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

convenes

MEETING 54

ADVISORY BOARD ON
RADIATION AND WORKER HEALTH

DAY TWO

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Meeting of the Advisory Board on Radiation and
Worker Health held at the Crowne Plaza Tampa East,
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STEVEN RAY GREEN AND ASSOCIATES
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TRANSCRIPT LEGEND

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-- (sic) denotes an incorrect usage or pronunciation of a word which is transcribed in its original form as reported.

-- (phonetically) indicates a phonetic spelling of the word if no confirmation of the correct spelling is available.

-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

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

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

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P R O C E E D I N G S

(8:45 a.m.)

WELCOME AND OPENING COMMENTS**DR. PAUL ZIEMER, CHAIR****DR. CHRISTINE BRANCHE, DFO**

1 **DR. BRANCHE:** Good morning. We're starting the
2 second day of the Advisory Board on Radiation
3 and Worker Health meeting 54. I'm Christine
4 Branche. I have the pleasure of being your
5 Designated Federal Official, and we are
6 beginning today.

7 I need to make certain -- Mr. Robert Presley,
8 are you on the line?

9 **MR. PRESLEY:** Right here.

10 **DR. BRANCHE:** Do you have the same telephone
11 number that I gave you yesterday in case you
12 somehow lose contact?

13 **MR. PRESLEY:** 813/623-6363.

14 **DR. BRANCHE:** Great, and we're still in the
15 Cypress Room. Thank you so much; glad you're
16 aboard.

17 **DR. ZIEMER:** Thank you very much. I want to
18 remind everyone again to please register your
19 attendance with us this morning. The
20 registration books are in the corridor. Also,

1 again, the copies of the agenda and other
2 materials are on the table in the back of the
3 room.

4 On today's agenda I just want to point out that
5 the third item, which is really the second
6 business item, the NIOSH program update, we --
7 we moved forward and covered yesterday. So we
8 will likely move something else up, probably
9 the -- if -- if it's okay with Jeff, and you
10 checked with him, from Department of Labor,
11 we'll probably move the Labor update forward to
12 this morning so that we utilize the time
13 effectively.

14 **AREA IV, SANTA SUSANA FIELD LABORATORY SEC PETITION**

15 But we'll begin this morning with the Santa
16 Susana Field Laboratory SEC petition. NIOSH
17 presentation on their evaluation report will be
18 given by Stuart Hinnefeld, and then we'll have
19 an opportunity for the petitioners. And I'll
20 just check and see if LaVonne Klea is on the
21 line.

22 **MS. KLEA:** Yes, I -- yes.

23 **DR. ZIEMER:** Good morning.

24 **MS. KLEA:** Good morning.

25 **DR. ZIEMER:** And after the presentation by Mr.

1 Hinnefeld, we'll have an opportunity for you,
2 LaVonne, also to make comment.

3 **MS. KLEA:** Thank you.

4 **DR. ZIEMER:** Thank you.

5 **DR. BRANCHE:** While Mr. Hinnefeld makes his way
6 forward, for those of you who are on the
7 telephone, if you would please mute your
8 phones. If you do not have a mute button, then
9 please use star-6. And when -- for example,
10 Ms. Klea, when you're ready to speak, you can
11 use that same star-6 to unmute your phones.
12 Again, please mute your phones while the
13 discussion here at the board room is going on.
14 Thank you.

15 **UNIDENTIFIED:** Okay. Star-6?

16 **DR. BRANCHE:** That's right.

17 **DR. ZIEMER:** Yes. Stuart Hinnefeld.

18 **MR. HINNEFELD:** Thank you, Dr. Ziemer. Good
19 morning, everyone. I'm here today to present
20 the results of the evaluation report on Area IV
21 of the Santa Susana Field Laboratory, which is
22 located just a little ways outside Los Angeles
23 in California. And matter of fact, it's
24 located in the Simi Hills in Ventura County,
25 and it was -- it's divided into four

1 administrative and operational areas called,
2 conveniently, Areas I through IV. And the DOE
3 operations that are covered by the Energy
4 Employees Occupational Illness Compensation
5 Program are in Area IV only, so it's Area IV of
6 the Santa Susana Field Laboratory is the
7 covered facility.

8 That Area was established in 1953, and nuclear
9 operations began in 1955 under the name of
10 Atomics, International. There was also rocket
11 testing operations at the same location under
12 the name of Rocketdyne.

13 Those -- there were two engineering centers
14 that were group-- sub-groups of Atomics
15 Engineering (sic), Liquid Metals Engineering
16 Center and the Energy Technology Engineering
17 Center. Those were involved in research and
18 development of liquid met-- liquid metals
19 technology and -- and nuclear technologies.
20 There was a merger -- Atomics International
21 merged with Rocketdyne in 1984 as part of
22 Rockwell International. Today it's owned by
23 Boeing. There's been sort of this
24 conglomeration of company names associated with
25 the -- with the site over the course of its

1 operation.

2 The nuclear operation programs at the site
3 operated from 1955 to 1980. They involved
4 development of operation of some ten test
5 reactors and a number of operation -- operation
6 of a number of critical -- criticality test
7 facilities, which are kind of similar to a
8 reactor, I guess.

9 Nuclear support operations operated from 1956
10 to the present, includes reactor fuel
11 manufacturing, disassembly of used reactor
12 fuels and rods, production of radioactive
13 sources, research on fuel reprocessing,
14 preparation of waste for disposal, operation --
15 and the operation of particle accelerators.
16 And there were also non-nuclear programs that
17 operated in the Area from 1966 to 1998.

18 The site is still there today in the middle of
19 a, I guess, fairly contentious environmental
20 remediation effort, so it is still there today.
21 And I believe the workers today are still
22 covered under the program.

23 The history of petition-related activities for
24 the site -- in June 22nd of 2007 we received
25 the petition. It's our petition number 93. In

1 October 2007 we issued our professional
2 judgment paper that petition qualified for
3 evaluation based on limited internal monitoring
4 data for the pre-1965 period.

5 And I might say here very briefly that the
6 petition petitioned for 1955 to the present.
7 That was the petitioned -- period of time in
8 the petition. We qualified the petition up
9 through 1965 on the basis of limited or lack of
10 internal monitoring data. So the entire
11 petition period that -- up through the present
12 was not evaluated. The evaluation then focused
13 on the qualification period, which goes through
14 1965.

15 And we announced that the petition qualified
16 for evaluation on October 27th.

17 We evaluated the petition using the guidelines
18 in 42 CFR 83.13, submitted a summary of the
19 findings in the petition evaluation report --
20 report to the Board and to the petitioners, and
21 that evaluation report was issued on February
22 15th of this year. This, as it says, is an
23 83.13 petition. The petition was received from
24 a member of the public. It was not originated
25 by NIOSH in our dose reconstruction efforts.

1 The petitioner-proposed class definition is:
2 All employees who worked in all the areas of
3 the laboratory from 1955 to the present,
4 including the post-1987 remediation period.
5 The class we evaluated was: All employees of
6 DOE and its predecessor agencies, contractors
7 and subcontractors who worked in Area IV from
8 January 1st, 1955 through December 31st, 1965.
9 And our reco-- we are today recommending the
10 addition of a class that's provided here: All
11 employees of the DOE, its predecessor agencies,
12 DOE contractors and subcontractors who were
13 monitored while working in any area of the
14 Santa Suna -- Santa Susana Field Laboratory
15 Area IV for a number of work days aggregating
16 at least 250 days from January 1st, 1955 to
17 December 31st, 1958, or in combination with
18 work days within another SEC.
19 The basis that we qualified the petition for
20 evaluation on was absence of internal
21 monitoring data and a way to do internal dose
22 reconstruction. There's a clear lack of that
23 data up through 1958, or up until late 1958.
24 And there was a health study published by UCLA
25 that described the internal monitoring data

1 prior to about 1963 as being relatively scarce.
2 So based on that and the fact that the
3 petitioner's employment continued through 1965,
4 we decided to qualify the petition up through
5 1965 and evaluate that period.

6 The -- we came to discover during our
7 investigation that the relatively scarce
8 internal monitoring data up through 1963 was
9 due to the far smaller amount of radiological
10 work up through 1963. And as the work ramped
11 up from that period forward, the bioassay of
12 course would ramp up also as more employees
13 would be engaged in it.

14 The source of available information that were
15 used in our evaluation report are the Technical
16 Information Bulletins and the site profile
17 that's been prepared; the case files and the
18 individual claims in our NIOSH database, which
19 we often call NOCTS; the NIOSH site research
20 database; documentation and affidavits provided
21 by the petitioner; interviews with former Area
22 IV employees; the CEDR database, that's the
23 Comprehensive Epidemiologic Data Resource
24 database, there have been epidemiological
25 studies done for site; and some scientific

1 publications as well.

2 A brief summary of the availability -- general
3 availability of dosimetry data. This is the
4 claims in our tracking system, and this data is
5 up to date as of January 9, 2008 when it was
6 compiled for some purpose, and that data was
7 used on this slide. Classes (sic) which have
8 employment during the class definition period
9 that was the evaluated class, that from 1955 to
10 1965, there are 158 cases in that class as of
11 January 9th. There are 81 of those dose
12 reconstructions have been completed; 36 of
13 those cases contained internal dosimetry and 65
14 contained external dosimetry.

15 No claim had internal data before August of
16 1958. One claim had data beginning in
17 September of 1958, so it kind of -- the
18 bioassay program (unintelligible) started there
19 in late 1958.

20 And there were quite a large number of Area IV
21 employees who were not radiological workers.

22 As I said, there were other activities in that
23 Area in addition to the radiological work.

24 The internal monitoring data that is available
25 is the -- we have urine bioassay available from

1 1959 to 1966 for this variety of radionuclides,
2 two different uranium analytical methods and a
3 variety of other radionuclides -- plutonium,
4 thorium, mixed fission products, there are some
5 gross alpha and gross beta results, and there
6 are some results from polonium-210, strontium-
7 90 and tritium.

8 Urine samples were collected based on job
9 assignment that required exposure to
10 radioactive materials, and there are more than
11 100,000 internal dose data points collected
12 from more than 300 individuals who were
13 monitored for internal exposure at Area IV.
14 Those of course are not all claimants.
15 External monitoring data is available for all
16 years of site operation. The external
17 dosimetry was assigned based on job or exposure
18 potential.

19 Beta/gamma exposure was measured from 1954 to
20 1962 with a two-element film dosimeter; from
21 '63 to '66 is a multi-element dosimeter from a
22 commercial vendor; a pocket or pencil dosimeter
23 -- I'm talking now about the evaluation period
24 and then goes a little beyond. Pocket or
25 pencil dosimeters were used for non-routine

1 work, but they were not used to record the dose
2 of record.

3 Neutron doses were record-- are available from
4 1954 to 1966 using NTA film.

5 And there are 4,665 individuals enrolled in the
6 external dosimetry program for which data is
7 available. Again, those are not all claimants.
8 The petitioner identified several bases in the
9 petition for -- for a class addition: the lack
10 of internal monitoring program, contamination
11 that was found in the sodium disposal facility
12 and the lack of records of material sent there.
13 This was not considered radiological activity,
14 but it was found to be contaminated after some
15 period of disposal there. Inadequate air
16 monitoring, a specific reactor incident at the
17 sodium reactor experiment in which a large
18 portion of the reactor fuel failed -- or
19 significant -- not a large portion, a
20 significant fraction of -- of it failed.
21 Uranium fires that occurred, tritium plume in
22 the groundwater and inadequate radiation
23 badges.

24 In our evaluation we identified issues as well.
25 We looked at the lack -- there appears to be a

1 lack of internal monitoring data from 19--
2 before 1959. We were concerned about possibly
3 missing records, and the reason we were
4 concerned about possibly missing records
5 because we -- some workers -- when we would
6 receive the response from the site, we asked
7 for the radiation exposure history, we would
8 receive -- some people would get a response of
9 "no record" and other people we would get a
10 response that would include a radiation
11 exposure record that was completely blank. So
12 we -- you know, when you see a -- when you
13 first get a response and you -- and they
14 respond "no record," you say well, this person
15 probably was not a radiation worker. And then
16 you get a response that has a radiation worker
17 that has nothing on it and you say well, now
18 what does this mean? Because normally I would
19 say this person wasn't a radiation worker. But
20 what it turns out is there were restricted
21 areas in Area IV, meaning -- restricted being a
22 term I believe that used to be used to denote
23 contam-- a radiological control aspect. And if
24 you went into the restricted area, whether you
25 were a radiation worker and worked around

1 radiation or not, because inside the restricted
2 areas there were places -- not every site
3 inside a restricted area were you subject to
4 radiation exposure. If you went in there, you
5 got a radiation exposure record, and so you got
6 a pink card or blue card filled out and that
7 was placed in your folder. If you were -- if
8 you went in there and you were not a radiation
9 worker, then nothing was ever written on your
10 exposure record. So workers who entered the
11 restricted area but were not radiation workers
12 got an exposure card. Workers who never went
13 into the restricted area did not get one, and
14 so that's why we got the two categories of
15 record responses of either no response (sic) or
16 a blank exposure record.

17 We were also concerned about monitoring of
18 emergency personnel who may have to enter a
19 restricted area for an emergency.

20 So addressing each of these concerns -- I guess
21 maybe I should speak quickly, I'm going to --
22 I'm tak-- I'm taking a lot of time up here.

23 The lack of internal monitoring data -- based
24 on our evaluation, we found that there was no
25 established routine bioassay program before

1 August of 1958, and there was exposure
2 potential to uranium and fission products. We
3 have insufficient source term information to
4 bound the dose. And we do have bioassay data
5 in term-- form of urine data after 1958, which
6 we believe we can use to bound the dose.
7 Petitioner raised a concern about sodium
8 disposal burn pit and the lack of records. The
9 burn pit was used to react sodium and an alloy
10 -- potassium -- a sodium-potassium alloy, which
11 I've heard commonly referred NaK -- referred to
12 as NaK. They react it with water as a means of
13 disposal. Some of that material apparently was
14 contaminated with fission products because it
15 was coolant from the sodium reactor coolant.
16 It was not expected or intended to be used
17 (unintelligible) radioactive waste disposal.
18 But given that we have a robust bioassay data
19 set for the people who were radiologically
20 exposed, we are confident that use of that data
21 set will allow us to bound people's doses. And
22 we also have actually for both internal and
23 external.
24 Petitioner raised a concern of lack of air
25 monitoring at the -- at the Area IV. Our

1 internal dose evaluation relies primarily on
2 the urine bioassay estimates or the internal
3 monitoring database in order to do that. There
4 is some air sampling data available, gross
5 alpha and gross beta. To be honest, I think
6 the urine bioassay or the internal monitoring
7 data would be our pathway to do these doses.
8 And again, since we have a fairly robust data
9 set for that, we're confident we can provide a
10 bounding estimate for the doses.

