

**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 12

**SUBCOMMITTEE FOR DOSE RECONSTRUCTION AND  
SITE PROFILE REVIEWS**

The verbatim transcript of the 12th  
Meeting of the Subcommittee for Dose Reconstruction  
and Site Profile Reviews held at the Westin  
Casuarina, Las Vegas, Nevada, on Sept. 19, 2006.

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### TRANSCRIPT LEGEND

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

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2 Senior Operator, Nuclear Fuel Handling  
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CARMOUCHE, ROBERT, NTS  
CHANG, C, NIOSH  
CHEW, MELTON, ORAU  
CLAYTON, DOROTHY  
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COOK, PATRICIA  
ELLENBERGER, JIM, ORAU  
ELLISON, CHRIS, NIOSH  
EVASKOVICH, ANDREW K., INTERNATIONAL GUARDS  
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HINNEFELD, STUART, NIOSH  
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JACQUEZ-ORTIZ, MICHELE, CONG. TOM UDALL  
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MCGOLERICK, ROBERT, HHS  
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RINGEN, KNUT, CPWR  
ROBERTSON-DEMERS, KATHY, SC&A  
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ROLFES, MARK, NIOSH OCAS  
ROZNER, KATHLEEN, SEN. REID  
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SHELL, LULA, AVV NEVADA

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

(9:00 a.m.)

WELCOME AND OPENING COMMENTSDR. PAUL ZIEMER, CHAIR

1 DR. ZIEMER: Good morning, everyone. I'm going to  
2 call the meeting to order. This is a meeting  
3 of the Subcommittee on Dose Reconstruction and  
4 Site Profile Reviews. Again let me emphasize  
5 it's a subcommittee meeting. The full Board  
6 will not be meeting until this afternoon, so  
7 just make sure you're aware of that.  
8 Also I want to call attention to the fact that  
9 about mid-morning, actually around 10:00 or  
10 shortly thereafter, most of the members of this  
11 subcommittee will have to depart from this  
12 hotel because a portion of the work involves  
13 some classified information and those on the  
14 subcommittee who are Q-cleared -- that's not  
15 the full subcommittee, but at least four of  
16 these folks who are Q-cleared -- plus some  
17 NIOSH Q-cleared people will have to depart to a  
18 secure site in some secret location in Las  
19 Vegas where they will be considering some  
20 issues on classified information that relates

1 to some of the Board's deliberations. So we  
2 will actually, from the point of view of the  
3 public, it will be a recess at that point until  
4 the full Board meeting after lunch.

5 So during this open session we're going to try  
6 to cover most of the items on the agenda of the  
7 subcommittee, which -- if you have not got  
8 copies of the agenda, they are on the table, as  
9 well as related documents that will be  
10 discussed this morning and throughout the Board  
11 meeting.

12 Also I do want to remind all present, if you  
13 haven't already done so, please register your  
14 attendance with us in the registration book  
15 which is out in the foyer.

16 We're pleased to have a variety of folks here.  
17 We know we will have other members of the  
18 public as the full Board goes into session  
19 later. There will also be opportunities for  
20 public comment. Those are shown on the agenda.  
21 I'd like to take just a moment and ask our  
22 Designated Federal Official, Dr. Lewis Wade, if  
23 he has any initial comments before we get  
24 underway.

25 **DR. WADE:** Thank you, Paul, just very few.

1 Welcome, and I bring you welcome on behalf of  
2 the Secretary and the Director of CDC, and  
3 certainly John Howard, the Director of NIOSH,  
4 who hopefully will join us for some of our  
5 deliberations.

6 One slight addition to what Paul said. There  
7 will be a group of people going to look at  
8 classified material. That group will include  
9 representatives of the Board's contractor,  
10 SC&A, as well, and we wish them well in their  
11 deliberations.

12 Just to be clear, this subcommittee as it  
13 currently is constituted looks at dose  
14 reconstructions and site profile reviews. It's  
15 made up of all of the members of the Board.  
16 This morning the subcommittee, and then later  
17 in the week the Board, will be discussing  
18 recasting this subcommittee to focus on dose  
19 reconstruction and not be made up of members of  
20 the Board -- all members of the Board, and  
21 that's something we'll talk about more.

22 The Board is starting to do a great deal of its  
23 work in working groups, so we have a full  
24 Board, we have a subcommittee, we have a  
25 variety of working groups. And the Board is

1           trying to best use its time when we come  
2           together in meetings like this to allow for  
3           workgroups to get together, do work in  
4           anticipation of the Board meeting, and you'll  
5           see some of that discussed now and I just  
6           wanted to give you context on that.

7           So again, welcome. Thank you for coming. It's  
8           very important that we do our business in the  
9           public eye, and without you we couldn't do  
10          that. So thank you for being here.

11          **SUBCOMMITTEE CHARTER AND MEMBERSHIP**

12          **DR. ZIEMER:** Thank you very much, Lew. We'll  
13          proceed now with the agenda as it's specified.  
14          The first item in fact being that which Lew  
15          just described, and that is the makeup and  
16          operation of this very subcommittee.

17          The Board had a telephone meeting, a public  
18          telephone meeting last month on August 8th, at  
19          which time the Chair proposed restructuring of  
20          the subcommittee and in fact we at that time  
21          had a -- an early draft of what that recasting  
22          or reorganization of the subcommittee would be.  
23          And that, Board members, is the Tab One --  
24          subcommittee members, let me call you by your  
25          right title this morning, is Tab One in your

1 booklet. I promised you a cleaned-up copy from  
2 the -- from the version that we had available  
3 during our telephone meeting, and this is it.  
4 You all received this by e-mail about a week  
5 ago and hopefully have had an opportunity to  
6 review it.

7 I would like to point out that the main  
8 difference between this new subcommittee  
9 charter and the existing one is -- there --  
10 there are two main differences. The first is  
11 that the original subcommittee was given the  
12 responsibility of reviewing both dose  
13 reconstructions and site profiles. Over the  
14 past roughly two years we have moved to a mode  
15 where we actually have a number of separate  
16 working groups addressing the site profiles,  
17 because it's an extensive job and each -- each  
18 site profile that is prepared now by NIOSH --  
19 or at least certainly the major ones -- there  
20 is a working group that works together with the  
21 Board's contractor to do the site profile  
22 reviews. So this subcommittee then would no  
23 longer have the responsibility of the site  
24 profile reviews and would focus then mainly on  
25 the dose reconstruction reviews.

1           The second change is that rather than naming  
2           the full Board as the members of the  
3           subcommittee, which we did originally thinking  
4           it would be more flexible, we decided to  
5           specify the particular individuals on the Board  
6           who would in fact constitute the subcommittee.  
7           And that would be a chairman and three other  
8           members, plus two alternates.

9           At the August 8th meeting we named some names  
10          for potential members of that subcommittee. At  
11          that time there was some -- I don't want to  
12          call it confusion, but some uncertainty about  
13          the status of Board member Wanda Munn in terms  
14          of whether or not her term in office would be  
15          renewed, as it were, and it was uncertain at  
16          that time so, although she had been an active  
17          member of the -- of the subcommittee prior to  
18          that meeting, at that time we weren't in a  
19          position to include her in the consideration of  
20          names. We now know for sure she's back -- and  
21          incidentally, welcome back Wanda Munn. We're  
22          not sure if it's welcome back or if you were  
23          always a continuing member. It's been  
24          uncertain, but either --

25          **MS. MUNN:** And I can't shed light on that,

1           either.

