission
14 officials identifying missing and possibly
15 destroyed records of the Mallinckrodt downtown
16 site, which would be critical to any matching
17 of workers to jobs and exposure levels; two, a
18 memo from a Mallinckrodt safety official to an
19 AEC contractor suggesting that the contractor
20 conceal or not include in his records the
21 results of an important dust study at the
22 downtown site as a way to limit the company's
23 liability for exposing employees to high levels
24 of radioactive dust; three, a Mallinckrodt
25 document indicating that the company's chemical

1 laboratory will be unable to analyze routine
2 urine samples of Mallinckrodt personnel at the
3 downtown site -- in the same document, lab
4 officials said that these lab -- these samples
5 should no longer be sent to them; four, a
6 Mallinckrodt Chemical Works document which
7 indicates that Mallinckrodt officials falsely
8 recorded internal, external and breath radon
9 exposures as having zero exposure, when in fact
10 no exposure tests were conducted for these
11 employees at the downtown site.
12 So we have fraudulent data here. How can NIOSH
13 perform the accurate dose reconstructions when
14 we have evidence of these -- these problems and
15 that they -- we -- they cannot adequately
16 complete dose reconstruction for those
17 employees.
18 In February of 2004 NIOSH wrote these same
19 former employees and their survivors, saying
20 that they were ready to proceed with their dose
21 reconstructions. Now, almost a year later,
22 NIOSH says they need to resolve some more
23 issues before they can proceed with those dose
24 reconstructions. My question is, how long do
25 these people have to wait. A good portion of

1 these workers have been waiting for dose
2 reconstruction for over four years now.
3 With all due respect, I believe this current
4 pace of dose reconstruction is not consistent
5 with the intent of the passage and signing of
6 EEOICPA, which is to compensate these diseased
7 workers in a timely manner. I believe that
8 this newly uncovered evidence clearly shows it
9 is simply not feasible for NIOSH to perform any
10 type of dose reconstruction on these former
11 Mallinckrodt workers with any degree of
12 accuracy. There are too many complicating
13 factors and too much missing and inaccurate
14 worker data that make it virtually impossible
15 for NIOSH to proceed with dose reconstructions
16 for these workers with any degree of
17 credibility. This is especially true of the
18 former workers at the downtown site.
19 Even before these new disclosures came to
20 light, the case for Mallinckrodt workers was
21 strong, in my opinion. With these recent
22 discoveries, I'm even more convinced that these
23 former workers and their survivors have waited
24 over 50 years for the Federal government to
25 compensate them for the heroic and costly

1 sacrifices they made in helping America win the
2 Cold War.

3 Now I know that this Board has very difficult
4 issues to resolve, and there have been calls
5 for additional information and more
6 information, and I understand that. I like to
7 act on the best information available. But I
8 respectfully suggest that the information that
9 one would want is probably not going to be
10 there. It's faulty, it didn't exist or it was
11 fraudulently changed. Under these
12 circumstances, I believe the time has come to
13 bring this issue to a conclusion.

14 The only acceptable decision, in my view, is
15 for NIOSH and the Advisory Board to make this -
16 - we -- would be to allow the immediate
17 compensation from the Federal government. A
18 Special Exposure Cohort designation for all the
19 former employees who worked at the Mallinckrodt
20 downtown site from 1942 to 1957 would do just
21 that.

22 I earnestly submit these suggestions. I thank
23 you very much for giving me the opportunity to
24 speak. As you know, this was not supposed to
25 be a presentation day, but I happen to have a

1 responsibility to go punch a time clock in
2 Washington late this afternoon and will not be
3 able to be with you. I know that you'll hear
4 some very interesting and I hope compelling
5 testimony. But most of all, on behalf of the
6 Mallinckrodt employees and the people of this
7 metropolitan area who are following their case
8 very closely, I extend our sincere thanks to
9 you for being willing to do this very difficult
10 job and to take on this task. And I wish you
11 well in the exercise of that task.