11 Reactor -- the petitioner raised a concern
12 about the sodium reactor incident, including --
13 that there was a release of core gases after
14 the SRE cladding failure in 1959. And that
15 clad-- well, cladding failure or fuel melt,
16 probably some of both, I would guess --
17 incident resulted in release of gaseous fission
18 products to the hold-up tanks, and then there
19 were hold-up tanks over this so it was followed
20 by a controlled release to the atmosphere. And
21 again, since we have bioassay data and a robust
22 bioassay data set, we believe we can analyze
23 these doses -- or bound these doses.

24 There is -- since it's a sodium reactor, of
25 course, it wasn't open to the atmosphere. It

1 was -- had a helium cover gas and that cover
2 gas then was -- there was some venting of that
3 to the hold-up tanks.

4 Exposure from workers in fires, like sodium
5 metal and uranium fires. There were quite a
6 number of fires and incidents like that. They
7 tend to be very well documented at Area IV,
8 since they're very well documented with
9 oftentimes radiological readings associated
10 with that documentation. That, in combination
11 with the bioassay data, we believe that we have
12 sufficient data that we can bound these doses.
13 A petitioner concern was that the groundwater
14 used for drinking at the site and tri-- tritium
15 was later found to be in sampling wells. And
16 groundwater was exclusive water supply from
17 1948 to 1964. All but one of the wells for the
18 Santa Susana Field Laboratory were in Areas I
19 through III, not in Area IV. Since 2000 all
20 the water supply has been from off-site. All
21 the groundwater supply wells were less than
22 1,000 picocuries per liter. That sounds like a
23 high number, but that's the detection number on
24 the analysis, so that was not detected in those
25 well samples at 1,000 picocuries per liter.

1 There's a sampling well, not a groundwater
2 supply well but a groundwater sampling well,
3 near the reactor site that was never used for
4 drinking water where there is measureable
5 tritium on the order of 3,000 picocuries per
6 liter. And because of some knowledge of the
7 amount of tritium in the groundwater, we can
8 assume that tritium made it into the drinking
9 water and provide a bounding dose in that
10 instance.

11 Petitioner raised a concern about the -- that
12 the inadequate radiation badges -- that was
13 taken from the tiger team report, which I
14 believe those were written in the '90s, if I'm
15 not mistaken. What the tiger team report
16 actually commented on was the fact that the
17 dosimetry system at Santa Susana was not DOELAP
18 accredited. DOELAP accreditation is actually
19 kind of a moot issue for the evaluation period,
20 which goes through 1965, since DOELAP
21 accreditation didn't exist until about 1986.
22 And even when it did come into existence, it
23 provided for smaller sites to seek an exemption
24 as long as they used what we used to call NVLAP
25 accredited -- DOELAP is Department of Energy

1 Laboratory Accreditation Program. NVLAP is
2 National Voluntary Laboratory Accreditation
3 Program. NRC-regulated and State-regulated
4 entities typically used NVLAP, where as DOELAP
5 -- Department of Energy wanted to do their own
6 thing so they invented DOELAP, which was very
7 similar.

8 Concern we ran across about possible missing
9 records, I think I covered this already.

10 Workers who worked outside a restricted area
11 had no dose record. Areas (sic) who went
12 inside a restricted area but had a blank
13 record, and they were not radiation workers,
14 those people had a record but it was blank.

15 Our concern about firemen from Areas I through
16 III who might be called on to respond to
17 emergencies in restricted areas, we found that
18 the Area IV firemen were monitored. And there
19 is some -- there was at least one incident of
20 apparently missing dosimetry file, someone who
21 engaged and seems like is in fact monitored,
22 but we didn't have a file for him. But we
23 still feel that because of this, because
24 firemen are included in our monitored
25 population, that our coworker data will be

1 sufficiently bounding for this situation as
2 well.

3 Oops, I (unintelligible) two -- hit the button
4 twice.

5 Now we included on the O drive a number of
6 sample dose reconstructions to illustrate our
7 ability -- these are hypothetical. These are
8 not actual data -- actual cases. But if we had
9 a hypothetical reactor operator who was male,
10 he worked there during the period of the sodium
11 reactor -- the sodium reactor experiment
12 incident, we would do -- we could do a dose
13 reconstruction based on the -- his internal
14 monitoring and external monitoring, provided
15 the employment starts in 1959 or later. So
16 these are just some of the assumptions we made
17 for this hypothetical person.

18 The person -- we would expect to have routine
19 monitoring for uranium and fission products.
20 We said well, how about acute uranium intake in
21 1965 based on his bioassay record, and so the
22 external dosimetry throughout for all the types
23 of external radiation. Based on this
24 information -- which it may in fact be real --
25 probably an amalgam of data taken from several

1 different files, it wouldn't be one person's
2 file, if you -- when we do intakes, we always
3 assume the solubility class that provides the
4 most favorable outcome for the claimant if we
5 don't know for sure what the solubility class
6 was. So depending upon which you choose in
7 this case, some organs -- it'll be -- you know,
8 S will be more favorable for some organs, M
9 will be more favorable for others, depending
10 upon how you -- which you choose, you'll have
11 these two different intake regimes of a fairly
12 large -- quite large type S intake for the
13 acute intake, on top of a quite small chronic
14 intake over the course of employment.
15 If you had -- if your assumption is type M, the
16 acute intake is a little more moderate, but
17 your chronic intake is quite a lot larger over
18 the entire time of the employment.
19 Strontium-90 is most favorable as type F and
20 the bioassay would provide a chronic intake of
21 -- of that nature.
22 And then the external -- external doses were
23 thrown in here. I doubt that this is real data
24 'cause I doubt that anybody really got the same
25 dose every year, but this was thrown in for --

1 to show that we would have those measurements.
2 The outcome of a case like this for various
3 organs giving the organ dose and the
4 probability of causation is provided here in
5 the next table. Up to -- and that's with a
6 1990 cancer diagnosis.
7 Sample dose reconstruction number two is the
8 hypothetical again, hypothetical fireman, again
9 male, tasked with removal or burning of sodium
10 reactor components, et cetera. These are his
11 demographics that would relate to how the case
12 works out eventually. Presumable an Area IV
13 fire-- Area IV fireman would have his own bio--
14 his own data, so we would be able to make the -
15 - use his data with -- to -- in order to do the
16 dose reconstruction. We would expect someone
17 like this would probably have acute intakes,
18 more so than chronic intakes, so we could go
19 through and do the dose calculation.
20 And you will arrive at doses and probability of
21 causation (unintelligible) provided in this
22 next -- again, these are strictly hypothetical
23 cases.
24 Dose recon-- sample dose reconstruction number
25 three is a technician, doesn't handle

1 radioactive materials but drinking the
2 groundwater. So you can understand -- we can
3 go through and do this. There would be an
4 intake -- realistically, I would believe
5 probably the tritium would be included in
6 everybody's, as I'm looking through these now.
7 So these again just kind of show magnitude of
8 exposures on certain of these scenarios.
9 In our evaluation process to determine -- as we
10 evaluate a Special Exposure Cohort, a two-
11 pronged test -- of course you've all seen this
12 before, is it feasible to estimate the
13 radiation -- level of radiation doses, and is
14 there a reasonable likelihood that such
15 radiation dose may have endangered the health
16 of members of the class.
17 We've de-- NIOSH has determined it's not
18 feasible to complete dose reconstructions with
19 sufficient accuracy for the time period -- the
20 period of limited internal dos-- internal
21 bioassay data, that's from 1955 to 1958, and
22 that the health of the employees covered may
23 have been endangered.
24 The evidence reviewed indicates workers in the
25 class received chronic internal and external

1 exposure from reactor operations, fuel
2 production and other support and research
3 activities at Area IV of Santa Susana Field
4 Laboratory sufficient to potentially be harmful
5 to them. We did not recognize a particular
6 incident that would indicate that they were
7 subject -- they were likely to be harmed from
8 just being present.

9 Our recommended class definition is: All
10 employees of the DOE, its predecessor agencies
11 and the DOE contractors and subcontractors who
12 were monitored while working in area (sic) area
13 of the Santa Susana Field Laboratory Area IV
14 for a number of work days aggregating at least
15 250 days from January 1st, 1955 to December
16 31st, 1958, or in combination with work days
17 within the parameters established for one or
18 more -- one or more other classes of employees
19 within the SEC.

20 The summary -- the brief summary of our
21 findings is for -- feasibility findings for
22 internal doses from all radionuclides from 1955
23 to 1958, there's no data, we don't believe it's
24 feasible to reconstruct those doses. From '58
25 -- from '59 to the present, we believe that it

1 is feasible. For external, for all the years,
2 we believe the dose reconstruction is feasible.
3 That ends my presentation. I know the
4 petitioner wants to speak. I think the
5 petitioner has even made some comments since
6 our evaluation report was -- was presented.

7 **DR. ZIEMER:** Stu, before the petitioner comes
8 with a presentation, a couple of quick
9 questions. Could you clarify -- your class
10 definition does not include the "should have
11 been monitored" category, so you're confident
12 that anyone included was monitored.

13 **MR. HINNEFELD:** It's our belief today that they
14 con-- that they conscientiously monitored the
15 radiation workers.

16 **DR. ZIEMER:** And slide 21 where you indicated
17 concern for non-monitored workers --

18 **MR. HINNEFELD:** Which one is this, slide 21?

19 **DR. ZIEMER:** Slide 21.

20 **MR. HINNEFELD:** I'm not going to -- sure I'm
21 going to --

22 **DR. ZIEMER:** No dose records for some non-
23 monitored workers. So what does that mean in
24 this issue --

25 **MR. HINNEFELD:** Well, that -- that speaks to

1 our --

2 **DR. ZIEMER:** The ones that were outside the
3 controlled area?

4 **MR. HINNEFELD:** There were unmonitored workers
5 outside the restricted area, and there were
6 unmonitored workers in the restricted area.
7 What -- our concern about possibly lost records
8 was that when we would receive a response that
9 said "no record" and we -- that -- we would
10 normally assume that that meant this person
11 wasn't a radiation worker. But in this
12 instance, not only did we receive responses
13 that said "no record," we received responses
14 that said -- that had an exposure record that
15 was blank. An exposure record that's blank
16 indicates they were -- they were non-radiation
17 workers. Our concern was that the records of
18 the first group where we got no response (sic),
19 those records had been lost and so we would not
20 know what their exposure history was. That was
21 our concern.

22 Our concern was allayed by our investigation,
23 which revealed that in fact there were two --
24 these two groups of non-monitored workers.

25 **DR. ZIEMER:** Thank you. Any other questions

1 before we hear from the petitioner? Yes, Brad
2 Clawson.

3 **MR. CLAWSON:** Stu, who did the bioassay for
4 these people? Was it done in-house or was it
5 done by a contractor?

6 **MR. HINNEFELD:** In most cases it was done by a
7 contractor. There -- there are a number -- a
8 variety of companies who did it.

9 **MR. CLAWSON:** Okay. I -- I's just trying to
10 picture what you were drawing up there, though.
11 You've got a secured area that the people that
12 go into this are supposed to be monitored, but
13 we have some that aren't monitored. So I'm
14 trying to figure -- you know, they should have
15 been monitored. What controlled them from
16 going into the rad areas?

17 **MR. HINNEFELD:** I think -- I think what it is
18 is that the restricted area was probably the
19 area that was used by the nuclear operations.
20 Remember, there were nuclear operations and
21 rocket operations. And the restricted area,
22 meaning restricted as a radiological control
23 term --

24 **MR. CLAWSON:** Right.

25 **MR. HINNEFELD:** -- was where the radiological

1 operations occurred, not the rocket operations.
2 Within there, there would be office buildings,
3 there would be other -- you know, other aspects
4 that were apart from the radioactive material,
5 so there would be areas where there was really
6 no potential for exposure, but that wa-- it was
7 on that part of the plant. I believe that
8 would be the situation.

9 **MR. CLAWSON:** Did -- did I -- now I can't
10 remember, so did we have air sampling data?

11 **MR. HINNEFELD:** There is some air sampling data
12 for -- gross alpha and gross beta air sampling
13 data --

14 **MR. CLAWSON:** Just --

15 **MR. HINNEFELD:** -- starts relatively early.

16 **MR. CLAWSON:** -- just air, or surrounding
17 areas, or were they personal air --

18 **MR. HINNEFELD:** I don't know where it was
19 collected.

20 **MR. CLAWSON:** Okay.

21 **DR. ZIEMER:** Okay. Let's then hear from
22 LaVonne Klea. LaVonne, you still on the line?

23 **MS. KLEA:** Yes, this is LaVonne.

24 **DR. ZIEMER:** Please proceed.

25 **MS. KLEA:** I do have some comments on what you

1 said, but I'll -- I'll read what I've written
2 here. I hope you've all read my comments,
3 which have been forwarded twice.
4 I have no evidence that the site contractor had
5 good monitoring data after 1958. This is
6 contrary for all the evidence that I have. In
7 1994 Rockwell was asked for their employees'
8 monitoring records for a UCLA worker study on
9 radiation and chemical exposure. They stated
10 that very little in the way of records exist.
11 They said that you cannot invent records.
12 NIOSH themselves have used estimates of
13 external environmental doses from 1952 to 1974
14 and calculated doses from 1975 to 1999. Does
15 this mean that they have no records from '52 to
16 '74? My dose was estimated from Portsmouth.
17 The contractor used Landauer film badges. They
18 were not DOE DOELAP approved. [Name redacted]
19 pointed out certain questionable practices.
20 The first is that data obtained by dosimeters
21 is normalized to a 1000 feet altitude, by using
22 an adjustment factor equal to 15 mr per 1,000
23 feet elevation difference to obtain site
24 averages. Two nationally renowned experts had
25 never heard of this practice.