2           **DR. ZIEMER:** -- either way, we're pleased that  
3           you're able to continue another term with this  
4           Board.

5           **MS. MUNN:** Thank you.

6           **DR. ZIEMER:** And with -- with that in mind, if  
7           I might suggest, Board members, if -- or  
8           subcommittee members, if you would look at page  
9           3 of the document and based on our discussion  
10          on the telephone and the fact that Wanda Munn  
11          is indeed present, I'd like to suggest a  
12          modification in the document as we consider it.  
13          This is based on the original plan and the --  
14          Mark Griffon as Chair, Mike Gibson -- the third  
15          name actually I had my -- in comparing our  
16          notes, I had inadvertently put down the wrong  
17          name. The third name should be John Poston.  
18          Dr. Poston was on the phone conversation,  
19          agreed to. For some reason I had jotted down  
20          Melius. I -- I can tell you apart, John, but -  
21          -

22          **DR. POSTON:** I'm the quiet one.

23          **DR. ZIEMER:** Yeah. And then originally we  
24          would have had Wanda Munn in there. We  
25          actually replaced her name with Robert Presley

1           because of that, so my suggestion is is that we  
2           return to the original plan, and that would be  
3           to include Wanda Munn, if -- if Mr. Presley's  
4           agreeable to that.

5           **MR. PRESLEY:** That's fine.

6           **DR. ZIEMER:** And -- and then the -- the  
7           alternates that were named -- Gen Roessler was  
8           an alternate and actually originally I believe  
9           Brad Clawson, you were also in the phone  
10          conversation, enlisted as an alternate. So --  
11          and then our Designated Federal Official, Lewis  
12          Wade. So if that's agreeable, without  
13          objection, that would be the list of names.

14          **DR. WADE:** Let me just read it so that we're  
15          all clear. It would be Mark Griffon as Chair,  
16          members would be Michael Gibson, Wanda Munn and  
17          John Poston, alternates Robert Presley and Brad  
18          Clawson.

19          **MR. GRIFFON:** Alternate --

20          **DR. ZIEMER:** That is correct.

21          **MR. GRIFFON:** Oh, I thought Gen Roessler --

22          **MS. MUNN:** Gen Roessler.

23          **DR. ZIEMER:** Gen Roessler would -- Gen Roessler  
24          -- who did you list? And Brad Clawson. Did  
25          you list?

1           **DR. WADE:** I had listed Robert Presley. The  
2 orig-- well --

3           **DR. ZIEMER:** Oh, that's right. I -- I think  
4 Gen had volunteered, but -- that's right.

5           **DR. WADE:** When Robert stepped up to take  
6 Wanda's place, Gen stepped up to --

7           **DR. ROESSLER:** To take her -- so I should be  
8 after --

9           **DR. WADE:** Right.

10          **DR. ROESSLER:** -- after Bob.

11          **DR. WADE:** Right. So that was the sense. It  
12 would be Presley/Clawson as alternates.

13          **UNIDENTIFIED:** (Off microphone)

14 (Unintelligible)

15          **DR. WADE:** Okay, one more time. Griffon,  
16 Chair; Gibson, Munn, Poston as members;  
17 alternates Presley, Clawson.

18          **DR. ZIEMER:** That is correct.

19          **DR. WADE:** Okay.

20          **DR. ZIEMER:** So with those changes,  
21 subcommittee members, I think since this was  
22 agreed to or at least a draft of this was  
23 agreed to, I think we can consider this a  
24 motion before the subcommittee, and we would  
25 need to make a recommendation to the full

1 Board.

2 Discussion? Brad Clawson.

3 **MR. CLAWSON:** I have a question. On the very  
4 first page, maybe I'm just reading this wrong,  
5 but where it says "a reasonable sample" --

6 **DR. ZIEMER:** Repeat into the mike --

7 **MR. CLAWSON:** Sorry.

8 **DR. ZIEMER:** -- we're not picking you up.

9 **MR. CLAWSON:** I'll do it. Okay?

10 **THE COURT REPORTER:** Can I just say something  
11 real quick? You need to have your microphones  
12 as close as Dr. Ziemer and Dr. Wade have theirs  
13 'cause -- they just need to be close to you.  
14 You've got to speak into them. Okay?

15 **MR. CLAWSON:** Okay. My question is is on the  
16 purpose of this, at the very beginning this --  
17 about the third line down you have "very a  
18 reasonable sample," I'm -- that's --

19 **DR. ZIEMER:** It's a typo.

20 **MR. CLAWSON:** I believe that's a typo 'cause  
21 it's -- I'm having a hard time understanding  
22 that. I know I'm from Idaho, but what's --  
23 what's that supposed to be in there?

24 **MR. PRESLEY:** Is it "verify"?

25 **DR. WADE:** Verify would make sense to me, but

1 we'll -- we'll look at the charter --

2 **DR. ZIEMER:** It's -- yes, requirement to verify  
3 a reas-- it should be verify.

4 **MR. CLAWSON:** Okay.

5 **MR. GRIFFON:** Thanks.

6 **DR. WADE:** Had a lot of the letters right.

7 **DR. ZIEMER:** Only an "if" missing. Okay, other  
8 comments or questions?

9 **DR. WADE:** I'm required to make a comment.

10 There are new procedures that govern  
11 subcommittees, and it really won't affect this  
12 Board, but the -- the decision on chartering a  
13 subcommittee and disbanding a subcommittee  
14 really needs to be made by the Secretary. So  
15 what I'll do is I'll take your work and I'll  
16 bring it to the Secretary as a recommendation,  
17 with every expectation that the Secretary would  
18 act consistent with your recommendation.

19 The only new intellectual content I'll need to  
20 develop for that is that I'll have to tell the  
21 Secretary why the full Board can't do what the  
22 subcommittee is being chartered to do. And  
23 what I'll tell the Secretary, if you agree, is  
24 that this subcommittee will do very detailed  
25 work. And I think it's much more efficient to

1           have that work done by a small group in a  
2           subcommittee setting, and then bring that work  
3           to the Board to -- to comment upon. I don't  
4           think it serves us to have this detailed level  
5           of work done by the full Board, and that's the  
6           reason I'll give the Secretary. But I would  
7           expect that the recommendation I bring forward,  
8           based upon what you say here, will be approved  
9           and I'll let you know that as soon as it has  
10          been approved.

11          **DR. ZIEMER:** Thank you. Yes, and that's  
12          exactly right because as we've developed our  
13          review procedure over the year -- several years  
14          that we've been at this, the development of the  
15          matrix and the resolution of issues through the  
16          matrix not only is fairly detailed, but also is  
17          more time-consuming and the subcommittee is  
18          able to meet with NIOSH and our contractor in  
19          between meetings to take care of those details.  
20          I might also add that all subcommittee meetings  
21          are open to the public. They are announced in  
22          the *Federal Register*, so in that sense there is  
23          not a difference from a regular Board meeting.  
24          It simply involves fewer people and the  
25          opportunity to carry out the more detailed

1 work.