12 **DR. ZIEMER:** Thank you. Senator Bond, we thank
13 you for taking time out of your busy schedule
14 today to be with us, and we appreciate your
15 remarks, all of your remarks, and your written
16 testimony will be of course on the record. We
17 recognize that you do have to head back to
18 Washington, but thank you for taking the time
19 to be with the Advisory Board today. We
20 appreciate your being here.

21 **SEN. BOND:** I'm honored to have the
22 opportunity. Thank you, Mr. Ziemer.

23 **3RD SET OF CASES FOR BOARD REVIEWS (CONT'D)**

24 **DR. WADE:** Okay, Mr. Chairman, we'll get back
25 to the work at hand?

1 **DR. ZIEMER:** Yes, I think we have two
2 additional cases to select.

3 **DR. WADE:** Okay. And if my notes serve me
4 correctly, we just resolved 76, we're on to 77,
5 which is FMPC, a 56.16 percent probability of
6 causation. If I could see a show of hands for
7 yes? One, two. No? One, two, three, four,
8 five. Abstain? So that's a no.
9 Number 78, Y-12, breast at 6.55. Yes? No?
10 One, two, three. Abstain? One, two. No.
11 Number 79 is a Savannah River Site. Does anyone
12 wish to raise the point that this should be
13 included or debated? Seeing none, we'll move
14 on to 80.

15 A bladder at Bethlehem Steel at a low
16 probability of causation, 4.24. A yes? Any
17 no's? One, two, three, four, five -- abstain?
18 That's a no.

19 Number 81, Y-12 et al, rectum, 21.45. Yeses?
20 One. No's? One, two, three, four. Abstain?
21 One. That's a no.

22 Number 82, Nevada Test Site, 14.02 ovary.
23 Yeses? No's? Excuse me, is that -- let me go
24 back, I'm sorry. Yeses? One. No's? One,
25 two, three, four, five. That's a no.

1 Number eight-- abstain? I'm sorry. Mark
2 abstains.

3 Number 83, Savannah River Site. Anyone want to
4 argue for this Savannah River Site? Very high
5 probability of causation. No argument, move on
6 to 84.

7 Bethlehem Steel, lung, 65.96. Yeses? No's?
8 One, two, three, four, five, six, seven. No
9 abstaining. No.

10 Number 85, Bethlehem Steel lung at 74.22.
11 Yeses? No's? One, two, three, four, five --
12 no's have it.

13 Number 86, INEL, lymphoma, 20.97 percent.
14 Yeses? One, two, three. No's? One, two,
15 three, four. The no's have it.

16 Number 87 is a Savannah River Site. Anyone
17 wish to argue for this Savannah River Site?
18 Hearing none, we move to 88.

19 Pacific Northwest Laboratory, breast at 24.47
20 percent. Yeses? One, two. No's? One, two,
21 three four. It's a no.

22 **MS. MUNN:** Abstain.

23 **DR. WADE:** One abstain, Wanda. Eighty-nine,
24 Rocky Flats, other respiratory, 53,61. Yeses?
25 One, two, three, four, five, six -- all yeses.

1 Any abstains or no? So we've got our 21st.
2 Number 90, INEL, other respiratory at 6.70.
3 Yeses? No's? One, two, three, four, five,
4 six. No's have it.

5 Number 91, Savannah River Site -- anyone wish
6 to argue for this Savannah River Site? Hearing
7 none, it's a no.

8 **DR. ZIEMER:** Here's one close to 40 percent,
9 folks, in case anyone is looking for --

10 **MS. MUNN:** Yes, but it's a type that we have
11 seen on several other occasions. If we were
12 going to argue --

13 **DR. ZIEMER:** Just calling attention to it.

14 **MS. MUNN:** If we were going to argue for a
15 Savannah River Site I'd go back to 67, even
16 though it's a very low POC. It's a type that
17 we have not observed earlier, but we can do
18 that after we're finished.

19 **DR. WADE:** Right. Let me ask again for a show
20 of hands. No on 91? One, two, three, four --
21 okay, so it stays a no.