1 Second, the contractor did not have a
2 comparison study of the dosimeters placed by
3 the State of California versus DOE. According
4 to the DOE there was no procedure or technical
5 basis for operation of the internal dosimetry
6 program. Urinalysis was used as the bioassay
7 technique for insoluble cobalt-60. There was
8 no technical analysis for the suitability. And
9 what about super S plutonium? It was highly
10 insoluble. DOE and the site contractor had a
11 long history of giving low priority to
12 environmental safety and health. The site
13 contractor was basically allowed to monitor
14 themselves with almost no oversight from the
15 San Francisco office of DOE. They had no
16 dedicated staff for DOE compliance and staff
17 time was used on NASA and DOD contracts.
18 Radiological protection personnel were not
19 trained and qualified by DOE. The study of air
20 flow patterns at ETEC facilities requiring air
21 sampling was not done and did not meet DOE
22 performance standards for the internal
23 dosimetry program. Often doses were not added
24 to the records because it was manpower
25 intensive. Radioactive particulate monitoring

1 did not conform to DOE, EPA and CFR
2 requirements. No swipe tests were used for
3 handling packages. ETEC is at 1000 foot
4 elevation from the valley floor. Last week EPA
5 declared that the site qualifies for Superfund
6 eligibility. Radioactive and chemical
7 pollution has flowed down the mountain on all
8 sides, contaminating community drinking water,
9 children's camps, state parkland and new
10 construction projects. It is estimated that
11 contaminants will fill the Rose Bowl 55 times.
12 Contrary to the site profile, well water was
13 given to the employees until 1985, not 1965,
14 that was contaminated with TCE and 1,2
15 dichlorethylene. The contractor saved 50,000
16 dollars a year. We have a tritium plume in
17 Area IV of 119,000 pci per liter discovered in
18 2004. And every year the measurements go up,
19 suggesting that there are sources and also a
20 water supply well in that area, yet Rockwell
21 never tested for tritium and the tritium wasn't
22 found until 1989 by EPA.
23 Rockwell is a convicted felon. They are
24 convicted felons for illegally burning waste
25 without permit and killing workers. In 1996 we

1 had an FBI raid, grand jury conviction and a
2 record fine of 60 million dollars. Bladder
3 cancer is very high among the workers, probably
4 the highest percentage of the 22 cancers. Also
5 bladder cancer is 50 percent higher in the
6 population closest to the site, suggesting
7 chronic internal exposures.

8 I also mention that the site profile is flawed.
9 According to EPA, SNAP 8DR operated in Building
10 59 from 1962 to 1964, shut down and restarted
11 from January 1969 to December '69. Yet the
12 site profile states that it was in operation
13 from 1968 to 1969. The site profile basically
14 was written by the Boeing Company. One large
15 notebook was used and the Boeing consultant was
16 the company's own expert witness who has been
17 fighting workers compensation claims for years,
18 and now he is involved intimately with the
19 NIOSH program. This is an extreme conflict of
20 interest.

21 And to the Department of Labor, I see no change
22 in the corporate culture of fighting workers
23 compensation claims, contrary to what the law
24 promised, that the corporations would be
25 instructed to stop fighting claims and assist

1 the workers. We had a UCLA Worker Death Study
2 for which NIOSH had a representative on the
3 board, yet in evaluation of my petition the
4 BOICE study was quoted. The BOICE study was an
5 in-house, corporate paid study, another
6 conflict of interest.

7 I have a question for the Board on the fairness
8 of the NIOSH program for women. BEIR VII
9 states that women have a 50 percent greater
10 risk for solid tumors than men. Shouldn't the
11 dose reconstruction project be adjusted
12 accordingly? I thank you for listening. I
13 will not give up. I request that my petition
14 be investigated for the whole period from 1955
15 to the present because most of the data I have
16 was written in late '80s, early '90s, and there
17 looks like corrections to the problem. Thank
18 you.

19 **DR. ZIEMER:** Thank you very much, LaVonne. I'd
20 like to point out, Board members, just to
21 remind you that LaVonne distributed to us her
22 rebuttal to the SEC petition evaluation report
23 -- her rebuttal is dated February 6th, 2008. I
24 think, Christine, you distributed this in early
25 April. Is that correct? Right.

1 make.

2 **MS. KLEA:** Oh, sir, could I just --

3 **DR. ZIEMER:** Yes?

4 **MS. KLEA:** -- (unintelligible) one more
5 statement?

6 **DR. ZIEMER:** Sure.

7 **MS. KLEA:** Okay. I have read (unintelligible)
8 documents on the reactor (unintelligible) that
9 we had two reactors that for sure opened their
10 doors to -- to neutralize the radiation
11 exposure inside, and that would have been
12 Building 24, which (unintelligible) Building 28
13 they call the swimming pool reactor and it
14 operated 1961 until 1972 and it was
15 (unintelligible) every day. They ran
16 (unintelligible) reactor (unintelligible) open
17 doors (unintelligible) vent the room. Also
18 (unintelligible) reactor (unintelligible) which
19 ran from 1956 to 1966. I have an old
20 (unintelligible) very (unintelligible) that
21 they had a large (unintelligible) wearing
22 protective clothes. They had no monitoring in
23 that building and (unintelligible) 1959 and in
24 that report that they have the doors were
25 (unintelligible) to this (unintelligible)

1 contaminated air, so I know for sure that it
2 happened twice where (unintelligible) and not
3 captured. It was released by (unintelligible)
4 the door. Thank you.

5 **DR. ZIEMER:** Thank you. I believe -- and Stu,
6 perhaps you could clarify this -- I assume
7 NIOSH has seen the -- the points that she had
8 raised in her letter. I believe you're saying
9 that in -- in spite of those issues, you still
10 believe that you can bound the dose for the
11 later periods. The early period is not in
12 question.

13 **MR. HINNEFELD:** Yeah, the earlier -- the early
14 period is not in question, and today we didn't
15 see anything that would cause us to pull back
16 and amend our evaluation report.

17 **DR. ZIEMER:** Okay, looking to see if there's
18 any other comments or --

19 **DR. MELIUS:** I -- I have a --

20 **DR. ZIEMER:** -- yes, Dr. Melius.

21 **DR. MELIUS:** -- just a factual question, and
22 that is has SC&A reviewed either the site
23 profile -- I shouldn't say either. Has SC&A
24 reviewed the site profile? I'm trying to get a
25 -- a handle on where we are in terms of looking

1 at the site.

2 **DR. ZIEMER:** John?

3 **DR. MAURO:** Yes, at the last meeting the Board
4 authorized us to proceed with a site profile
5 review, which is underway as we speak.

6 **DR. MELIUS:** Okay.

7 **DR. ZIEMER:** So that's -- that's in process.

8 **DR. MELIUS:** Right.

9 **DR. ZIEMER:** Right. And John, what was the
10 expected delivery date on that?

11 **DR. MAURO:** In general our site profile reviews
12 require about a four-month period, and we are
13 only -- we started last month, so three months.

14 **DR. ZIEMER:** Right. And so to the extent that
15 that may impact on the Board's action here
16 today, take that into consideration. Okay.
17 It would be appropriate to take some action.
18 Your poten-- I'll remind you of the
19 possibilities here. The board may -- may move
20 to recommend addition of this class. I might
21 point out that doing so would not preclude
22 taking additional actions later -- wouldn't
23 require it, but it wouldn't preclude it.
24 You could -- you could move to postpone action
25 until the site profile is received, although

1 the site profile doesn't directly address
2 necessarily SEC issues, but it may include
3 them.

4 Or the other action would be to not approve the
5 recommendation from -- from NIOSH to add the
6 class.

7 **DR. MELIUS:** Can I have a --

8 **DR. ZIEMER:** Dr. Melius.

9 **DR. MELIUS:** -- another question then for --
10 for NIOSH, so this is the -- the -- the way
11 you've written up the SEC evaluation report,
12 it's -- it's -- you make it appear that in 1958
13 there was suddenly a full monitoring program
14 there, and at least our past experience has
15 been that usually those monitoring programs are
16 phased in over time -- I mean before they
17 capture all the workers or all the work areas
18 and -- and so forth. And I just can't tell
19 from your report, and I don't have access to
20 the site profile to tell if that's really true
21 or -- or is it -- if it was phased in, then I -
22 - it just raises some questions about time
23 periods involved and sort of how I think we
24 should proceed, but maybe it -- maybe in this
25 case it did --

1 **MR. HINNEFELD:** Well, I can --

2 **DR. MELIUS:** -- go from zero to full.

3 **MR. HINNEFELD:** Our position -- it started in
4 late 1958 and our position is by 1959 --

5 **DR. MELIUS:** Yeah.

6 **MR. HINNEFELD:** -- is when we say we can start.
7 They had -- the people who were exposed were
8 appropriately monitored, and if you get a
9 bioassay sample not on January 1st but on March
10 31st for someone, you can do a pretty good job
11 of estimating his exposure from -- from January
12 31st, so our -- our view is that by January it
13 was sufficient. Recognize that radiological
14 operations ramped up as years went on and
15 additional monitoring then came on line, too.

16 **DR. ZIEMER:** Okay. John Poston.

17 **DR. POSTON:** Well, it seems to me that if we
18 ask SC&A to look at this that we should give
19 them a chance to finish their work, and
20 therefore I'd make a motion that we take no
21 action at this time and -- upon receipt of the
22 SC&A review.

23 **DR. ZIEMER:** Okay, there's a motion to postpone
24 action until an opportunity to see the SC&A --
25 and that'll be a site profile review. Is there

1 a second to that motion?

2 **UNIDENTIFIED:** (Inaudible)

3 **DR. ZIEMER:** And seconded. Discussion on the
4 motion?

5 **DR. MELIUS:** Yeah, I agree with most of it. I
6 guess my only question would be would -- should
7 we have them focus just on this area and then
8 the -- on particular issues related to the SEC
9 initially so that we could expedite it, to the
10 extent that it can be, and I -- I just don't
11 know enough about where they are with their
12 work or -- to know if that's going to make any
13 difference or not.

14 **DR. POSTON:** Well, my motion was just to delay,
15 it wasn't implied that other things couldn't be
16 done and so forth. It was just to -- not to
17 take action --

18 **DR. ZIEMER:** Actually --

19 **DR. POSTON:** -- at this time.

20 **DR. ZIEMER:** -- let me just suggest the
21 following. If the motion carried, then when we
22 do our -- our other Board work, which will
23 include SC&A tasking, we can specifically
24 address how to task this particular one.

25 **DR. MELIUS:** That -- that's fine with me then.

1 Yeah, that was my only concern, I -- reason I'm
2 a little reluctant to -- we take any action on
3 the first part, the approved ar-- is this
4 question of -- of what happens on the margins
5 of the -- the -- in terms of years and so forth
6 'cause again in the past we've -- we've often,
7 you know, had questions about what years to put
8 in there in terms of when is there adequate
9 data in order to be able to estimate that --
10 again, it -- it -- there may very well turn out
11 to be what NIOSH said, but I'd like to have
12 some more information, some -- before we make
13 that decision.

14 **DR. ZIEMER:** Any other comments, pro or con?
15 We're debating the motion to delay. There
16 appear to be no other comments. Are you ready
17 to vote?

18 All in favor, aye?

19 (Affirmative responses)

20 **DR. BRANCHE:** Mr. Presley's on the line.

21 **MR. PRESLEY:** Bob Presley, aye.

22 **DR. ZIEMER:** Bob Presley votes aye. Any
23 opposed?

24 (No responses)

25 Any abstentions?

1 (No responses)

2 The motion carries and we will delay action or
3 delay a recommendation on this particular
4 petition pending the completion of the work by
5 SC&A on the site profile. And again, we'll
6 have the opportunity, if we wish, to focus that
7 in some way as well.

8 (Pause)

9 **DEPARTMENT OF LABOR UPDATE**

10 Okay, without objection then, we'll proceed to
11 the presentation by the Department of Labor,
12 and Jeff Kotsch is here this morning to present
13 that. Jeff, welcome.

14 **MR. KOTSCH:** Good morning. This is a status
15 report from the Department of Labor for
16 activities related to the Energy Employees
17 Occupational Illness Compensation Program.
18 Just as background, there are two portions to
19 this program. There's Part B, which became
20 effective on July 1st, 2001, and at the bottom
21 are the dates of the slides. There are a
22 couple of differences through this -- through
23 the series of the slides, but this one is March
24 25th, 2008. And because of that difference,
25 then I think the dates that maybe Larry had in

1 his, some of the numbers that we share or that
2 are of similar activities may be a little bit
3 different.

4 But anyway, as of March 25th the Department has
5 -- or there have been 61,234 cases filed with
6 the Department of Labor. That encompasses
7 89,282 claims. The number of claims is always
8 bigger because survivor cases may have one or
9 more claimants involved in them. Of those,
10 40,025 are cancer cases, and we have referred
11 26,766 cases to NIOSH.

12 The other half of the program, the Part E
13 program, became effective on October 28th,
14 2004. This was formerly the Part D program
15 administered by the Department of Energy. And
16 on that side of the program we've had 51,164
17 cases filed, which includes 70,992 claimants --
18 or claims. And at the beginning of that
19 program over 25,000 cases were transferred from
20 DOE.

21 As far as compensation as of, again, March
22 25th, the Department has put out in
23 compensation \$3.6 billion total; \$2.3 of that
24 is Part B, breaking down into \$1.8 billion for
25 cancer claims, \$282 million for RECA, and the

1 remainder of that would be for silicosis and
2 beryllium. \$1 billion has been paid as part of
3 the Part E program and \$206 million as part of
4 medical benefits.

5 Just quickly under the Part B benefits
6 overview, who's eligible, it's Department of
7 Energy and its contractors and subcontractors,
8 atomic weapons employers, beryllium vendors;
9 uranium miners, millers, ore transporters who
10 worked at facilities covered by Section 5 of
11 RECA -- that's the Radiation Exposure
12 Compensation Act, that program's actually
13 administered by the Department of Justice and
14 we supplement it; and certain family members of
15 deceased workers.