2 Brad, did you have an additional comment?

3 **MR. CLAWSON:** No, sorry.

4 **DR. ZIEMER:** Okay. Other comments or  
5 questions?

6 (No responses)

7 So if the subcommittee recommends to the full  
8 Board that this new charter be adopted, the  
9 charter would -- Lew -- Lew would transmit this  
10 in the appropriate form and it actually goes as  
11 a kind of memo and would go to the Secretary  
12 for his approval and action.

13 Are we ready to act then on this document?

14 (No responses)

15 Any further comments or questions?

16 (No responses)

17 Okay. Those in favor please say aye.

18 (Affirmative responses)

19 Those opposed, no.

20 (No responses)

21 And any abstentions?

22 (No responses)

23 The motion carries, and this will be a  
24 recommendation for the Board at our regular  
25 meeting later in the -- in the week.

1

**INDIVIDUAL DOSE RECONSTRUCTION REVIEWS**

- **CLOSE ON 2<sup>ND</sup> AND 3<sup>RD</sup>**
- **DISCUSS 4<sup>TH</sup>**
- **STATUS ON 5<sup>TH</sup> AND 6<sup>TH</sup>**

2

Next we come to individual dose reconstruction reviews. And Mark has been really spearheading this effort. Mark, why don't you take it from here.

3

4

5

6

**MR. GRIFFON:** Yeah, we -- we -- at the August 8th phone call meeting we had a draft of a letter. It's under the second tab of the handout, I believe -- it's probably available on the --

7

8

9

10

11

**DR. ZIEMER:** Yes.

12

**MR. GRIFFON:** -- as well --

13

**DR. WADE:** Right.

14

**MR. GRIFFON:** -- which summarizes the findings for the second and third set of case reviews, which would be cases number 20 through 60, I believe.

15

16

17

18

**DR. ZIEMER:** Twenty-one.

19

**MR. GRIFFON:** Twenty-one, I'm sorry -- 21

20

through 60. And the -- I -- I offered a draft of this letter at the August 8th meeting on the phone call, probably sent it to the Board hours before the phone call so really nobody had a

21

22

23

1            chance to review it much.  I -- since then I  
2            sent out one -- this is a slightly revised --  
3            and I can point out -- the only revision was in  
4            -- on page 3 under the third item.  I changed  
5            the last sentence based on a comment that I  
6            received from -- from NIOSH from Stu Hinnefeld.  
7            So Stu's -- Stu's reviewed this letter and --  
8            and basically expressed to me that he's  
9            comfortable with -- that -- that it reflects  
10           our discussions and our workgroup process in --  
11           in finalizing these findings and -- with --  
12           with that change, and I did incorporate a  
13           slight change that basically says that the TIB-  
14           8 and TIB-10 were -- were consistently  
15           misinterpreted.  I think prior to this I had a  
16           different description of that but -- but I -- I  
17           think he's absolutely right in that change, so  
18           we made that change and that's the only thing  
19           that's been changed in this letter.

20           The matrices I just sent -- I -- I think I e-  
21           mailed the matrices, as well, but they -- they  
22           were not changed from the last set of matrices  
23           that you all received, so nothing's changed  
24           with those.

25           And then we added -- Stu Hinnefeld did send

1           this table to me, which just is a description  
2           of the cases that we reviewed, to be included  
3           with the letter. So that's really where we're  
4           at with that. I'm hoping that we can close out  
5           this on the subcommittee level and offer it as  
6           a motion to the Board as well.

7           That's all I have.

8           **DR. ZIEMER:** Okay. So what we would need from  
9           the subcommittee is action on this document  
10          that would be the letter report to the  
11          Secretary. Accompanying this report there  
12          would be four attachments. Attachment 1 would  
13          be a description of the 40 cases --

14          **MR. GRIFFON:** Right.

15          **DR. ZIEMER:** -- and that description gives  
16          information on the -- the type of cancer, the -  
17          - well --

18          **MR. GRIFFON:** It's in there, too.

19          **DR. ZIEMER:** Yeah, there it is.

20          **MR. GRIFFON:** POC of the cancer model --

21          **DR. ZIEMER:** Right.

22          **MR. GRIFFON:** -- the facility and years worked  
23          and decade worked. These are some of the  
24          parameters that we've been basing our selection  
25          of the cases on, so we thought it would be good

1 to -- we'd put that in the letter.

2 **DR. ZIEMER:** That would be Attachment 1.

3 Attachment 2 is a -- that would be SC&A's table  
4 that enumerates their findings. The third  
5 attachment is the -- the matrix itself and the  
6 resolution of all of the items -- help me  
7 remember, did we agree to all those in the  
8 phone call or --

9 **MR. GRIFFON:** I -- I believe -- yeah, I believe  
10 we -- we closed out all the matrix items.  
11 Several of them -- I think we -- we have to  
12 still maybe --

13 **DR. ZIEMER:** Follow up on them.

14 **MR. GRIFFON:** -- examine more -- Stu Hinnefeld  
15 put together the -- the actions that NIOSH --  
16 the tracking of those actions --

17 **DR. ZIEMER:** Right.

18 **MR. GRIFFON:** -- and I think we have to --

19 **DR. ZIEMER:** Right.

20 **MR. GRIFFON:** -- go through those with NIOSH.

21 **DR. ZIEMER:** And then --

22 **MR. GRIFFON:** As far as the matrix items --

23 **DR. ZIEMER:** Right.

24 **MR. GRIFFON:** -- I think they -- everybody  
25 agrees they --

1           **DR. ZIEMER:** Right.

2           **MR. GRIFFON:** -- reflect --

3           **DR. ZIEMER:** And then the fourth item is simply  
4 a description of how the Board evaluates and  
5 what -- what the numbers in the matrix mean,  
6 the Board actions one through seven. So those  
7 are the four documents that are attachments.  
8 So the main action here then is to approve this  
9 as a report to the Secretary on the second 20  
10 and third 20, which we're basically putting  
11 together as one report.

12          **DR. POSTON:** Mr. Chairman?

13          **DR. ZIEMER:** Yes, sir, John.

14          **DR. POSTON:** In my book there's only one  
15 attachment. Are we going to be able to see the  
16 others?

17          **DR. ZIEMER:** Yes, the matrix as was described  
18 has been distributed --

19          **MR. GRIFFON:** These have been --

20          **DR. ZIEMER:** -- to the Board by Mark, I think  
21 prior to the phone meeting. Right?

22          **MR. GRIFFON:** Yeah, I e-mailed the matrices and  
23 the letter, I believe, so -- and they're -- I  
24 see copies here --

25          **DR. POSTON:** Okay.

1           **MR. GRIFFON:** -- so they must be --

2           **DR. ZIEMER:** Are they here on the table?

3           **UNIDENTIFIED:** They were handed out  
4           (unintelligible).

5           **MR. GRIFFON:** Yeah, they're not -- they're not  
6           in the books, but they're -- yeah.