22 Ninety-two, Nevada Test Site, all male
23 genitalia, 16.17. Yeses? No's? One, two,
24 three, four, five. Abstain? One. It's a no.
25 Number 93, INEL, 15.65. Yeses? No's? One,

1 two, three, four, five, six. It's a no.
2 Number 94, Blockson Chemical, colon, very low
3 probability of causation. Yeses? One. No's?
4 One, two, three, four, five, six. It's a no.
5 Number 95, Rocky Flats, all male genitalia,
6 27.59. Yeses? One. No's? One, two, three,
7 four, five, six. It's a no.
8 Number 96, Pantex, the pancreas at .02. Yeses?
9 No's? One, two, three, four, five, six, seven.
10 It's a no.
11 Number 97 is a Savannah River Site, all male
12 genitalia at 35.69. Anyone wish to make the
13 argument? Hearing none, it's a no.
14 Number 98, Y-12 Plant, Oak Ridge Gaseous
15 Diffusion (K-25), all male genitalia, 30.39.
16 Yeses? One. No's? One, two, three, four.
17 Abstains? One, two. It's a no.
18 Number 99, Argonne National Laboratory East,
19 Metallurgical Laboratory, 56.65. Yeses? One,
20 two, three, four, five, six. No's? One.
21 Abstains? We have our 22nd.
22 **DR. ZIEMER:** That's it.
23 **DR. WADE:** And last is a Savannah River Site.
24 Mr. Chairman, it's back to you.
25 **DR. ZIEMER:** Thank you very much. So this will

1 constitute the next 22 cases. Well, we -- this
2 will need to be ratified by the full Board
3 later in the meeting, but this is -- this then
4 will be the recommendation to the full Board.
5 Thank you, Dr. Wade, for helping out with that
6 process.

7 **MR. RICHARD MILLER:** Excuse me, Dr. Ziemer?

8 **DR. ZIEMER:** Yes.

9 **MR. MILLER:** I'm sorry, I realize this is not a
10 public comment period, but I just would -- in
11 the course of your selection wanted to bring
12 one detail to your attention. From an Indiana
13 facility, which is the Dana Heavy Water Plant,
14 they handled no radioactive material there.
15 The -- those only -- the only reason those two
16 cases are there -- it's a deuterium facility,
17 and to my knowledge there was no -- there was
18 no ionizing radiation at that facility. The
19 only reason you have probability of causation,
20 I believe -- and NIOSH should definitely jump
21 up and correct me if I'm wrong, but my
22 understanding is the only reason there's any is
23 because of the medical X-rays, you know, or
24 medical -- occupational medical. And so if
25 you're using scarce resources for audit, you

1 may want to consider whether you want to audit
2 a facility like that.

3 **DR. WADE:** Thank you.

4 **DR. ZIEMER:** Thank you for that comment. John
5 Mauro?

6 **DR. MAURO:** Excuse me, with the permission of
7 the Board, I would like to remind the Board
8 that our contract calls for 62 cases, two of
9 which will be referred to as blind profiles, so
10 I know you have now selected a total of 60, and
11 now we -- there still remains two more that
12 need to be selected for what's referred to as
13 blind dose reconstructions. And I also would
14 like to remind the Board that I believe a total
15 of -- out of the 60 audits, I believe 20 of
16 them were identified as what's referred to as
17 advanced reviews. To date we have performed
18 basic reviews, and the distinction
19 fundamentally between the advanced and the
20 basic have to do with further research into the
21 data and into the -- the CATI and the -- and
22 the workers. I just want to alert the Board to
23 that.

24 **DR. ZIEMER:** Thank you, John, for that
25 reminder. The 62 is not ultimately the total

1 worked, but it's what's covered in the current
2 task order. And so the Board could in fact add
3 the other two so that the -- the content of
4 that task order could be completed. So again -
5 - leave it to the work -- or the subcommittee
6 if you wanted to identify an additional two
7 cases from the list, that would allow us to
8 complete the 62 that are identified in that
9 initial task order. Otherwise we're left with
10 two hanging, as it were.