16 And quickly, the claim categories for Part B
17 are cancer, chronic beryllium disease or CBD,
18 beryllium sensitivity, chronic silicosis --
19 which is primarily the miners/millers, and the
20 RECA Section 5 cases.

21 And who -- who eventually becomes -- or who is
22 potentially covered that is compensable are
23 workers or claims that are determined that the
24 covered employee was a member of the SEC and
25 was diagnosed with one of the specified

1 cancers; or it is determined through a dose
2 reconstruction conducted by NIOSH that the
3 covered employee's cancer was at least as
4 likely as not, that's greater than 50 percent,
5 caused by exposure to ionizing radiation.
6 So the Part B cancer case status as of, again -
7 - this is a little different date, March 20th -
8 - there have been 40,000 -- about 40,000 cases
9 having 61,549 claims; 32,000 of those have had
10 final decisions, that's about 80 percent; 1,800
11 have recommended but no final, that means that
12 their case is with our Final Adjudication
13 Branch for another look -- I mean that's the
14 part of the process of -- of turning a
15 recommended into a final decision; about 4,500
16 are at NIOSH, and about 1,700 are pending
17 initial DOE (sic) -- an -- an initial DOE (sic)
18 -- that is an initial recommended.
19 This is the breakdown for the Part B cancer
20 cases as far as final decisions. On the left
21 side you see that there's 12,559 of final
22 decisions were approved. On the right, the red
23 bar is 19,470 denied, and the breakdowns go
24 across from left to right -- non-covered
25 employment -- reasons for denial, non-covered

1 employment; 11,735 with a POC less than 50;
2 about 3,000 with insufficient medical evidence;
3 about 1,100 with non-covered conditions and 365
4 with ineligible survivor.

5 Just a quick one on the Special Exposure
6 Cohorts. Of course there's the statutory ones
7 that were in the Act -- the three diffusion
8 plants, certain nuclear tests -- and then the
9 new SEC class designations that have been
10 recommended by the Board and passed by the HHS
11 Secretary. Then there's specified cancers,
12 causation is presumed but no dose
13 reconstruction, and then the HHS recommends the
14 SEC designation as -- if it -- after 30 days
15 with Congress.

16 As far as new SEC-related cases, we've had
17 1,565 cases withdrawn from NIOSH. This number
18 is as of March 20th. 1,421 have had final
19 decisions issued, that's 92 percent; 45 have
20 recommended but no final decisions. We have 20
21 cases pending and we have 69 cases that are
22 closed.

23 As far as our NIOSH referral case status, we
24 show now, as of March 25th, 26,760 cases
25 referred to NIOSH; 18,645 have been returned

1 from NIOSH. Of those, 16,000 -- about 16,500
2 have had dose reconstructions, 19 are being
3 reworked for return, 2,077 have been withdrawn
4 with no dose reconstruction.

5 Then the other portion of that is 8,115 are
6 currently at NIOSH; 4,628 of those are initial
7 or originally referrals, 3,487 are reworks or
8 returns.

9 The NIOSH dose reconstruction case status
10 numbers, we have -- we're showing as of March
11 25th 16,549 cases with dose reconstructions.
12 That's -- and of those, 14,261 have a final
13 decision. That's about 86 percent. 1,952 have
14 a final -- I'm sorry -- have a recommended but
15 no final decision, and 336 are pending with --
16 at Labor with a recommended decision. I'm
17 sorry, are pending a recommended decision by
18 Labor.

19 Now as far as NIOSH case-related compensation,
20 as of March 20th \$956 million has been paid out
21 in compensation to 900 -- I'm sorry, 9,908
22 payees in 6,405 cases. \$779 million has been
23 paid on dose reconstructed cases to 7,364
24 payees, which is 5,213 cases. And the other
25 \$177 million has been added for SEC cases.

1 That includes payments to 2,544 payees in 1,192
2 cases.

3 Paid cases under the Act, there's 20 -- have
4 been -- again, this is March 25th, 28,613 paid
5 Part B and E cases; 19,777 of those are Part B
6 cases. The breakdown there is about 12,367 for
7 cancer payees; 5,600 -- little over 5,600 for
8 RECA case payees; about 1,760 for other Part B
9 payees. Those are, again, the
10 silicosis/beryllium. And there have been 8,836
11 Part E cases. That's the toxic side of the
12 program -- toxic chemical exposure.

13 Just an update quickly on some of the SECs that
14 have been in front of the Board during the
15 meeting or -- or is scheduled. For Texas City,
16 which is an AWE, Texas City Chemicals, we show
17 84 cases. It's only affected by Part B of the
18 program. There's no toxic -- there's no Part E
19 applications for AWEs. We show two NIOSH dose
20 reconstructions. There have been 14 final B
21 decisions and no compensation.

22 For the SAM labs at Columbia, we're showing 42
23 cases, one NIOSH dose reconstruction. We've
24 had ten final Part Bs, nine Part B approvals,
25 six Part E approvals, and have paid \$2 million

1 in compensation.

2 For Horizons we show five cases, Part B only --

3 again, this is an AWE -- and no dose

4 reconstructions and no compensation.

5 For Area IV at Santa Susana Field Laboratory we

6 show 729 cases. This is covered under both

7 parts B and E because it's a DOE facility.

8 We're showing 132 NIOSH dose reconstructions,

9 155 final decisions for Part B, 44 Part B

10 approvals, 46 Part E approvals, and total

11 compensation for both parts of \$9 million.

12 And for Kellex-Pierpont we show seven cases and

13 no dose reconstructions or approvals, or

14 compensation.

15 NUMEC Parks Township in Pennsylvania, we show

16 143 cases. This is an AWE so this is only Part

17 B cases, ten dose constructions, 29 final Part

18 Bs, 15 approvals -- Part Es are not applicable

19 -- and total compensation under Part B of \$1

20 million.

21 Pinellas we show 1,137 cases, 300 dose

22 reconstructions, 367 final decisions for Part B

23 under the Department of Labor, 70 Part B

24 approvals, 86 Part E approvals -- again, for

25 toxic chemicals -- for a total compensation for

1 both parts of the program, Parts B and E, of
2 \$12 million.

3 At this point I wanted to ask Gen -- I can give
4 a quick update on Linde Ceramics, either now or
5 later -- I guess when you do your update.

6 **DR. ROESSLER:** I think we need to have it at --
7 at some point.

8 **MR. KOTSCH:** You can have it now --

9 **DR. ZIEMER:** Why don't you do it when you do
10 your report on --

11 **MR. KOTSCH:** We can do it later. Do you want
12 to do it later?

13 **DR. ROESSLER:** I'll get -- or you can do it --
14 your part when I do the report.

15 **MR. KOTSCH:** Right, but I mean you will be
16 doing an update on that, Linde Ceramics.

17 **DR. ROESSLER:** Yes, tomorrow.

18 **MR. KOTSCH:** We'll do it then.

19 **DR. ROESSLER:** Okay.

20 **MR. KOTSCH:** So are there any questions?

21 **DR. ZIEMER:** Thank you. Jeff, can you give us
22 some idea of what the rate of claim -- numbers
23 of claims coming in nowadays on Part B? I
24 assume you're tracking that. Is it -- you
25 know, has it leveled out, is it going up, going

1 down?

2 **MR. KOTSCH:** It -- actually Larry might have a
3 better -- have a feel, too, but I haven't
4 looked at the numbers recently. It seems that
5 it leveled out. There's -- occasionally
6 there's little rises in it, but we're at a
7 semi-steady state situation as far as
8 additional claims.

9 **DR. ZIEMER:** Well, what they see at NIOSH has
10 been impacted by their ability to put things
11 back out the door. They were ahead of you for
12 a while, but I wasn't sure whether what comes
13 in to NIOSH is that typically reflected --

14 **MR. KOTSCH:** Yeah --

15 **DR. ZIEMER:** -- what -- what you have coming in
16 or has yours been affected by budget in terms
17 of your --

18 **MR. KOTSCH:** No --

19 **DR. ZIEMER:** -- turnover ability?

20 **MR. KOTSCH:** -- I don't think it's that, but we
21 have -- we saw a dip for a while, and then it
22 started coming up again. Some of it comes off
23 of -- or responds to when we have town hall
24 meetings and other outreach types of things.
25 There's sometimes small increases in the input

1 or the -- you know, the new cases.

2 **DR. ZIEMER:** But it's more -- would it be
3 steady state --

4 **MR. KOTSCH:** I think we're -- Larry, do you
5 agree we're kind of -- 'cause you kind of see
6 most of the -- the baseline, obviously.

7 **MR. ELLIOTT:** We see about 200 a month come at
8 us. I caution you when you look at the numbers
9 Jeff has provided on the total number of B
10 claims that they receive, we don't see all of
11 those.

12 **DR. ZIEMER:** No, understood, right.

13 **MR. ELLIOTT:** So you can't look at my numbers
14 and reflect upon those numbers given by DOL
15 today because they're -- the include -- I think
16 I understand this. They include other claims
17 that we don't see --

18 **MR. KOTSCH:** Yeah, --

19 **MR. ELLIOTT:** -- but we're seeing at NIOSH
20 about -- on average, about 200 a month.

21 **DR. ZIEMER:** And that's been pretty steady now
22 for a while.

23 **MR. ELLIOTT:** Yeah. It may go up to 200, 225,
24 but it'll dip down next month to 170, so...

25 **MR. KOTSCH:** Yeah, I think for right now that's

1 a -- that's a reason-- that's the number I
2 would think in my mind, 200 to 250 probably
3 toward the low end as an average.

4 **DR. ZIEMER:** Dr. Melius.

5 **DR. MELIUS:** Yeah, and this may -- question, I
6 don't know who best can answer, but I'm trying
7 to get a handle on the reworks, returns to --
8 to NIOSH and so forth. Seems that those have
9 gone up dramatically and they don't appear to
10 be getting caught up with very quickly, either,
11 and I'm just trying to understand what some of
12 the issues are there. I missed Larry's
13 presentation yesterday so...

14 **MR. KOTSCH:** I'll let Larry com-- comment as
15 far as the workload for him. I mean I think
16 the -- the cause of those over the past few
17 quarters has been the -- the release of the
18 Program Evaluation Reports.

19 **DR. ZIEMER:** Yeah, the PERs has impacted on
20 that. I think Larry discussed that a bit
21 yesterday.

22 **MR. ELLIOTT:** Yeah, if you look in my slides
23 from yesterday there are a couple of slides
24 that show -- speak to reworks and the Program
25 Evaluation Reviews. The spike that we see in

1 the one bar graph for the last four quarters
2 are really due to super S and other PERs that
3 cover a large range of sites. You'll also see
4 in a later slide in that presentation that we
5 have returned a large number of late. We're
6 dealing with a case load of reworks around
7 3,000 and some. We've returned quite a number
8 just recently, another -- with an evaluation
9 letter saying whether we need to -- we don't
10 need to do a rework or we do need to do a
11 rework, so...

12 **DR. MELIUS:** Yeah, it also looks as if you --
13 some of the older reworks have never been
14 returned. At least you have them broken down
15 here by quarter, so for example, in the third
16 quarter of 2004 you received 113 and have
17 returned 42. Now is --

18 **MR. ELLIOTT:** Well, you know, the reworks --
19 you're looking at the bar graph.

20 **DR. MELIUS:** Bar graph, yeah.

21 **MR. ELLIOTT:** There are some reworks that --
22 that we are -- we have not been -- we have not
23 been able to return quickly. We're working
24 through that. I think you'll see our pace pick
25 up very soon on that. But --

1 **DR. MELIUS:** I mean is -- is the date the date
2 that they're received or the date that they
3 were originally -- I mean I -- done? I mean
4 I'm just trying to understand -- this is the
5 first time I think at least I recall seeing
6 this graph. Maybe I've --

7 **MR. ELLIOTT:** Well, it's been there every time.

8 **DR. MELIUS:** Oh, it's been there? I apologize.

9 **MR. ELLIOTT:** But it -- the date -- well, when
10 we receive them, that -- when we receive them
11 back from DOL, that's when we lo-- start
12 counting --

13 **DR. MELIUS:** Okay.

14 **MR. ELLIOTT:** -- time on ourselves.

15 **DR. MELIUS:** Okay.

16 **MR. ELLIOTT:** The date we turn them back over
17 to DOL is when we stop our clock.

18 **DR. MELIUS:** Yeah, 'cause -- 'cause in that
19 case, some of these would be four years old.

20 **MR. ELLIOTT:** No, I don't believe they're four
21 years old.

22 **DR. MELIUS:** Okay, I see, this is a cumulative,
23 not a --

24 **MR. ELLIOTT:** It's a cumulative graph --

25 **DR. MELIUS:** Okay, okay, I understand. Okay.

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(Pause)

DR. WORTHINGTON: Good morning. Can you all hear me okay? Good. It's always a pleasure to be here and appear before the Board and to meet with many of the counterparts and in some cases to interface with some of the actual workers. This morning I wanted to give you an update -- it really is an update. We don't have any major changes in the program. We're committed to the things we've talked about over the last sessions, and I want to tell you where we are with those.

And before I get started, I probably should start with something that may be of concern to some of you on the phone and to some of you that are actually here today. We have had some -- some funding constraints over the year for the DOE program in terms of being able to deliver the services that we need to deliver. We've worked hard with our counterparts and we've revisited a number of things, and we're pleased to tell you today that we are fairly confident that all the things that we need to deliver this year, that we have the funds to do that and we're working with the sites and the

1 various organizations to make sure that we're
2 being very efficient and effective in
3 delivering those services.

4 And if I can find the right button here, we'll
5 go to the next slide. Okay. Again, as I said,
6 this was really intended to be an update and to
7 talk about where we are with the things that we
8 need to do for this program. As I've mentioned
9 in the past, we have three major
10 responsibilities here, and one -- the first one
11 is the individual claims. And as I go through
12 the various slides today, that certainly is the
13 biggest part of our program and we're committed
14 to -- to doing those efforts.

15 We want to provide support to Department of
16 Labor and to NIOSH and the Advisory Board, and
17 to their contractors, to do a number of things,
18 including research, 'cause in some cases it's
19 not a very simple activity to be able to
20 deliver the documents. We want to do research,
21 retrieval and to provide the various records
22 from the various DOE sites.