7           **DR. ZIEMER:** Yeah, they should be on the table  
8           there.

9           **MR. GRIFFON:** And then the methodology is the  
10           same attachment that we have for the first set  
11           of cases, which I know that Paul has a copy of  
12           somewhere.

13           **DR. WADE:** What I can do is see that all Board  
14           members will have those materials before them  
15           before they're asked to vote as a full Board.

16           **DR. ZIEMER:** Well, this has already been acted  
17           on. And Table 1 is a -- there's not an action  
18           required. It's simply a description of what  
19           cases were handled. The third one is simply a  
20           description identical to the previous report of  
21           how the Board does its rating.

22           **DR. WADE:** I'll get that to them.

23           **DR. ZIEMER:** And then -- but what we -- the  
24           other thing we do need is the -- the SC&A table  
25           which basically, item by item, shows up as the

1 matrix items. And in the SC&A table they also  
2 indicate whether the --

3 **UNIDENTIFIED:** Sir, this --

4 **DR. ZIEMER:** -- finding is a low, medium or  
5 high --

6 **UNIDENTIFIED:** -- is a conference coordinator.  
7 Is anybody calling from the --

8 **DR. ZIEMER:** -- significance in terms of its --

9 **UNIDENTIFIED:** -- (unintelligible) line?

10 **DR. ZIEMER:** -- potential for affecting  
11 probability of --

12 **UNIDENTIFIED:** Hello? Is anybody on the --

13 **DR. ZIEMER:** -- causation.

14 **UNIDENTIFIED:** -- line from (unintelligible)?

15 **DR. ZIEMER:** And I believe that table showed up  
16 in two parts -- I'm looking to see if Kathy's  
17 here, but that should -- that table basically -  
18 -

19 **UNIDENTIFIED:** I'm not sure if (unintelligible)  
20 --

21 **DR. ZIEMER:** -- is in your SC&A reports --

22 **UNIDENTIFIED:** -- but the guy that's talking is  
23 calling from Las Vegas right now. I would  
24 assume that's --

25 **DR. ZIEMER:** -- which the Board -- the Board

1 has also had for quite some time. And again  
2 that doesn't require an action. It's simply an  
3 SC&A report.

4 **UNIDENTIFIED:** (Unintelligible) number so I can  
5 have his (unintelligible) --

6 **DR. ZIEMER:** John Mauro.

7 **DR. MAURO:** Hans and Kathy -- Hans and Kathy  
8 will not be here, they --

9 **DR. ZIEMER:** That mike may not be on, John.  
10 Start again.

11 **UNIDENTIFIED:** (Unintelligible) people to hear.  
12 They're not close to the (unintelligible) --

13 **DR. MAURO:** This is John Mauro.

14 **UNIDENTIFIED:** -- or something. They're not  
15 close to the phone where you can hear it real  
16 well.

17 **DR. MAURO:** Yes, I believe --

18 **UNIDENTIFIED:** I was trying to alert that line  
19 -- whoever's on that line to speak up.

20 **DR. MAURO:** -- everything up through  
21 (unintelligible) --

22 **DR. BEHLING:** This is also Hans Behling, and I  
23 can also not hear anything that's going on --

24 **DR. ZIEMER:** Okay, Hans is on the phone and --  
25 Kathy there, too -- but you can't hear

1 anything.

2 **UNIDENTIFIED:** (Unintelligible) and they can't  
3 hear anything at all.

4 **DR. ZIEMER:** Hans, can you hear me?

5 **UNIDENTIFIED:** (Unintelligible) going on, if  
6 they realize that or not.

7 **DR. ZIEMER:** Obviously not.

8 **DR. WADE:** We'll work on that.

9 **MR. GRIFFON:** At any rate, those -- those were  
10 the execu-- we're planning on including the  
11 executive summaries from the two SC&A reports  
12 on the second and third set as -- you know, in  
13 the attachments.

14 **UNIDENTIFIED:** The only thing I can do  
15 (unintelligible) --

16 **MR. GRIFFON:** We should piece it all together  
17 so --

18 **UNIDENTIFIED:** -- disconnect their line and  
19 call back in. I don't know what --

20 **MR. GRIFFON:** -- everybody can see it as one  
21 big package, is what you're suggesting -- yeah.

22 **DR. WADE:** Yeah, that's what --

23 **MS. HOMOKI-TITUS:** I'm sending an e-mail to  
24 some of the people who are there right now to  
25 try to get them --

1           **UNIDENTIFIED:** Okay, that --

2           **UNIDENTIFIED:** We can't hear anyway, so if you  
3 want to disconnect -- if it helps it work.

4           **DR. ZIEMER:** I don't know whose voices we're  
5 hearing.

6           **DR. WADE:** I recognized Liz's. If you can hear  
7 me, don't disconnect. Can you --

8           **UNIDENTIFIED:** (Unintelligible) to let them  
9 know?

10          **DR. WADE:** -- solve the problems of the people  
11 on the phone?

12          **UNIDENTIFIED:** (Off microphone)  
13 (Unintelligible)

14          **DR. WADE:** He's --

15          **UNIDENTIFIED:** Do you want me to go ahead and  
16 disconnect that line then --

17          **DR. ZIEMER:** Okay.

18          **UNIDENTIFIED:** -- or just leave it?

19          **MR. GIBSON:** Whatever you think would be the  
20 best, just --

21          **MS. HOMOKI-TITUS:** Leave it for right now. Let  
22 me see if I can get ahold of somebody in the  
23 room. I'm going to call them.

24          **UNIDENTIFIED:** Okay.

25          **DR. ZIEMER:** Thank you. Let me suggest the

1 following, John, if this is agreeable. We will  
2 -- we need a recommendation for the Board on  
3 this -- on the report letter, so this will come  
4 up on the Board agenda later this week as well.  
5 And if we could make sure that Board members  
6 have copies of the related documents, just for  
7 completeness of action, we'll do that.

8 **DR. POSTON:** It's a little hard for us rookies  
9 to know what we get by e-mail and what -- how  
10 it all fits together.

11 **DR. ZIEMER:** Right. Actually it's pretty hard  
12 for -- for the rest of us, too, to fit it all  
13 together. But that -- that will be the package  
14 and what we're asking now is a recommendation  
15 on this cover letter report, and I will take it  
16 as a -- as a motion before us. Wanda Munn.

17 **MS. MUNN:** Because the things that we send may  
18 truly need to be considered individual  
19 submissions, all on their own merit, and  
20 because our paragraph in this letter is not  
21 very clear about how we do define low level,  
22 medium, et cetera -- and I can understand for  
23 the reasons of brevity that it would not be --  
24 but I know, speaking as an individual,  
25 receiving a large packet of material with

1           several different items in it makes it very  
2           unlikely that I'm not going to carefully read  
3           each one of the items. Because it is, in the  
4           view of many I think, important to convey the  
5           idea that, of these cases that we have  
6           reviewed, this large number of low level  
7           deficiencies indicates that they really had  
8           little or no effect on either that individual's  
9           POC or on more extensive applications,  
10          including those words -- I realize it makes  
11          this particular item a little more wordy, but  
12          in my view it clarifies and would be beneficial  
13          to --

14          **MS. HOMOKI-TITUS:** I don't know if anybody's  
15          still on, but they said they're working on the  
16          problem.