11 **MS. MUNN:** Let's do it.

12 **DR. ZIEMER:** You want to identify two more?
13 Someone want to make a case for any of the ones
14 that we bypassed?

15 **DR. ROESSLER:** What was the one where the vote
16 was tied?

17 **DR. ZIEMER:** That one was added.

18 **DR. ROESSLER:** It was added?

19 **DR. ZIEMER:** Yes, the Chair voted for it, so
20 that's already on the list.

21 **MR. OWENS:** Dr. Ziemer, the case that Wanda had
22 mentioned -- I believe it was case number 67,
23 it's connective tissue. I know it's a low
24 probability of causation --

25 **DR. ZIEMER:** Extremely low POC. Did you want

1 to make the case for including that?

2 **MS. MUNN:** In the --

3 **MR. OWENS:** Yes, sir, I would.

4 **MS. MUNN:** Yeah, in light of the fact that one
5 of our criteria was to cover as broad a
6 spectrum of types of disease as possible, and
7 since this is one of the few I've seen with
8 this particular diagnosis, I would find -- even
9 with the low causation -- that we'd have good
10 reason to review it.

11 **DR. ZIEMER:** Okay. You've heard Wanda's
12 comments. How many of you would favor adding
13 this one? One, two -- one, two, three, four,
14 five. Opposed? Abstain? Two abstentions. So
15 that one gets added. That's number 67.

16 **DR. WADE:** We have Larry Elliott at the mike,
17 as well.

18 **DR. ZIEMER:** Larry?

19 **MR. ELLIOTT:** Yes, Dr. Ziemer, Larry Elliott
20 with NIOSH. As it -- as I think about what Dr.
21 Mauro just presented to you, you might want to
22 consider -- and I think this goes to Mark
23 Griffon's preliminary efforts in identifying
24 basic, advanced and blind reviews -- I would
25 suggest to you that if you select a -- two

1 blind -- two cases for blind dose
2 reconstruction by Sanford Cohen & Associates,
3 they should not contain the POC that we have
4 generated. So you want -- I think you would
5 want to gene-- select those from cases that
6 don't have that identified.

7 **DR. ZIEMER:** Thank you. Then these won't be
8 eligible for that, in that case, 'cause they --
9 they need to -- they need to operate in a blind
10 fashion. Others? Mark?

11 **MR. GRIFFON:** So what are -- what are we doing
12 with that case?

13 **DR. ZIEMER:** John, did the 62 incl--

14 **MR. GRIFFON:** Included the two blind.

15 **DR. ZIEMER:** Remind us on the task order, were
16 the 62 the regular reviews or was it 60 plus
17 two?

18 **DR. WADE:** Sixty plus two blind.

19 **DR. ZIEMER:** Oh, 60 plus two blind.

20 **DR. MAURO:** Sixty plus two, and the --

21 **DR. ZIEMER:** Oh, okay.

22 **DR. MAURO:** -- and the blind are of such a
23 nature that we would not see the dose
24 reconstruction or, as correctly pointed out by
25 Larry Elliott.

1 **DR. ZIEMER:** But this is a problem if you know,
2 a priori, the POC, that's an issue.

3 **DR. MAURO:** That -- that -- that's correct.

4 **DR. ZIEMER:** So --

5 **MR. GRIFFON:** Yeah, we've got to take it off.

6 **DR. ZIEMER:** So it appears that we should hold
7 this in abeyance then, at the moment. We would
8 need a different list to generate those other
9 two.

10 **MR. GRIFFON:** Oh, the other -- the other
11 question I had, given Richard Miller's comment
12 about the Dana Heavy Water Plant, I mean do we
13 want to set those aside until we hear more
14 about that plant and maybe reconsider those at
15 another point, or -- or at least replace one of
16 those maybe with this last one that -- number
17 67, might be an option.

18 **DR. ZIEMER:** Are you proposing that?