23 We want to research issues related to the
24 EEOICPA covered facilities or time frame
25 designation, as appropriate.

1 The DOE activities -- as I mentioned on the
2 earlier slide, 90 percent of our activities are
3 focused on the individual claims. And we --
4 you've seen these numbers before and I'll just
5 mention them again to put sort of in
6 perspective the magnitude of the work that we -
7 - we have before us. And that is that
8 typically we do about 8,000 a year employment
9 verifications. Dose documentation for NIOSH,
10 about 5,000 a year. And our DARs, we have
11 about 9,000 a year. So those are the big
12 things and we remain, you know, committed to --
13 to working on those areas.

14 Total number of requests. The total number of
15 requests that we had in 2006 -- and what we
16 wanted to do, as we've done in some of these
17 previous meetings, is just to revisit the
18 previous years, get some idea of where we're
19 going, and hopefully be able to make some good
20 and accurate predictions for the future. So in
21 2006 we had over -- almost 17,000 requests.
22 The total number for 2007 was nearly 22,000.
23 So as you can see, we had certainly an increase
24 -- what we view as a significant increase from
25 2006/2007, more than 32 percent increase in

1 that area.

2 I want to go to the next slide, slide number
3 five. It's a graph, and I think you've seen
4 that graph at some -- some previous
5 presentation. I want to just -- just talk
6 about it just a little bit. And as you can
7 see, we've experienced an upward trend overall
8 in claims, although for some months we had
9 things that went up and went down. But you can
10 see there's certainly been somewhat of an
11 increasing trend in terms of the number of
12 things that have been requested.

13 The next slide, I think we've had some similar
14 ones before. I want to talk a little bit about
15 that. Here we wanted to kind of depict what we
16 had over nearly the last year, and we looked at
17 that slide and we looked at the data and tried
18 to determine what it's actually telling us.
19 And we believe that although individual claims
20 have been down so far this year, the number of
21 large-scale record -- research projects are up
22 significantly from last year, and we expect
23 that to be the case for the rest of the year.
24 But again, we are looking backwards at the kind
25 of requests that we've received were the things

1 that we have on our plate right now. And to
2 the best we can, some projections of the -- of
3 things that will come, and then making sure
4 that we work with all the individual sites and
5 with the organizations so that we can deliver
6 those products and deliver those services.
7 I want to talk a little bit about the SECs.
8 They're certainly very important to all of us,
9 and our current research in support of the SEC
10 activities, you see that we have a number of
11 them here -- Fernald, Hanford, Mound, Nevada,
12 Savannah River and Pantex -- and we expect that
13 all of these efforts will be significant, both
14 in the volume of records gathered and the
15 complexity. We've talked about I think at some
16 of these previous meetings the complexity of
17 finding the documents. We have a legacy of
18 many different types of document collection and
19 retrieval processes, and we have to sort of
20 search all of them to be able to come up with
21 the documents. So it remains to be complex.
22 We have not yet been able to consolidate that
23 legacy into one system at the various sites,
24 but we're working on that and trying to be able
25 to deliver what we believe to be a quality

1 service in a timely manner. And timely
2 certainly constantly being redefined as we find
3 ways to be -- to do this better.

4 DOE activities, I want to -- I think we've --
5 we've had a slide similar to this before. We
6 want to talk a little bit about our efforts.
7 Certainly we are the funding source for these
8 large and complex activities, but we fund and
9 coordinate the large scale record retrieval
10 activities, and there a number of them going on
11 and many of you are affected by -- you know, by
12 the work there.

13 In terms of Department of Labor, they have
14 developed a good process in the site exposure
15 matrix. I think it brings together a lot of
16 information that certainly should be able to
17 facilitate things. And then we have over --
18 we've completed over 20 in FY07. And those
19 again a large, complex activities that require
20 quite a bit of -- of interfacing.

21 We want to continue our work with the Board and
22 with their contractor, and we've had technical
23 reviews of NIOSH site profile documents -- I
24 think we've had six over the past year.

25 And our Special Exposure Cohort, we had six

1 large projects and they're active right now and
2 we're working on those.

3 Again, continuing discussions on the things
4 that we're working on with respect now to
5 NIOSH, NIOSH data capture activities. Again,
6 those things can be extensive. These
7 activities are ongoing and NIOSH has been
8 working with up to ten DOE sites in a single
9 month, so that's quite a bit of juggling and
10 coordinating and facilitating for us, but we're
11 working with NIOSH to be able to do that even
12 better.

13 In terms of special cohorts, again, it's a
14 number of things that we do, both research,
15 record retrieval, various activities, and there
16 are six that are active and current at the
17 moment.

18 The next slide deals with DOE responsibility
19 for research and maintaining the covered
20 facility database. We have 343 covered
21 facilities, and we recently updated the Dow
22 Madison and the Chapman Valve facilities.

23 A little bit about the DOE record retrieval
24 activities that are going on. I've listed
25 three of them here on the slide. One is GE

1 Ohio and then the Westinghouse Atomic and the
2 Stauffer Metals. The Stauffer Metals is not a
3 direct result of anything that NIOSH or the
4 Board is doing. We're doing some work --
5 routine research to ensure that the covered
6 facilities period and descriptions are
7 accurate. We are researching the covered
8 period for both, as I mentioned, GE and
9 Westinghouse, and that work is ongoing. We
10 have no specific -- because we've not completed
11 that, no specific updates, but just to remind
12 everybody that that work continues.

13 A little bit -- and I think we talked about
14 this before and we're very proud of our DOE
15 Office of Legacy Management. They certainly
16 have a large number of professionals --
17 certified records managers and senior staff
18 with security clearances, and they're formally
19 trained in requirements of the National
20 Archives. And a lot of the work that we do,
21 we're looking for very old documents and we
22 have to reach back to our archives, and these
23 individuals are certainly experts in that area.
24 They're readily available to us and they have a
25 good understanding of the DOE process, and it's

1 easy for us to get to them and to help them to
2 facilitate things. And they have been
3 supporting our office and we're certainly very
4 pleased with that and we hope that you're
5 benefiting from that interaction that we're
6 having with them.

7 A little bit about some initiatives that we
8 have that are ongoing and that we continue to
9 work them and try to make them a mature part of
10 our processes. We think it's very important to
11 have a single point accountability when we can
12 do that, and that you know and everyone will
13 know where to go to get information and to help
14 resolve their problems. And we've named a POC
15 within our office -- Greg Lewis is in the back
16 of the room, he's with me, very active, very
17 important person on this program, and he's
18 coordinating with all the records requests from
19 the Advisory Board and their contractor and
20 with Department of Labor in trying to address
21 any concerns in a timely manner.

22 We've been looking at various ways to be able
23 to communicate and to understand and to make
24 our process smoother. We've been holding
25 conference calls with members of NIOSH and

1 their contractors to ensure that these groups
2 are getting the information and support they
3 need from the DOE sites. And I -- again, I
4 talked about our support from Legacy
5 Management.

6 In terms of the initiatives, as I said, we've
7 been closely working with the DOL -- Department
8 of Labor federal POCs and their contractors,
9 again on the site exposure matrix project. We
10 think that's important and we want to make sure
11 that things can run smooth there.

12 Each site undertook a comprehensive review and
13 updated their records search procedures. We've
14 asked them to do that and to find ways to do it
15 better. And as a result of this effort, a
16 number of sites took steps to improve their
17 data-gathering methods and sources. We think
18 that's good. We're -- all of us are in the
19 mode of continuous improvement in being able to
20 deliver services much better.

21 And of course we think that the training
22 sessions have been good and that we all learned
23 from all of the organizations that participated
24 in the training sessions.

25 We are, as I said, committed to making

1 improvements, to continuous improvement. One
2 of them is we're committed to providing site
3 experts to participate and contribute to the
4 Advisory Board working groups and conference
5 calls. I believe that we had a request
6 recently from the Rocky Flats staff to
7 participate on the Advisory Board, and I think
8 that that was good. We would offer to do this
9 at request by the Board or NIOSH at any time.
10 We certainly have the experts. They've been
11 working on things. We want to make them
12 available, you know, whenever we can to work
13 through the various issues.

14 And again, we've been looking for a way to
15 streamline our processes. We're looking for a
16 way that we can gather information and come up
17 with what we would call a draft project plan
18 that would kind of drive the activities and
19 inform the sites about what might be coming up.
20 And we certainly recognize that initially this
21 might slow the process down, but we believe
22 that in a very short period of time it will
23 certainly expedite things, that people will
24 certainly be more aware of what is expected,
25 what kind of documents and the time frames that

1 might be needed to deliver those documents. It
2 also would provide, we believe, the best
3 possible opportunity for us to minimize any,
4 you know, overlaps or duplications that we
5 would need and so we think that -- just bear
6 with us as we work through this. We believe it
7 certainly is the right way to go.

8 At this point I am available -- and again, Greg
9 Lewis is in the back, he's available -- for any
10 questions that you might have about our
11 process. I want to just reiterate what I said
12 in the very beginning and that is that DOE is
13 committed to delivering these services and
14 working with the various organizations. We
15 have what we believe identified the funds
16 within our existing program to be able to fund
17 these efforts and to not have any significant
18 delays in getting the materials to the various
19 organizations.

20 I thank you for your attention and I welcome
21 questions and discussion at this time.

22 **DR. ZIEMER:** Thank you very much, Dr.
23 Worthington. Let me start off by asking you if
24 you would elaborate on what you referred to as
25 the covered facilities database. What's --

1 just -- could you describe briefly the kinds of
2 things that are in that? I assume it's a
3 database that you are building as you retrieve
4 records for these programs for Labor and NIOSH.
5 Is that correct?

6 **DR. WORTHINGTON:** That's correct. I'll start
7 talking and then Greg is going to walk up to
8 the mike and is going to provide some
9 additional clarification on this because he's
10 worked quite a bit with that. So Greg, if you
11 want to go on.

12 **MR. LEWIS:** Sure. I think there's about 358
13 facilities in there and this is --

14 **DR. ZIEMER:** A little closer to the mike, Greg.

15 **MR. LEWIS:** There's about 358 covered
16 facilities in there and it was originally
17 developed about four or five years ago, but
18 we've been constantly updating it ever since at
19 -- you know, based on questions from DOL and
20 NIOSH, or whoever's raised issues. So at this
21 point we have it developed but, you know, as
22 different questions are raised -- arise we, you
23 know, have been making changes and doing
24 further research. You know, some of the --
25 like we've just recently made changes to

1 Chapman Valve and to Dow Chemical based on, you
2 know, activities and research for the Board.

3 **DR. WORTHINGTON:** We look for every opportunity
4 to make sure that that list is actually
5 accurate, so at any point that we've generated
6 new information and there's consensus and final
7 decisions have been made, we go back and
8 revisit that list to make sure that it's
9 accurate.

10 **DR. ZIEMER:** Okay, very good. If I might ask
11 one question on budgeting, there was some
12 indication earlier this year, or maybe toward
13 the end of last year, that because of the
14 continuing resolution situation you pretty much
15 had to focus on primarily the records retrieval
16 and then secondarily the other issues. Is that
17 pretty much corrected now for --

18 **DR. WORTHINGTON:** Yes.

19 **DR. ZIEMER:** -- from your point of view?

20 **DR. WORTHINGTON:** Yes, that is pretty much
21 corrected. As you indicated, the continuing
22 resolution certainly offered some unique
23 challenges to us, and we were at a point that
24 we had to focus first -- because we did have
25 limited funds, we had to focus -- and the way

1 that we had to issue those funds, a little bit,
2 a little bit, a little bit, so we certainly had
3 to focus on the individual claims. This is a
4 very recent accomplishment in terms of being
5 able to work with the sites in determining what
6 requests were actually at the site and to look
7 forward to things that might come, and to look
8 at the funding that we had within our
9 organization. And we believe that we have
10 addressed that concern and we will be able to
11 not have any significant delays in any of the
12 services that we have to deliver. And we are
13 probably in the -- and I believe Greg's correct
14 -- in the next round of sending money to the
15 sites, which I believe will be in the May time
16 frame. I'm not sure that we've mis-- then we
17 would -- based on what we have on the plate and
18 what they're expected, provide additional funds
19 and work with them throughout the course of the
20 year. But we are monitoring things very
21 carefully to make sure that we don't have to
22 again, you know, ask for, you know, delays
23 because we -- of funds. But we're in -- in
24 pretty good shape at this point.

25 **MR. LEWIS:** Yeah, that's exactly right. I mean

1 we're allocating funds based on the need and
2 it's obviously claims-driven, as well as driven
3 by different research efforts and projects, you
4 know, for SEC research, et cetera. That can --
5 that can constitute a significant effort so we
6 have to make sure that we have the funds in the
7 right place, depending on the need at the
8 various sites.

9 **DR. ZIEMER:** So I -- and I think now you've
10 probably answered my final question. That has
11 to do with whether the sites themselves have
12 funding or you are funding the sites for the
13 work.

14 **DR. WORTHINGTON:** We are --

15 **DR. ZIEMER:** It sounded like (unintelligible).

16 **DR. WORTHINGTON:** We are funding the sites for
17 the work. We are monitoring very carefully
18 their requests and what they have already --

19 **DR. ZIEMER:** That is, it's --

20 **DR. WORTHINGTON:** -- and making sure --

21 **DR. ZIEMER:** -- out of your budget and not in
22 their budget request. They -- they -- do they
23 -- they may tell you what -- what they need,
24 but you fund it out of your office.

25 **DR. WORTHINGTON:** And we provide the funds to

1 the sites to be able to do that.

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

3 **DR. WORTHINGTON:** Yes, it is an HSS-funded
4 activity.

5 **DR. ZIEMER:** Okay, I think we have questions
6 here. Dr. Melius and Josie Beach.

7 **DR. MELIUS:** Josie was first.

8 **DR. ZIEMER:** Josie, go ahead.

9 **MS. BEACH:** I was wondering if you could give
10 us an update on the medical records retrieval
11 for Los Alamos.