17          **MS. MUNN:** -- to the recipient --

18          **MR. GIBSON:** Okay, thanks.

19          **MS. MUNN:** -- to have that spelled out a little  
20          more clearly, because this is a -- the largest  
21          number of the findings is essentially low  
22          level, minor issues --

23          **DR. ZIEMER:** Right.

24          **MS. MUNN:** -- that really don't affect either  
25          the individual's case or broader applications.

1           **DR. ZIEMER:** Right. Okay. Other comments?

2           **MR. GRIFFON:** Are -- are you suggesting a  
3           specific line where --

4           **MS. MUNN:** I'm -- I'm --

5           **MR. GRIFFON:** -- where that could be changed,  
6           Wanda?

7           **MS. MUNN:** Yes. Yes, I am. Where we say -- in  
8           the fourth paragraph --

9           **DR. ZIEMER:** Page?

10          **MS. MUNN:** -- on page 2, summary of findings  
11          impacting estimates of individual doses, there  
12          where we say (reading) The majority of  
13          deficiencies, 131 of 147, were low level  
14          deficiencies with little or no effect on the  
15          individual POC or other, more extensive  
16          applications.

17          I think those words simply clarify that low  
18          level really means exactly what it says --

19          **DR. ZIEMER:** Okay, let's see --

20          **MS. MUNN:** -- that it would not have affected  
21          the outcome of --

22          **DR. ZIEMER:** The suggested -- and I -- I think  
23          I'll declare it to be a friendly amendment,  
24          unless someone objects, the suggestion is to  
25          add the words "with little or no effect on the

1 individual POCs" --

2 **MS. MUNN:** "On either the individual POC or  
3 other, more extensive applications."

4 **MR. GRIFFON:** More extensive applications,  
5 which (unintelligible). That's my question.

6 **DR. ZIEMER:** What -- what is that last phrase  
7 again?

8 **MR. GRIFFON:** Yeah.

9 **DR. ZIEMER:** "Or other, more..."

10 **MS. MUNN:** "Or other, more extensive  
11 applications" or perhaps "other, broader  
12 applications." The point I'm trying to make  
13 is neither in this individual case nor --

14 **DR. ZIEMER:** Oh --

15 **MS. MUNN:** -- in other cases --

16 **DR. ZIEMER:** -- other individual --

17 **MS. MUNN:** -- would this --

18 **DR. ZIEMER:** On the individual POCs or on the  
19 dose reconstruction process --

20 **MS. MUNN:** Correct.

21 **DR. ZIEMER:** -- is what you're talking about --

22 **MS. MUNN:** Correct.

23 **DR. ZIEMER:** -- as a...

24 **MR. GRIFFON:** Yeah. I mean I -- I can see your  
25 point on the first part. I think the second

1 part sort of -- sort of is in disagreement with  
2 what we were saying -- in the matrix, anyway,  
3 that there are, you know, several findings that  
4 could have had a broader effect, you know,  
5 beyond one individual case. They may not have  
6 affected that case as -- as we've discussed at  
7 length in this process.

8 (Audio interference)

9 Yeah.. They -- yeah, most of these were --  
10 were worst-case estimates or overestimating  
11 techniques or underestimating techniques, so  
12 the likelihood that the finding affected those  
13 cases was -- was probably not likely, but some  
14 of them -- some of them at least potentially  
15 impacted a broader number of cases within that  
16 site that we were reviewing or program-wide, so  
17 I think that's why we tried to reflect that in  
18 our finding -- or matrix in the broader impact  
19 ranking. And that next paragraph sort of  
20 addresses that. There were a number more that  
21 we felt were medium -- of medium significance,  
22 not just low level significance, so I -- I just  
23 am worried about your last phrase there, maybe  
24 --

25 **DR. ZIEMER:** Mark is suggesting that the issue

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(Audio interference)

-- it's really the issue of program-wide impact and that -- that actually is handled in the next paragraph, so perhaps --

**MS. MUNN:** Yes, and was --

**DR. ZIEMER:** -- let that last phrase -- or perhaps not include that last phrase since it's dealt with in the next paragraph.

**MS. MUNN:** That's --

**DR. ZIEMER:** Or -- or let me say it in a different way. Mark I think is suggesting that the fact that it has little or no effect on the individual case --

**DR. BEHLING:** Mike?

**DR. ZIEMER:** -- (unintelligible) mean that --

**MR. GIBSON:** Yeah.

**DR. ZIEMER:** -- doesn't impact on the --

**DR. BEHLING:** Can you hear?

**DR. ZIEMER:** -- wider system.

**MR. GIBSON:** Just faintly hear a voice every once in a while.

**DR. BEHLING:** Yes, so do I, so I guess the problem has not been resolved. I was just -- wanted to be sure I wasn't the only one.

1           **DR. ZIEMER:** But you know, it may or may not  
2           have a wider programmatic impact. Just because  
3           it doesn't on that case doesn't mean it --

4           **MR. GRIFFON:** Right, right, because of the type  
5           of cases we're reviewing I think and --

6           **MS. MUNN:** Most of those, however -- excuse me.  
7           Were not most of those that did have potential  
8           broader impact specifically categorized as  
9           medium or high? My memory was that that was  
10          one of the criterion we had used for  
11          establishing medium or higher impact.

12          **MR. GRIFFON:** Well, if -- if you look at the  
13          breakdown of the numbers, I mean we've been --  
14          we've been through this matrix a lot, but 131  
15          out of 147 were low level on the case ranking.

16          **MS. MUNN:** Uh-huh.

17          **MR. GRIFFON:** And if you look in the next  
18          phase, 72 low level deficiencies were on the  
19          broader ranking. So obviously there's quite a  
20          few more medium -- several more were bumped up  
21          to sort of the medium category. And a lot of  
22          times it was because of the potential, and I  
23          emphasize potential, impact on a broader number  
24          of cases. It wasn't just a finding related to  
25          a specific technical issue in the individual's

1 record. It was a finding that could have  
2 impacted all the people from that site or all,  
3 you know, DOE/AWE sites or something like that,  
4 so it was considered a potential broader impact  
5 so it had a higher broader ranking.

6 **DR. ZIEMER:** Perhaps --

7 **MR. GRIFFON:** I'm not disagreeing with the  
8 first part of your statement, I just --

9 **MS. MUNN:** I understand.

10 **DR. ZIEMER:** Yeah, and perhaps since the  
11 paragraph in question is one dealing with the  
12 individual cases, maybe it would be sufficient  
13 to point that out and just end -- end the  
14 insert with "the POCs" and allow the next  
15 paragraph to deal with that other sort of  
16 system-wide issue.

17 **MS. MUNN:** No objection to that. This is  
18 probably a slight difference in personal  
19 perception of how rankings fall, in any case,  
20 so I have no objection to that.

21 **DR. ZIEMER:** Well, I think -- and Mark has  
22 suggested obviously some of the low ones for  
23 individual cases have moved up to the medium  
24 category.

25 **MS. MUNN:** Later, uh-huh.