19 **MR. GRIFFON:** I'm proposing to keep number 23,
20 Dana Heavy Water Plant, and drop number 37 and
21 replace that with number 67.

22 **DR. ZIEMER:** The proposal is to drop number 37
23 and replace it with number 67. Robert?

24 **MR. PRESLEY:** If we drop any right now -- I
25 have a question on that because right now would

1 be a good time to do those two. We -- chances
2 of us doing a site profile on that small
3 company would be slim and none. It might be
4 good to take the information from both of those
5 and do them at one time.

6 **MS. MUNN:** I'd support that.

7 **DR. ZIEMER:** What's that?

8 **MS. MUNN:** Bob's suggestion.

9 **DR. ZIEMER:** Okay. What's the -- what are the
10 wishes of the group?

11 **MR. GIBSON:** I second Mark's motion.

12 **DR. ZIEMER:** Okay, Mark's --

13 **MR. GRIFFON:** I just imagine, and I'm guessing
14 here -- maybe NIOSH can help us out, but I
15 imagine that the data -- the Dana Heavy Water
16 Plant probably has one Technical Basis Document
17 or one site profile that they're basing all the
18 DRs on. I don't know. So if we were to do one
19 case I think we'd get a sense for most of them.

20 **MR. HINNEFELD:** Dana Heavy Water is essentially
21 a site dose model, so it'll -- it'll be fairly
22 consistent except for the -- there'll be
23 different organ dose conversion factors, but
24 other than that it'll essentially be the same.

25 **DR. ZIEMER:** Okay.

1 **MR. GRIFFON:** So I think reviewing one of them
2 would be more than adequate --

3 **DR. ZIEMER:** Right.

4 **MR. GRIFFON:** -- for our purposes.

5 **DR. ZIEMER:** So the proposal is to drop that
6 second Dana and substitute the case number 67.
7 All in -- all in favor of doing that, raise
8 your hand? Opposed? Abstentions? Okay, so
9 we're dropping number 37 -- is that correct?

10 **DR. WADE:** Correct.

11 **DR. ZIEMER:** And adding number 67. We're back
12 to 60 cases, which would be the 60 regular
13 cases. We don't really have a list before us
14 that we can use for the blind reviews, so we
15 may have to select those separately. Okay? Is
16 that agreeable then? This will be our
17 recommendation to the full Board. Any other
18 comments on this issue? Then we're going to
19 recess for lunch. We --

20 **DR. WADE:** If I could just --

21 **DR. ZIEMER:** Oh, yeah, Lew.

22 **DR. WADE:** I do have the SC&A sort of
23 methodology incorporated in this table. I'll
24 give you out copies of it. It's for us to
25 compare and contrast to the work that Mark did

1 for tomorrow's discussion, so -- and it'll be
2 available for the public.

3 **DR. ZIEMER:** These will be available for the
4 public. It's a -- it's the rating matrix
5 that's based on the SC&A review.

6 We're going to then recess till 1:00 o'clock --
7 oh, sorry -- oh, Henry?

8 **DR. ANDERSON:** I just want to know, are you
9 going to hold to the schedule? 'Cause I'm
10 going to then come back on for the site profile
11 review if that's still going to be at 3:00.

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

13 **DR. ANDERSON:** Okay.

14 **DR. ZIEMER:** Thank you, Henry. And --

15 **DR. ANDERSON:** (Unintelligible) go to lunch.

16 **DR. ZIEMER:** Okay, so we'll --

17 **DR. ANDERSON:** I'll go have breakfast.

18 **DR. ZIEMER:** Yeah. So we'll recess till 1:00
19 o'clock. Thank you.

20 (Whereupon, the meeting of the subcommittee was
21 concluded 11:30 a.m.)

C E R T I F I C A T E O F C O U R T R E P O R T E R**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of February 7, 2005; and it is a true and accurate transcript of the testimony captioned herein.

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

WITNESS my hand and official seal this the 2nd day of March, 2005.

STEVEN RAY GREEN, CCR

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