12 **DR. WORTHINGTON:** It certainly still is a work
13 in progress. A week ago -- maybe a week or ten
14 days ago -- we had a -- what we viewed as a
15 very good face-to-face meeting with the
16 hospital staff and the corporate organization
17 and our organizations to talk through next
18 steps. We believe we have a path forward for
19 actually cleaning up the records and packaging
20 the records, and then relocating those records
21 to either our natural -- one of our archives or
22 to a space at the Laboratory yet to be -- to be
23 determined. We understand their schedule in
24 terms of when they need to have us out of the
25 warehouse, so we believe we have a path

1 forward. But there is some specific details
2 that have to be worked in terms of the overall
3 cost associated with that and how that cost
4 would be provided, and then to finalize the
5 actual plan and the contractor that we would
6 use to be able to -- again, to clean up the
7 records, sort them, and then to, you know, have
8 them repackaged and in another location that
9 then would be easy for people to retrieve the
10 records that they were -- needed for any claims
11 or whatever.

12 **MS. BEACH:** Thank you.

13 **DR. ZIEMER:** Dr. Melius.

14 **DR. MELIUS:** Yeah, could you give an update on
15 the Hanford situation, please? I note that
16 we've been waiting I think at least six months
17 to a year for records and significantly holding
18 up any progress on that site.

19 **DR. WORTHINGTON:** I'm not sure that I
20 understand the question. Is the question --

21 **DR. MELIUS:** Well, when will we have access to
22 the records that have been requested at
23 Hanford?

24 **DR. WORTHINGTON:** Do you understand the actual
25 question, Greg, in terms of --

1 **MR. LEWIS:** Yeah, I mean there's -- you're --
2 you're in the process of research based on the
3 SEC determination and so we're -- we've been
4 trying to help facilitate the records-gathering
5 process. And again, as -- as Pat mentioned, we
6 did have some funding issue due to the
7 continuing resolution late last year and early
8 this year. We have worked past those and, you
9 know, at that point, to -- hopefully to make
10 the process more efficient and streamline it,
11 we had requested that the groups involved in
12 the research prepare one single consolidated
13 plan that would let us know how, from front to
14 back, they were, you know, planning on
15 obtaining the records and what -- you know,
16 what types of steps that they would need to
17 identify what records they needed and then look
18 at them and then -- and then gather them and
19 keeping in mind security issues and -- and
20 personnel and things like that. So they have -
21 -

22 **DR. WORTHINGTON:** I think --

23 **MR. LEWIS:** -- put together such a plan and
24 then the -- the only -- we are working through
25 some classification and security issues right

1 now, making sure that the right steps are in
2 place to facilitate the data-gathering within,
3 you know, our -- our limits with, you know,
4 classification and security.

5 **DR. WORTHINGTON:** I think I understand your
6 question now. Thanks, Greg, for the
7 clarification. As I mentioned, we did have
8 those funding constraints. We worked through
9 that. We've -- bringing all the parties
10 together to come up with a plan on what is
11 needed so we can move forward, and we are
12 addressing those security concerns that we have
13 so -- and I admit, we have had delays because
14 of all of those things, but we have a good path
15 forward and believe we can move out on those
16 things.

17 **DR. MELIUS:** But when will that path forward
18 deliver some records, I guess is my question.

19 **DR. WORTHINGTON:** The question, Greg, is when
20 will that path forward deliver some records?
21 It's my understanding --

22 **DR. ZIEMER:** Is there a time table that --

23 **DR. WORTHINGTON:** That we are --

24 **DR. ZIEMER:** -- has been established?

25 **DR. WORTHINGTON:** -- working on the records as

1 we speak, and --

2 **MR. LEWIS:** Yeah, we believe we have a meeting
3 at the end of this week with our Hanford people
4 and our headquarters classification folks to,
5 you know, finalize our path forward. And after
6 that, we should be moving forward with the plan
7 that was put together by the NIOSH and SC&A
8 team. So you know, as soon as next week we
9 should be able to start the data-gathering
10 process.

11 **DR. MELIUS:** Okay.

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

13 **DR. WORTHINGTON:** Are you -- is that --

14 **DR. MELIUS:** I just -- I'll believe it when I
15 see it, so -- I'm not going to ask any more
16 questions now.

17 **DR. WORTHINGTON:** But we are committed to -- to
18 moving out on this. As I said, we've overcome
19 a number of hurdles, and so we -- we want to
20 move forward, and we understand the importance
21 of doing that.

22 **DR. ZIEMER:** Right. You -- you recognize we --
23 we face a little frustration here. We know you
24 have the same frustrations, the funding drives
25 a lot of this. But in turn, our clientele also

1 get frustrated 'cause they think we're not
2 doing our job in getting documents reviewed and
3 so on. So it's a kind of a domino --

4 **DR. WORTHINGTON:** And it certainly has --

5 **DR. ZIEMER:** -- effect all the way
6 (unintelligible).

7 **DR. WORTHINGTON:** -- been longer than any of us
8 would have liked, but in terms of looking for
9 the funds --

10 **DR. ZIEMER:** We'll appreciate whatever can be
11 done to expedite certainly that, and I'm sure
12 there will be others, particularly the big
13 complex sites. I'm not sure -- Savannah River
14 may face the same thing as we get into that
15 further, too.

16 Okay. Let's see if we have any other questions
17 for Dr. Worthington today -- or the DOE in
18 general.

19 (No responses)

20 Okay, thank you again.

21 **DR. WORTHINGTON:** Thank you again.

22 **DR. ZIEMER:** We appreciate not only the update,
23 but participation of you and your staff in the
24 program and your attendance at the meetings as
25 well.

1 **DR. WORTHINGTON:** It's always a pleasure.
2 Thank you.

3 **DR. ZIEMER:** I think we'll go ahead and take
4 our break now. Let's take a 15-minute break
5 and then we'll resume.

6 (Whereupon, a recess was taken from 10:15 a.m.
7 to 10:40 a.m.)

8 **DR. ZIEMER:** We are ready to resume our
9 deliberations. First a comment on phones --
10 Christine.

11 **DR. BRANCHE:** Good morning. If everyone
12 participating by phone could please mute your
13 phones. And if you do not have a mute button,
14 please use star-6. And when you're ready to
15 speak, you can use that same star-6 to unmute
16 your phones. By muting your phones you're
17 helping us maintain the quality of our court
18 reporting. Thank you so much.

19 **MR. PRESLEY:** This -- this is Bob. I'm on.

20 **DR. BRANCHE:** Thank you.

21 **DR. ZIEMER:** We have about 20 minutes before
22 our Kellex presentation and we want to keep
23 that as a time certain because of participants
24 who will join us by phone, so I'm going to use
25 the 20 minutes to begin some of our working

1 time.

2 **WORK GROUP REPORTS**

3 I'd like to just take a few of the workgroup
4 reports, and I'll ask Dr. Branche just to go
5 down the list. We'll take them in the usual
6 order. Workgroup chairmen, when it's your turn
7 you can give us an update report. If there's
8 been no action since your last meeting, you can
9 so report. So let's go through them -- but
10 hang on just a moment.

11 (Pause)

12 Just workgroups. Just workgroups, not the
13 subcommittee.

14 **DR. BRANCHE:** Because we already have time
15 allocated for Blockson and Chapman Valve, I'm
16 going to skip over those and go to Fernald.

17 **MR. CLAWSON:** Yeah, with Fernald workgroup, we
18 met with NIOSH in Cincinnati about a week and a
19 half ago. We've still got some outstanding
20 issues, but we're working through the process.
21 There -- many white papers have been provided
22 to us and so forth and we're just -- we're
23 proceeding forward as we speak. But we met a
24 week and a half ago and we're waiting for some
25 information back and then we'll set up the next

1 workgroup and proceed on.

2 **DR. BRANCHE:** Los Alamos -- Los Alamos National
3 Laboratory, site profile and Special Exposure
4 Cohort, Mr. Griffon chair.

5 **MR. GRIFFON:** Yeah, I don't really have a
6 report, I -- I -- again, I'd like to ask the
7 status from NIOSH's side. We've been waiting
8 on an updated site profile. We've sort of held
9 off on our review until we got an update on
10 that, and I don't know where NIOSH stands on
11 that right at this point or... Or maybe we can
12 get that tomorrow if someone's not here. But
13 anyway, the -- the LANL workgroup's been on
14 hold, but I think we need to get back to the --
15 and the -- the question really is the second
16 time period. We've already addressed one time
17 period, but I think we need a follow-up on the
18 second time period and we're waiting on updates
19 to the site profile, I believe, so...

20 **DR. ZIEMER:** Okay. Jim, are you giving a --

21 **DR. NETON:** (Off microphone) (Unintelligible)

22 **MR. GRIFFON:** Yeah, Stu -- Stu --

23 **DR. ZIEMER:** Okay, a brief pow-wow here and
24 then we'll get an update -- a quick status
25 report, perhaps, from Stu or someone.

1 **DR. NETON:** Unfortunately we have no one here
2 right now that can answer that question but
3 we'll -- we'll research it and get back to you
4 shortly.

5 **DR. ZIEMER:** Well, we -- we understand that,
6 from the workgroup's point of view, they're --
7 they're simply awaiting that for the next step.

8 **MR. GRIFFON:** Yeah, and I -- I will follow up
9 on -- I'll (unintelligible) with the NIOSH
10 folks and see when we can -- as soon as we can,
11 we're going to schedule a workgroup meeting on
12 this, though. And we'll let all -- all the
13 interested parties know about it, so...

14 **DR. BRANCHE:** I'm going to skip over Linde
15 because I don't see Jeff Kotsch and he was
16 going to supply some information.
17 Mound, Ms. Beach, chair.

18 **MS. BEACH:** Yes, we were -- we held our first
19 workgroup meeting. Mou-- SC&A and NIOSH were
20 able to go through the matrix and clarify some
21 of the -- some of the concerns with the matrix.
22 We have not scheduled another meeting but we
23 hope to do that shortly.

24 **DR. BRANCHE:** Nevada Test Site profile, Mr.
25 Presley chair.

1 **MR. PRESLEY:** This is Robert Presley. We are
2 in -- trying to set up our next meeting, which
3 will be sometime around the 9th through the
4 21st of May. NIOSH sent -- contractor to NTS
5 to pick up some data that was needed for our
6 final closure for comment 11, and
7 (unintelligible) that information comes back
8 and they get it into a final form, we will be
9 ready to meet and hopefully (unintelligible)
10 that's at our next meeting in St. Louis.

11 **DR. BRANCHE:** Thank you. We had an extensive
12 discussion about procedures yesterday.
13 Rocky Flats site profile and Special Exposure
14 Cohort SEC petition, Mr. Griffon, chair.

15 **DR. ZIEMER:** I -- I told Mark -- that may be a
16 little more extensive and we'll --

17 **DR. BRANCHE:** Hold off?

18 **DR. ZIEMER:** -- delay till tomorrow on that
19 one, yeah.

20 **DR. BRANCHE:** All right. Dr. Melius is out.
21 Savannah River Test (sic) Site profile, Mr.
22 Griffon, chair.

23 **MR. GRIFFON:** Yeah, at this point on Savannah
24 River we just have not had time to re-- to
25 schedule a follow-up workgroup meeting, so

1 that's another one that's been on hold a little
2 bit. No update at this point.

3 **DR. BRANCHE:** We're going to hold off on the
4 subcommittee as well, Mark?

5 **MR. GRIFFON:** (Off microphone) (Unintelligible)

6 **DR. BRANCHE:** Worker outreach, Mr. Gibson,
7 chair.

8 **MR. GIBSON:** We haven't had any significant
9 activities recently. We're still -- NIOSH is
10 in the process of modifying a procedure on
11 worker outreach, and also their database where
12 they track comments. So we're waiting on that.

13 **DR. ZIEMER:** Could I ask a question here? And
14 incidentally, Board members, if you have
15 questions as we go, that'll be fine.

16 Mike, some of your -- you and some of your
17 committee did attend some outreach meetings,
18 did you not, in the last month or so? Could --
19 just give us an update on that.

20 **MR. GIBSON:** Yeah. We've -- different members
21 of the group have attended different types of
22 meetings. As you know, NIOSH holds different
23 type of outreach meetings. I think as I
24 mentioned the last meeting, one I came to down
25 here in Tampa back in February -- late February

1 was a worker outreach on SEC process, and
2 Laurie Breyer and Denise did a real fine job at
3 expl-- I think explaining to the claimants
4 about the SEC process, the steps to go through
5 and seemed to be real well received and if
6 there's any of the other workgroup members want
7 to talk about meetings they've attended and how
8 they felt they went...

9 **DR. ZIEMER:** Wanda Munn, hang on just a minute.
10 Again, remind folks on the phone, please mute
11 your phone. We're getting some back talk and
12 background conversations.

13 Ms. Munn.

14 **MS. MUNN:** I spent an interesting three days at
15 Argonne East with our contractor's team looking
16 through the extensive records that they have
17 there, interviewing some of the workers and
18 talking to the medical personnel on that site -
19 - which of course has such an extensive
20 history. It goes all the way back, literally,
21 to CP-1. So it was an extremely informative
22 and I think most productive visit from our
23 workgroup's point of view.

24 **DR. ZIEMER:** Thank you.

25 **DR. BRANCHE:** That's actually the end of the

1 list. I'm sorry, Dr. Neton has some
2 information.

3 **DR. NETON:** Yeah, we have an update already on
4 Los Alamos site profile.

5 **MR. RUTHERFORD:** I apologize, I stepped out of
6 the room for one minute and there you go.
7 We actually had a schedule for our contractor -
8 - for ORAU to provide a draft document in March
9 for us that addressed the feasibility of post-
10 '75, and the ultimately what would -- we would
11 use that document to update the site profile.
12 We've reviewed that document. They're in
13 comment resolution with that document. We are
14 looking at adding a little more to that
15 document, and we do have a schedule for
16 completion of that. I don't have the schedule
17 with me right now, but as soon as that is
18 available we will provide that to the
19 workgroup, and I expect that to be completed
20 within the next cou-- within the next month or
21 month and a half, I would suspect. Okay?

22 **DR. BRANCHE:** Is Mr. Kotsch from the Department
23 of Labor in the room?

24 **UNIDENTIFIED:** He's not.

25 **DR. BRANCHE:** Okay.

1 **DR. ROESSLER:** I could do...