1           **DR. ZIEMER:** Later.

2           **MS. MUNN:** Yes, uh-huh. I have no objection to  
3 stopping at "POC".

4           **MR. GRIFFON:** The only thing I -- I mean I  
5 think that -- that phrase with -- with like-- I  
6 don't know if you had likely in there, maybe I  
7 added this in -- "with likely little or no  
8 effect on the individual POC" --

9           **MS. MUNN:** Uh-huh.

10          **MR. GRIFFON:** -- I know we've -- and -- in --  
11 bringing back memories here, but I know we've  
12 had this discussion before with SC&A and how  
13 they -- how they reference this in their report  
14 because they were not looking at POC in their  
15 review. So I think we phrased it "with likely  
16 little or no effect on the overall dose" or  
17 some-- I think we want to be careful that  
18 that's phrased consistently with the way we've  
19 done it in the past and SC&A's executive  
20 summary or whatever-- John, you're nodding  
21 approval, I think. I think I'm right here,  
22 huh?

23          **DR. MAURO:** Yes, we were trying to be very  
24 careful not to go into the POC area and limit  
25 our observations and findings and scoring more

1           toward the dose as it applied to a particular  
2           case, whether or not it was important to that  
3           case or perhaps might have general  
4           applicability. But no, I -- we -- you know,  
5           with regard to the implication on a POC, from  
6           very early on we were -- we -- in fact, we  
7           originally offered that maybe we -- the high  
8           end may have an implication, so we -- we were  
9           careful to keep away from POC. I believe Hans  
10          in fact might -- I didn't know that he might be  
11          on the line. I -- if he is, I'd love to ask  
12          him to --

13          **DR. WADE:** I think he's on but I'm not sure  
14          he's hearing us at the moment.

15          **DR. MAURO:** I see. So the answer is -- is yes,  
16          we're dealing with dose. And if it gets a low  
17          score, it means really for that particular  
18          case. But definitely for that particular case  
19          it does not have a substantial or significant  
20          effect in terms of changing the dose in any  
21          significant way. It's just pointed out as a  
22          quality issue. That is, they didn't actually  
23          follow their procedures as they were laid out.  
24          Now the --

25          **MR. GRIFFON:** I think that -- that's -- the

1 word you threw in there was one I was jotting  
2 down, the significant effect. I think that  
3 might --

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

5 **MR. GRIFFON:** -- we might want to put that --  
6 significant effect upon the dose reconstruction  
7 -- the individual's dose reconstruction. I  
8 think we all agree that there is likely no --  
9 little or no significant effect on the  
10 individual's dose reconstruction. I think that  
11 kind of phrase might work.

12 **MS. MUNN:** Or perhaps, if I might offer a  
13 friendly amendment to my friendly amendment,  
14 perhaps simply "with little or no effect on the  
15 individual evaluation" -- "on the individual's  
16 evaluation".

17 **MR. GRIFFON:** I think that might work.

18 **DR. ZIEMER:** How would you -- how about  
19 "individual dose evaluation"?

20 **MS. MUNN:** Fine.

21 **MR. PRESLEY:** Or "case evaluation".

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

23 **MR. PRESLEY:** I think that clarifies it.

24 **MR. GRIFFON:** I think I'm happy with that last  
25 -- yeah.



1           **DR. WADE:** -- when we make contact. I assume  
2           that those out there on the telephone cannot  
3           hear me at this point.

4           **DR. ZIEMER:** If you can hear Lew, please say  
5           so.

6           **DR. WADE:** So we have to keep working on it.  
7           Guys, we need to work on it.  
8           Okay, they're working on it. They look very  
9           capable to me.

10          **DR. ZIEMER:** Okay. Thank you. Mark, what  
11          about the next -- actually there's 40 more  
12          after that. Where do we stand on that, or can  
13          we get an update from SC&A?

14          **MR. GRIFFON:** Yeah, I think just a -- you know,  
15          a quick update on the fourth set, and I'll --  
16          I'll just -- I'll try to describe the process,  
17          where we stand, and John, you can check in.  
18          But SC&A has delivered a report on this. We  
19          had the Board calls with the individual teams,  
20          how we've done it in the past, sort of followed  
21          this six-step process -- and I don't remember  
22          all six steps right now, but teams are formed  
23          and -- and individual teams meet over certain  
24          cases with SC&A, usually via the -- via the  
25          phone. They go through the case reports that

1 SC&A has got. And then SC&A develops a matrix  
2 with the findings, and these findings have been  
3 provided to NIOSH. And at this point Stu has  
4 indicated to us that, because of other  
5 priorities -- some of them very obvious -- that  
6 -- that we don't have full NIOSH responses yet.  
7 Is that -- I just saw you, Stu. I didn't  
8 realize you'd joined us.

9 **DR. ZIEMER:** Stu Hinnefeld.

10 **MR. HINNEFELD:** That's right, we've -- we've  
11 done the initial work, we've -- with ORAU in  
12 terms of reading the findings -- you know,  
13 going back to the original report, you know,  
14 from the findings matrix and pulling up the  
15 original report, make sure we understand the  
16 nut of the finding. We've drafted some initial  
17 responses they've provided to us and we need to  
18 get with them, talk with them to kind of flesh  
19 out some of those. I mean some are fine, some  
20 we need to flesh out a little more. So we need  
21 a little more work to be prepared then for what  
22 -- the next normal step is a workgroup meeting  
23 where we meet with SC&A and the workgroup to --  
24 to go over the findings and our responses and  
25 the bases for the various -- if there a

1                   disagreement anywhere, the bases for the  
2                   disagreements.

3                   **DR. ZIEMER:** And actually that will be with --  
4                   with the subcommittee as rechartered.

5                   **MR. GRIFFON:** The newly formed --

6                   **MR. HINNEFELD:** Okay, I'm sorry. I was out of  
7                   the room for a minute.

8                   **DR. ZIEMER:** Okay. Thank you, Stu.

9                   **MR. GRIFFON:** So that's all I was going to say  
10                  is I think we'll pick this up with the newly-  
11                  formed subcommittee, assuming that the Board  
12                  votes it in and --

13                  **DR. ZIEMER:** Right. And then the fifth and  
14                  sixth groups, 20 -- oh, a total of 40  
15                  additional cases are sort of in line now. John  
16                  Mauro, if you can give us a status report, I  
17                  don't think the Board members have actually  
18                  looked -- well, they haven't interacted yet  
19                  with SC&A on those, but give us a status  
20                  report.

21                  **DR. MAURO:** That's correct, the -- in fact, the  
22                  fifth set is complete, and one of the reasons  
23                  Hans and Kathy are not here today is they are  
24                  putting the final touches on that deliverable  
25                  which we have -- are trying our best to get

1           into your hands very soon.

2           But we did leave a bit of an open question in

3           that e-mail that I sent to the Board on this

4           particular matter. As you know, part of the

5           process that we use is once the reviews of the

6           20 cases are completed, we normally hold what

7           we call our one-on-one discussions with two-

8           member groups of the Board where Hans and Kathy

9           and perhaps myself who have worked on these

10          sets would go -- have an -- a dialogue

11          regarding here's our fundamental findings. We

12          have a question for the subcommittee. We will

13          have our complete set of audits -- draft audits

14          completed this fiscal year. A question

15          becomes, we have not yet had the one-on-one.