2 **DR. ZIEMER:** Do your part and then --

3 **DR. BRANCHE:** Okay, so Linde --

4 **DR. ZIEMER:** We -- we can get the statistics
5 afterwards.

6 **DR. BRANCHE:** All right. Linde, Dr. Roessler,
7 chair.

8 **DR. ROESSLER:** I had planned to put this
9 together tonight so this is off the top of my
10 head, but we expect soon to have completed the
11 site profile review. We started this with
12 SC&A's help and had our first meeting in March
13 '07. We had 22 issues to deal with. By
14 November '07 we had reduced it to six issues,
15 and by January '08 we had just one remaining
16 issue to look at.

17 This has to do with burlap bags on-site. The
18 bags were used to deliver ore to the site.
19 They were then emptied and apparently stored.
20 These empty bags, though, would have had some
21 residual radioactivity in them.

22 The issue came up because of a worker who
23 recalled that some of the bags were in a
24 certain location at a certain time. So the
25 assignment to NIOSH and ORAU at our last

1 workgroup meeting was for them to model the
2 situation to be able to calculate doses to
3 persons who might have been on or near the
4 bags.

5 The white paper that ORAU or NIOSH was working
6 on came to all of us, and all the Board members
7 received it, I think last week. Joe Guido
8 completed that. So now we're waiting for SC&A
9 to take a look at it and if they feel that this
10 handles this issue, then we will have the site
11 profile completed.

12 So then I assume the next step will be for
13 NIOSH to eval-- well, for -- the next step then
14 will probably depend on what Jeff has to tell
15 us. So as far as I can see, I guess the bottom
16 line is that we hope to have the site profile
17 review completed.

18 **DR. ZIEMER:** We -- we didn't -- we will have a
19 report on Chapman Valve later this afternoon.
20 We will have a report on Sandia Livermore later
21 this afternoon, as we will for Hanford on the
22 Hanford -- and those are part of the SEC
23 petition updates. But for -- let me report,
24 since I'm part of the Hanford workgroup and Dr.
25 Melius is the chair, and he can update that

1 further if he wishes when he returns, but as
2 was already indicated during the DOE
3 discussions with Dr. Worthington, the Hanford
4 workgroup basically is awaiting some documents
5 from DOE. So -- thus that workgroup has not
6 met since our last meeting, so basically the
7 only thing to report from the workgroup is that
8 they are awaiting those documents for -- for
9 further action.

10 **DR. BRANCHE:** This might need -- thank you, Dr.
11 Ziemer. This information might need to be
12 repeated when we get to that time this
13 afternoon because there -- some of the people
14 who plan to participate I believe were not only
15 members of the petitioner and other workers,
16 but also members of Congress.

17 **DR. ZIEMER:** Yes, thank you.

18 **MR. GRIFFON:** Paul, can I ask, just -- just
19 from the subcommittee standpoint, I -- I can do
20 the update --

21 **DR. ZIEMER:** This is the subcommittee on dose
22 reconstruction --

23 **MR. GRIFFON:** Dose reconstruction.

24 **DR. ZIEMER:** -- which we -- always is part of
25 our workgroup review, but they're -- yeah.

1 **MR. GRIFFON:** And I -- I wou-- I'm just going
2 to lay -- I mean we can certainly do the
3 primary update tomorrow, but I -- I look in our
4 provided materials and I don't see the
5 subcommittee information so I think maybe that
6 I need to get that to the Board members. I
7 mean the -- we should be able to move on a
8 tenth set of cases, and I'm assuming that Stu
9 Hinnefeld updated -- we -- at the last
10 subcommittee meeting we -- we went through a
11 list of -- of possible cases and we gave that
12 to Stu, as is our normal process. And then Stu
13 was going to provide more detailed information,
14 and I don't see that matrices (sic) in our --
15 in these handouts, so I'm wondering if we ever
16 got those.

17 **DR. BRANCHE:** No, he --

18 **MR. GRIFFON:** Did Stu step out of the room
19 again?

20 **UNIDENTIFIED:** Yes, he did.

21 **MR. GRIFFON:** Okay.

22 **DR. ZIEMER:** Well, in the meantime --

23 **MR. GRIFFON:** It's like he's avoiding me, huh?

24 **DR. ZIEMER:** In the meantime, Jeff is back --
25 is he back?

1 **DR. BRANCHE:** Yes, he is.

2 **DR. ZIEMER:** Jeff, we just had a brief report
3 on -- from Dr. Roessler on Linde. Are you in a
4 position to give us those statistics, that you
5 referred to in your report, on the Linde site?

6 **MR. KOTSCH:** Yeah. I mean they weren't really
7 statistics, and I have to apologize, I forgot
8 to mention also that Labor is here both in the
9 form of the Jacksonville Office and our
10 Resource Center from Savannah River on the
11 other side of the building over by where the
12 NIOSH (unintelligible) are.

13 **DR. ZIEMER:** Get a little closer to the mike,
14 Jeff.

15 **MR. KOTSCH:** Sure.

16 **DR. ZIEMER:** Or raise it up a little bit there.

17 **MR. KOTSCH:** Now for Linde I was just going to
18 update you -- I think during the phone call --
19 the telephone meeting of the Board in February
20 we discussed -- or I presented the rationale or
21 the background for the change in site
22 designation for Linde Ceramics where it went
23 from strictly AWE to four of the buildings
24 becoming DOE facilities, and then I think
25 Building 14 remaining as an AWE. And at that

1 point I -- I -- the discussion was what happens
2 for those -- we were going to continue to
3 review employees that were -- worked strictly
4 within the residual contamination period. And
5 so that was -- that was just the essence of the
6 update that I -- Friday I had a meeting with
7 our -- our legal staff and they noted that for
8 the four buildings -- Buildings 30, 31, 37, 38
9 -- that were switched from AWE to DOE
10 designation, that -- those four buildings,
11 based on further review of the 2004 amendments
12 to the Act, that workers in those buildings who
13 worked only during the residual period --
14 residual radiation period are also eligible for
15 Part B's benefits as atomic weapons employees,
16 even though they have changed -- they, we --
17 even though we, Labor, have changed the status
18 of the buildings as a DOE facility.
19 So I think the issue was, when we last
20 discussed it was what happened to those people
21 who were solely employed during the residual
22 period, so now they will be covered under Part
23 B.

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

25 **MR. KOTSCH:** Okay?

1 **DR. ZIEMER:** Any questions on that? Dr.
2 Roessler.

3 **DR. ROESSLER:** I guess I expected maybe you
4 were going to say something about the SEC
5 petitions for Linde. I understand that the
6 petitioners have moved forward on that?

7 **MR. KOTSCH:** For --

8 **DR. ROESSLER:** Perhaps that's still in
9 progress.

10 **MR. KOTSCH:** I -- I'm not aware.

11 **MR. RUTHERFORD:** I can --

12 **MR. KOTSCH:** Okay.

13 **MR. RUTHERFORD:** I don't know that Jeff can
14 answer the SEC -- we do have SEC petitions for
15 Linde Ceramics that we are in the process right
16 now in the qualification phase for the
17 operational years that were past the al-- the
18 SEC that we've already designated, and for the
19 residual period. Now this does affect that
20 petition because we had -- we were not
21 operating under that same, you know, knowledge
22 that Jeff just gave us, so we're going to have
23 to go back and look at that for that residual
24 period.

25 **DR. ZIEMER:** Okay, thank you. Further comment?

1 Jeff.

2 **MR. KOTSCH:** I'm sorry, I just needed to add a
3 disclaimer that I remembered my legal people
4 mentioned to me on Friday concerning that --
5 the statement I made about the coverage at
6 Linde. That only applies -- I mean their
7 evaluation only applies to, at the current
8 time, the Linde Ceramics. You know, the way
9 they interpret that site.

10 **DR. ZIEMER:** Okay. Thank you for clarifying
11 that.

12 **KELLEX/PIERPONT SEC PETITION**

13 Okay, we're going to now move to the discussion
14 of the Kellex-Pierpont SEC petition. Dr.
15 Glover from NIOSH is going to present the NIOSH
16 evaluation report. I wanted to check first to
17 see if [name redacted] is on the line. Or
18 [name redacted].

19 (No responses)

20 My notes indicate that [name redacted] or [name
21 redacted] may wish to be on the line.

22 **DR. BRANCHE:** Given that we've asked people to
23 do star-6, maybe you need to dial star-6 in
24 order for us to hear you if you're speaking.

25 **DR. ZIEMER:** Or put -- take your mute button

1 off. [names redacted], are either of you on
2 the line?

3 (No responses)

4 If you are, we're not hearing you.

5 **DR. BRANCHE:** She's going to -- our public
6 health advisor's going to call.

7 **DR. ZIEMER:** We'll --

8 **DR. BRANCHE:** Mr. Presley, are you on the line?

9 (No responses)

10 Is anybody on the line?

11 **DR. ZIEMER:** Have we -- have we lost -- does it
12 show whether people are on --

13 **MR. PRESLEY:** (Unintelligible)

14 **DR. ZIEMER:** Oh, Pres-- okay, Robert, you're on
15 the line, okay.

16 **MR. PRESLEY:** (Unintelligible) a tremendous
17 amount of static (unintelligible) that's just
18 got on there.

19 **DR. ZIEMER:** Okay. Well, we'll ask again if
20 [names redacted] are on the line. We have
21 somebody trying to reach them right now. We'll
22 wait just a moment, give them the opportunity,
23 'cause they may want to hear the presentation
24 as well, so we'll wait just a moment.

25 (Pause)

1 Kellex-Pierpont from 1943 to 1946.
2 Keeping with the 83.14, NIOSH -- determination
3 that it is unable to complete a dose
4 reconstruction for any EEOICPA claimant is
5 qualified basis for submitting an SEC petition,
6 and currently there are four claims at -- when
7 we submitted -- when we prepared this SEC
8 petition analysis at NIOSH with Kellex-Pierpont
9 employment during this class period.
10 From 1943 to 1953 Kellex-Pierpont was
11 classified as an Atomic Weapons Employer
12 facility. It was first established by the M.W.
13 Kellogg Company in 1943 to design and construct
14 the K-25 plant. It's approximately 43 acres,
15 with about 20 buildings. Radioactive work was
16 conducted in only one of those facilities. In
17 1951 Kellex-Pierpont merged with Vitro, which
18 then become the Vitro Corporation of America.
19 If you look through the records you will note
20 that it's often referred to as just Kellex.
21 Pierpont is actually part of a mini-ma-- a
22 mini-mall that was added later on, so it's
23 often discussed as the Kellex-Pierpont property
24 in the later time frame, but in -- if you look
25 at the actual early documentation you'll see it

1 often referred to as just Kellex.
2 One more background, they conducted design,
3 engineering and research on diverse
4 radiological programs including gaseous
5 diffusion pilot studies, solvent extraction of
6 uranium from reactor wastes associated with the
7 Hanford processes, and also solvent extraction
8 of valuable components from low-grade wastes.
9 Radiological operations were completed by 1952,
10 and the facility was demolished in 1953.
11 Data capture efforts involved searches at the
12 Germantown offices, multiple visits to the
13 National Archive and Records Administration
14 facilities in Atlanta and Kansas City; the
15 Fernald legal database/OpenNet/Nuclear
16 Regulatory Commission Agency Wide Documents
17 Access and Management System, the ADAMS system;
18 also DOE Office of Scientific & Technical
19 Information, OSTI.
20 Furthermore, inquiries were made with the State
21 of New Jersey. Kellex is a company that no
22 longer exists so they obviously could not be
23 contacted to request additional records. All
24 relevant -- all records relevant to the Kellex-
25 Pierpont petition have been uploaded to the

1 SRDB.

2 The radiological operations were conducted in
3 what was known as Building 11, also known as
4 the Kellex-Pierpont -- Kellex Laboratory. The
5 initial mission of the -- of Kellex was to
6 develop the barrier technology for gaseous
7 diffusion. Numerous documents provide shipment
8 evidence of UF-6 canisters to the site. Other
9 doc-- other documents establish operations
10 using ores, ores residues and pilot projects on
11 mixed fission products conducted at the
12 facility.

13 Information related to the radiation exposure
14 period, internal sources of exposure include
15 significant uranium research conducted on-site,
16 and possible enrichment activities associated
17 with the K-25 pilot studies. Research included
18 AEC-funded research on uranium ore and metals,
19 K-65 and Q-11 residues, with enhanced thorium,
20 radium and radon levels. There was thorium
21 work and fission product operations. And also
22 we had ore and ore byproducts, uranium,
23 possible enriched uranium, and other PUREX type
24 wastes associated with Hanford.

25 External sources of exposure would be the beta

1 and photon sources, primarily from the uranium
2 and thorium progeny.

3 For data, none of the four claims have bioassay
4 data in the files. From our broad scope
5 searches we have identified 25 uranium
6 urinalysis records for a few individuals in the
7 1950 to '51 period, so nothing predating that
8 for a facility that started in 1943. And also
9 a few radon breath samples from 1951 for a
10 single employee.

11 For external monitoring data, badging results
12 are available, at least in part, from the 1948
13 through 1953 operations. One of the four
14 current claimants has external dosimetry
15 information in the file.

16 Some workplace monitoring data is available.
17 There are some health physics reports in the
18 1950s discussing positive smear readings and
19 locations. There are some evidence of air
20 sampling, primarily for radon. And mostly
21 these were general area samples. Again, these
22 were limited to the 1951 and forward time
23 frame.

24 Feasibility of internal dose reconstruction,
25 NIOSH has obtained bioassay results for only a

1 handful of claimants or individuals in two very
2 small time frames. Based on the diverse scope
3 of source terms, coupled with the lack of
4 operational data, NIOSH has determined that
5 internal dose cannot be reconstructed.
6 Lack of information regarding source term
7 location and usage leads NIOSH to conclude
8 (sic) all employees at the Kellex-Pierpont
9 facility in the SEC class definition.
10 Obviously this requires a health endangerment
11 determination.
12 The evidence reviewed in this evaluation
13 indicates that some workers in the class may
14 have accumulated chronic radiation exposures
15 through intakes of radionuclides and direct
16 exposure to radioactive materials.
17 Consequently, NIOSH is specifying that health
18 may have been endangered, with the parameters -
19 - for those workers covered by this evaluation
20 who were employed for a number of work days
21 aggregating at least 250 work days within the
22 parameters established for this class, or in
23 combination with work days within the
24 parameters established for one or more other
25 classes of employees in the SEC.