16          We could do one of two things. We could hold

17          off on delivery of the full set, the big thick

18          report with the 20 audits in them, until we

19          have a chance to have the one-on-one discussion

20          with the Board members and then make any final

21          editorial changes. Or we could deliver the

22          report as -- without the benefit of the one-on-

23          one.

24          I -- I asked Hans and Kathy to go forward,

25          complete the set 'cause I have -- I would like

1 to deliver all our fiscal year 2006  
2 deliverables to you by the end of this month.  
3 If we do go through the one-on-one, it will  
4 push that fifth set probably a week or two into  
5 October, so I guess I -- I do have a question  
6 for the subcommittee, whether you have a  
7 preference.

8 **DR. ZIEMER:** Yeah. Well, we'll get some  
9 individual Board reactions. I suspect the  
10 Board members would rather interact before --  
11 before they had the report out. I know you're  
12 trying to meet a federal calendar deadline for  
13 the end of the fiscal year, and I'll have to  
14 ask if there's any problems if the deliverable  
15 is delayed. But Board members, what is your  
16 pleasure on this?

17 **MR. PRESLEY:** I would like to see it delayed,  
18 for the simple reason of -- of perceived  
19 biasness (sic). I think everybody ought to  
20 make their own decisions before that --

21 **DR. MAURO:** Sure.

22 **MR. PRESLEY:** -- you all make your -- your  
23 comments known.

24 **DR. MAURO:** Yeah, that's fine.

25 **DR. ZIEMER:** Wanda Munn?

1           **MS. MUNN:** Those one-on-ones are very  
2           informative for the Board members and gives  
3           them much better flavor of what has really  
4           transpired with -- not only with respect to the  
5           original dose reconstruction, but with the  
6           contractor's overview as well. I've found them  
7           very beneficial personally and would prefer to  
8           have that take place before the report's  
9           issued.

10          **DR. MAURO:** Well, on that ba-- if that -- I'll  
11          let -- I'm sorry.

12          **DR. ZIEMER:** Let's -- that's two that -- I  
13          don't know if that's a consensus. Who else  
14          wants to comment? Mark.

15          **MR. GRIFFON:** I agree with that.

16          **MR. CLAWSON:** I agree, too.

17          **DR. ZIEMER:** Okay.

18          **MR. CLAWSON:** We've got to have time to go over  
19          it.

20          **DR. ZIEMER:** Yeah. The Chair certainly does  
21          agree with that. I think you have a consensus;  
22          we'd like to have the input before you release  
23          the reports.

24          Now --

25          **DR. WADE:** Contractually, there is no --

1           **DR. ZIEMER:** Contractually?

2           **DR. WADE:** -- problem. We do have the  
3           contracting officer, who's nodding at me, and  
4           there is no problem. We'll work that out with  
5           you, John.

6           **DR. MAURO:** Very good. By way of the -- I  
7           guess the logistics of it, we will have the  
8           entire -- the entire document is actually  
9           moving through the process, is probably close  
10          to completion right now with all 20. What we -  
11          - we can do is break it out into each piece and  
12          send them out individually, or send the whole  
13          thing out to everyone. And then of course the  
14          one-on-one, you would just deal with the items  
15          you have before you. Is there a preference  
16          there?

17          **DR. ZIEMER:** I think the way you did it before  
18          worked pretty well. We each got our individual  
19          cases --

20          **DR. MAURO:** I see.

21          **MR. PRESLEY:** Yeah.

22          **DR. MAURO:** Fine.

23          **DR. ZIEMER:** -- and then you compiled all the  
24          Board's comments in --

25          **DR. MAURO:** Okay.

1           **DR. ZIEMER:** -- to the total. Is that -- any  
2           objection to --

3           **MS. MUNN:** No.

4           **DR. ZIEMER:** -- following that? I think it  
5           worked pretty well in the past.

6           **DR. MAURO:** Well, then we'll -- we'll begin to  
7           schedule that as soon as we get back for -- and  
8           get that arranged.

9           **DR. ZIEMER:** Okay. Thank you very much.

10          **DR. WADE:** John, while you're at the  
11          microphone, just to -- to look a bit into the  
12          future in terms of scheduling, you now have the  
13          fifth and sixth cases identified. We'll need  
14          the Board -- the subcommittee will need to work  
15          on the seventh set, and could you speak to when  
16          you would need to hear from the Board on that  
17          in terms of your workload? The Board has a  
18          call scheduled for October 18th and a face-to-  
19          face meeting the week of December 11. When do  
20          you need to hear from the Board on the seventh  
21          set with specificity in order to keep you on  
22          schedule?

23          **DR. MAURO:** I would say our pipeline is full  
24          right now, and starting in November it would be  
25          very nice to have the next -- the seventh set.

1           So in other words, we're basically moving the  
2           cases through. This is the one task where our  
3           pipeline is full and -- but if we can see the  
4           next disk with the next set of 20, the seventh  
5           set, let's say November, maybe even December,  
6           we'll be okay.

7           **DR. WADE:** All right.

8           **DR. MAURO:** By the way --

9           **DR. ZIEMER:** So the December meeting would be  
10          soon enough then? You're not going --

11          **DR. MAURO:** It's -- it'd probably be okay on  
12          that, but let me point out one other thing. We  
13          recognize that when it comes to these Task IV  
14          activities we're the bottleneck. That is, we  
15          can only push through so many. We have added  
16          two new individuals who are going through the  
17          training. This is one of the more difficult  
18          challenges to get individuals up to speed on.  
19          There's a very complex set of procedures and  
20          audits. So we're hoping that we will -- after  
21          November we won't be the bottleneck.

22          **DR. ZIEMER:** Okay. Thank you very much.

23          **MR. GRIFFON:** Just -- just one item -- just one  
24          item to add on the potential seventh set  
25          coming. I think -- and this can come up in our

1 next subcommittee meeting, but I think we need  
2 to be aware of it and remember that it was in  
3 our original scope of work, this notion of  
4 blind reviews. And we've never sort of gone  
5 anywhere with that, but I -- I think we need to  
6 consider that maybe in the next set, so just to  
7 have that out there.

8 **DR. ZIEMER:** Thanks for that reminder 'cause  
9 that certainly was -- and we discussed that a  
10 bit last time, said we -- we still wanted to do  
11 something along that line.

12 **MR. GRIFFON:** Right.

13 **PROCEDURES REVIEW**

14 **DR. ZIEMER:** Our next item on our agenda is  
15 procedures review. Actually we don't have any  
16 actions to take here but simply to report. And  
17 Mark, you were heading that effort up, too, and  
18 my recollection is the initial procedures  
19 review was completed, and in the process we've  
20 identified a number of new procedures that SC&A  
21 was going to undertake. I think -- has the  
22 task been developed already for that on the  
23 follow-up procedures review? Where do we stand  
24 on the tasking for that?

25 **DR. WADE:** Right, it --

1           **DR. ZIEMER:** I'm asking Lew right now.

2           **DR. WADE:** Well, I think we need to instruct  
3 SC&A -- the Board needs to instruct SC&A on the  
4 procedures it would like to see reviewed in  
5 next year's work. Towards that end, John Mauro  
6 had shared with us -- and it's included in the  
7 -- your tab "Procedures Review" -- a list of  
8 procedures not reviewed as of June 2006. So I  
9 think this provides fodder for the Board to  
10 consider as it instructs SC&A.

11           John, anything you would like to add?

12           **DR. MAURO:** Just to point out that we are in a  
13 position to accept additional work. In other  
14 words, the pipeline is not full right now. We  
15 are -- we are ready to take on new procedures  
16 for review when the Board, you know, is  
17 prepared to give us those instructions.

18           **DR. WADE:** Right, and we have a Board item for  
19 tomorrow -- no, excuse me, today at 3:45, to  
20 discuss this issue. So I would just point out  
21 to the subcommittee members that you have that  
22 material. We'll be discussing it in more  
23 detail, hopefully giving SC&A an instruction on  
24 the procedures to -- to begin to review for  
25 this fiscal year -- for next fiscal year.

1 Now I'm told that our friends on the phone can  
2 now hear us. Liz Homoki-Titus, can you hear  
3 us?

4 **MS. HOMOKI-TITUS:** Yes, much better. Thank  
5 you.

6 **DR. WADE:** Okay. Sorry about the -- the delay.  
7 Mike --

8 **MR. GIBSON:** I still can't hear --

9 **DR. WADE:** -- Gibson, are you with us?

10 **MR. GIBSON:** -- anything.

11 **MS. HOMOKI-TITUS:** Did you hear Mike say that  
12 he can't hear anything?

13 **DR. WADE:** I could not hear that. So Liz, you  
14 can hear us but Mike cannot hear us.

15 **MS. HOMOKI-TITUS:** That's correct.

16 **MR. GIBSON:** It's very vague. I can just hear  
17 a word here and there.

18 **DR. ZIEMER:** Oh --

19 **DR. WADE:** Wait a minute -- Mike, can you hear  
20 us?

21 **MR. GRIFFON:** (Unintelligible) Mike, yeah.

22 **MS. BEHLING:** This is Kathy and Hans Behling.  
23 We're also having difficulty hearing. We can  
24 hear some people, but not everyone.

25 **DR. WADE:** Well, let's just pause for a minute.

1 Now this is Lew Wade. Kathy, can you hear me?

2 **MS. BEHLING:** Yes, but it's -- but it's very  
3 broken up. I can -- it sounds as if when  
4 people are -- are speaking directly into the  
5 microphone, then we can hear, but otherwise we  
6 cannot.

7 **DR. WADE:** But can you hear me now?

8 **MS. BEHLING:** Just marginally.

9 **DR. WADE:** Okay, but I'm speaking as --

10 **MS. HOMOKI-TITUS:** Whoever's talking right now,  
11 I can't hear you although I could hear Lew.

12 **DR. WADE:** Okay. Mike Gibson, can you hear me  
13 now?

14 **MR. GIBSON:** Just barely, Lew.

15 **DR. WADE:** Okay, we'll be working on it. I'm  
16 sorry.

17 I do want to identify to everyone that Mike has  
18 been on the line. Mike, Dr. Ziemer will secure  
19 your vote on the motions that were taken to  
20 this point. They were all taken unanimously,  
21 but we will take the effort to get your vote  
22 recorded.

23 And what's going to happen soon now is this  
24 subcommittee is going to have a break as  
25 members go to a secure room to look at

1           classified information for some of their  
2           deliberations. There will be no work going on  
3           here.

4           We will use the time to do the best we can to  
5           rectify our current phone problem.

6           So the sub-- the committee will reconvene at  
7           1:00 o'clock after several more minutes of the  
8           subcommittee. I would ask those of you who are  
9           going to call in, call in a bit early and we'll  
10          do everything we can to make this as quality as  
11          we can.

12          **DR. ZIEMER:** Mark, do you have an additional  
13          comment -- Mark Griffon?

14          **MR. GRIFFON:** Just one thing on the procedures  
15          review -- I know we're all getting ready to  
16          leave here -- there was a matrix created out of  
17          the first set of procedures review. I have not  
18          drafted any kind of letter report for that yet,  
19          and I'm not sure -- you know, my sen-- I talked  
20          to Paul before the meeting. Maybe we should  
21          have an interim report on that. Part of my  
22          reluctance to do so was that a lot of the  
23          actions in the matrix were to review an updated  
24          procedure, so it was -- I -- I felt like really  
25          be-- because of the time in which we did this,

1 a lot of the procedures we're reviewing were  
2 out of date or replaced by subsequent  
3 procedures and we needed to -- it wasn't going  
4 to be a very fruitful report, so I -- my  
5 tendency was to wait until we complete the  
6 procedures review and do one report. But I  
7 think Paul had a --

8 **DR. ZIEMER:** Well --

9 **MR. GRIFFON:** -- a different sense of that, but  
10 I don't know.

11 **DR. ZIEMER:** Yeah, it seemed to me that  
12 perhaps, although no action is required in  
13 terms of what we would recommend, I think  
14 reporting to the Secretary what's been done --  
15 since it did expand over -- or it did cover a  
16 period of more than a year of effort --

17 **MR. GRIFFON:** Okay.

18 **DR. ZIEMER:** -- that perhaps a report  
19 indicating what has been done on procedures and  
20 what -- what is --

21 **MR. GRIFFON:** And come forward kind of?

22 **DR. ZIEMER:** Right. I think a letter report  
23 would be worth doing. Lew, do you concur with  
24 that?

25 **DR. WADE:** Yes, I do.

1           **DR. ZIEMER:** Yeah. So we'll -- we'll perhaps  
2           draft something and we could do that in our  
3           phone meeting and -- and -- it would be a one-  
4           pager, simply indicating the status of the  
5           procedures review, so that there's an official  
6           record with the Secretary, even though it's  
7           already in -- in the public record. We have an  
8           official record with the Secretary that in fact  
9           we and our contractor have in fact carried out  
10          that responsibility.

11          **WORKING GROUP ACTIVITIES**

12           I think on the working group activities, Lew,  
13           that we can report later in the meeting on  
14           those assignments and so on because we -- we do  
15           need to allow our colleagues to get to the  
16           classified meeting.

17           So without objection, I will declare that we  
18           are in recess until the full Board meeting at  
19           1:00 o'clock.

20           **DR. WADE:** And I will ask those on the phone  
21           who are very interested in this, call in at ten  
22           of 1:00, quarter of 1:00 and we'll try and --  
23           and do whatever work we can do to make sure  
24           we've got the system working properly. Thank  
25           you.

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**DR. ZIEMER:** And for clarity, this is not a recess. It's really an adjournment of the subcommittee meeting, so I declare the subcommittee meeting adjourned.

(Whereupon, an adjournment was taken at 10:00 a.m.)

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**CERTIFICATE OF COURT REPORTER****STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Sept. 19, 2006; and it is a true and accurate transcript of the testimony captioned herein.

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

WITNESS my hand and official seal this the 18th day of November, 2006.

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