1 NIOSH's proposed class is all AWE employees who
2 worked at the Kellex-Pierpont facility in
3 Jersey City, New Jersey from January 1, 1943
4 through December 31st, 1953 for a number of
5 work days aggregating at least 250 work days
6 occurring either solely under this employment
7 or in combination with work days within the
8 parameters established for one or more classes
9 of employees in the SEC.

10 As a final kind of summary, the period January
11 1 for -- to -- January 1st, 1943 through
12 December 31, 1953, NIOSH finds that it cannot
13 estimate radiation doses -- radiation doses
14 cannot be reconstructed for compensation
15 purposes. The feasibility is no; the health
16 endangerment is yes.

17 **DR. ZIEMER:** Thank you, Sam. Now as I
18 understand it, there's 20 buildings, only one
19 of which involved work with radioactive
20 materials. But the -- the class definition
21 covers everyone who worked, regardless of the
22 20 buildings. Is that correct?

23 **DR. GLOVER:** It's -- there's really no way to -
24 -

25 **DR. ZIEMER:** We don't know --

1 **DR. GLOVER:** -- (unintelligible) with class
2 titles and -- and it's very difficult to tell.

3 **DR. ZIEMER:** So there's no records, is what
4 you're saying, to indicate that that -- they
5 would be restricted from entering that building
6 if they were assigned to a different building.
7 Is that --

8 **DR. GLOVER:** That's correct.

9 **DR. ZIEMER:** Thank you. Wanda Munn.

10 **MS. MUNN:** I'm prepared to move that we accept
11 the NIOSH recommendation for this SEC.

12 **MR. CLAWSON:** Second it.

13 **MR. PRESLEY:** This is Bob Presley. I second.

14 **DR. ZIEMER:** Mr. Presley has seconded it. I
15 think that -- that Mr. Griffon is prepared to
16 read a formal form of that motion, if that's
17 agreeable to Wanda Munn as a friendly
18 amendment.

19 **MS. MUNN:** I was sure someone would have it.

20 **DR. ZIEMER:** Here is the motion.

21 **MR. GRIFFON:** Yeah, Jim actually handed this to
22 me, so this is the motion, the same format that
23 we're all used to.

24 The Board recommends that the following letter
25 be transmitted to the Secretary of DHHS within

1 21 days. Should the Chair become aware of any
2 issue that in his judgment would preclude the
3 transmittal of this letter within the time
4 period, the Board requests that he promptly
5 informs the Board of the delay and the reasons
6 for this delay, and that he immediately works
7 with NIOSH to schedule an emergency meeting of
8 the Board to discuss this issue.

9 The Advisory Board on Radiation and Worker
10 Health, the Board, has evaluated SEC Petition
11 00100 concerning workers at the Kellex-Pierpont
12 facility in Jersey City, New Jersey under the
13 statutory requirements established by EEOICPA
14 and incorporated into 42 CFR Section 83.13 and
15 42 CFR Section 83.14. The Board respectfully
16 recommends Special Exposure Cohort, SEC, status
17 be accorded to all AWE employees who worked at
18 the Kellex-Pierpont facility in Jersey City,
19 New Jersey from January 1st, 1943 through
20 December 31st, 1953 for a number of work days
21 aggregating at least 250 work days, occurring
22 either solely under this employment or in
23 combination with work days within the
24 parameters established for one or more other
25 classes of employees in the SEC.

1 The Board notes that although NIOSH found that
2 they were unable to completely reconstruct
3 radiation doses from -- for these employees,
4 they believe that they are able to reconstruct
5 portions of the external radiation doses and
6 the occupational medical dose.

7 The recommendation is based on the following
8 factors: The Kellex-Pierpont facility was
9 involved in early research and development work
10 for the manufacture of atomic weapons. NIOSH
11 was unable to locate sufficient monitoring data
12 or information on radiological operations at
13 these laboratories in order to be able to
14 complete accurate individual dose
15 reconstructions involving internal exposures
16 throughout the time period the facility
17 operated. The Board concurs with this
18 conclusion.

19 NIOSH determined that the health -- that health
20 may be -- may have been endangered for the
21 workers exposed to radiation at the Kellex-
22 Pierpont facility in the Jersey City, New
23 Jersey during the time period in question. The
24 Board concurs with this determination.

25 Enclosed is the supporting documentation from

1 the recent Advisory Board meeting held in
2 Tampa, Florida where this Special Exposure
3 Cohort class was discussed. If any of the
4 items are unavailable at this time, they will
5 be -- they will follow shortly.

6 **DR. ZIEMER:** Sam, could you clarify one thing.
7 The way we have it here, it only refers to the
8 internal doses not being reconstructed. You --
9 your slides didn't give us the -- the usual
10 chart that show-- are you saying -- the
11 implication here is that external can. I know
12 there -- there are some -- you said there were
13 some external monitoring but not complete, it
14 appears.

15 **DR. GLOVER:** This is part of the 83.14
16 difference in how we usually present the end of
17 that about what we can and cannot do. But we
18 believe we can reconstruct, at least in part,
19 the external doses. We have the -- a number of
20 records (unintelligible) --

21 **DR. ZIEMER:** So it's sufficient just to say
22 internal (unintelligible) anyway. You may be
23 able to do external.

24 **DR. GLOVER:** Yes.

25 **DR. ZIEMER:** Thank you. So that is the motion

1 that's before us. Any discussion?

2 (No responses)

3 If not, we'll vote by roll call and we will
4 also get the vote later from Mr. (sic) Lockey
5 and Dr. Melius. Here's the roll call.

6 **DR. BRANCHE:** Ms. Beach?

7 **MS. BEACH:** Yes.

8 **DR. BRANCHE:** Mr. Clawson?

9 **MR. CLAWSON:** Yes.

10 **DR. BRANCHE:** Mr. Gibson?

11 **MR. GIBSON:** Yes.

12 **DR. BRANCHE:** Mr. Griffon?

13 **MR. GRIFFON:** Yes.

14 **DR. BRANCHE:** Ms. Munn?

15 **MS. MUNN:** Yes.

16 **DR. BRANCHE:** Mr. Presley?

17 **MR. PRESLEY:** Yes.

18 **DR. BRANCHE:** Dr. Poston?

19 **DR. POSTON:** Yes.

20 **DR. BRANCHE:** Dr. Roessler?

21 **DR. ROESSLER:** Yes.

22 **DR. BRANCHE:** Dr. Ziemer?

23 **DR. ZIEMER:** Yes.

24 **DR. BRANCHE:** Oh, excuse me, Mr. Schofield --
25 forgive me. Mr. Schofield?

1 **MR. SCHOFIELD:** Yes.

2 **DR. BRANCHE:** Please forgive me. And I'll get
3 the votes from the other two gentlemen.

4 **DR. ZIEMER:** Okay. The motion does carry.
5 Board members, you will have an opportunity to
6 see a written version of this tomorrow
7 afternoon before the Board meeting ends, make
8 sure that everybody's comfortable with the
9 wording.

10 **DR. POSTON:** It was such an eloquent motion.

11 **MS. MUNN:** It was.

12 **NUMEC PARKS SEC PETITION**

13 **DR. ZIEMER:** We are a little ahead of schedule
14 on NUMEC. However, I note that the NUMEC
15 petitioner was undecided as to whether she
16 would be on the phone. Do we know -- oh, we
17 have someone here.

18 **DR. BRANCHE:** No, no, she's the -- she's the
19 NIOSH staffer.

20 **DR. ZIEMER:** Oh, she's NIOSH staff, right. But
21 is -- I'm looking for -- do we know whether
22 [name redacted] will be on the phone?

23 **DR. BRANCHE:** I think you can't say her name
24 until we know -- you can't say her name until
25 we know she's going to speak.

1 **DR. ZIEMER:** I didn't say her name. That was
2 just a pseudo name, it's --

3 **MS. BREYER:** She wasn't sure that she'd be able
4 to -- to listen in at this time. I usually
5 tell them to call in about half an hour earlier
6 -- earlier than the scheduled time in case the
7 agenda gets moved up a little, so it's very
8 likely that she just wasn't -- wasn't able to
9 (unintelligible) --

10 **DR. ZIEMER:** Jane Doe, are you on the phone?

11 (No responses)

12 Is there a petitioner from NUMEC on -- NUMEC
13 Parks on the phone?

14 (No responses)

15 Okay. This says will try to listen, but
16 probably won't comment. So --

17 **DR. BRANCHE:** And -- and as we've heard from
18 Ms. Breyer, she encourages the petitioners to
19 call about 30 min-- at least 30 minutes before
20 --

21 **MS. BREYER:** Right, I usually tell them --

22 **DR. BRANCHE:** -- the scheduled time.

23 **MS. BREYER:** -- about a half an hour. It may
24 be off either way, earlier or later.

25 **DR. ZIEMER:** Sure.

1 **MS. BREYER:** (Off microphone) And I don't have
2 a number to contact her (unintelligible) she
3 may be unavailable (unintelligible).

4 **DR. ZIEMER:** Okay. Well, Dr. Hughes is with us
5 anyway. Dr. Hughes will present for NIOSH.
6 Thank you.

7 **DR. HUGHES:** Thank you, Dr. Ziemer and the
8 Board. I'm going to present on behalf of NIOSH
9 the SEC petition evaluation for the --

10 **DR. BRANCHE:** Dr. Hughes, would you please
11 speak up?

12 **DR. HUGHES:** Okay, I'll -- I'll try.

13 **DR. ZIEMER:** Or get closer to the microphone.

14 **DR. HUGHES:** Can you hear me better?

15 Okay, how's this?

16 **MR. GRIFFON:** Better.

17 **DR. HUGHES:** Okay. Okay, I'm going to present
18 the NIOSH SEC evaluation for the Nuclear
19 Materials and Equipment Corporation -- or
20 short, NUMEC -- Parks Township plant. This is
21 a petition that was submitted to NIOSH under
22 83.14 for a petitioner whose dose -- dose could
23 not be reconstructed with the available data.
24 The petition evaluation also considered a class
25 of workers similar to the petitioner.

1 This is a slide you've seen before, the
2 evaluation process, the two-step process which
3 consists of the -- first the feasibility
4 determination, followed by the health
5 endangerment determination.

6 A little bit of background. The NUMEC Parks
7 Township plant is located in Parks Township
8 near Leechburg, Pennsylvania, which is about 30
9 miles northeast of Pittsburgh. It is a sister
10 facility to the NUMEC Apollo facility, which
11 was also evaluated by NIOSH and I believe was
12 presented last year, in October, to the Board.
13 This plant had its first license granted in
14 1961, March of 1961, and it is -- the covered
15 time period is actually 1957 to 1980. However,
16 we found information that there was no
17 radioactive material on-site before June of
18 1960.

19 The radiological operations relevant to the
20 class consisted of production of plutonium-
21 containing nuclear fuels and experimental
22 fuels, the recovering of plutonium from scrap,
23 the production of highly enriched uranium
24 nuclear fuels, and the processing of depleted
25 uranium. In addition, the production of

1 uranium metal alloys, also the production of
2 thorium experimental fuels and encapsulation of
3 thorium fuels; the production of alpha, beta
4 and neutron sources such as plutonium-
5 beryllium, polonium-beryllium or americium-
6 beryllium sources, in addition to thermal
7 sources; and the production of gamma sources
8 such as iridium-192 and cobalt-60 sources.
9 The exposure potential to the class is
10 obviously as a result of the operations that
11 were conducted at the plant such as plutonium
12 from fuel fabrication and scrap recovery,
13 uranium from the machining of depleted uranium
14 and highly enriched uranium production,
15 exposure potential to thorium from the fuel
16 production operations; and exposure to
17 polonium, plutonium, americium, cobalt, iridium
18 and cesium from source production.
19 NIOSH looked into acquiring all available
20 information to determine the feasibility of
21 dose reconstruction, and the data capture
22 attempts included formal requests to the former
23 operator of the site, which is BWXT; requests
24 to the Nuclear Regulatory Commission; a data
25 search at the Office of Scientific and

1 Technical Information, data requests to the DOE
2 and also information was collected through
3 worker outreach meeting and interviews with
4 former employees.

5 There is monitoring data available. Internal
6 monitoring data is available in the form of
7 urine and fecal bioassay for plutonium,
8 americium and uranium. Also some workers had
9 occasional whole body counts for uranium and
10 plutonium, starting in 1968 through 1985. The
11 urine bioassay is available from 19-- starting
12 in 1960 to 1976; fecal bioassay was conducted
13 from 1966 to '76. The whole body count it
14 appears were given to employees who had
15 exposure potential or potential uptakes. There
16 are very limited bioassay data for thorium
17 available. All data also appear -- or are
18 unclear whether or not they are for the Parks
19 Township facility or the Apollo facility. As I
20 mentioned earlier, they were sister facilities.
21 They shared the same management. They also
22 shared health and safety, so if you look at a
23 given health and safety record it is not always
24 clear which facility these are actually
25 pertaining to. The process information that's

1 available for the Parks Township plant for the
2 thorium operation is insufficient for source
3 term determination. Additional urine sample is
4 available in form of mixed -- in form of urine
5 data from mixed fission products, which is also
6 very limited.

7 There's also no bioassay or air monitoring data
8 for radionuclides from source production, and
9 there's also insufficient process information
10 available to determine the source term.

11 And lastly, NUMEC used the contractor Controls
12 for Environmental Pollution, or CEP, as a
13 bioassay contractor starting in 1976 to 1993.
14 In 1994 both DOE and NRC advised contractors
15 and licensees that the analytical results
16 provided them by that company should be
17 considered suspect because there were some
18 implications of data falsifications. And for
19 that reason, NIOSH has concluded not to use any
20 CEP data for dose reconstruction.

21 There is limited air sampling available at the
22 site, only for uranium and plutonium which
23 started in 1961, that consists of general air
24 sample data and breathing zone sample data.

25 There was in general a large variation in

1 sampling frequency, which it is unclear whether
2 this large variation in the data that we have
3 is a result of a change in radiological risk or
4 if there's a -- if there are gaps in the
5 available data.

6 External monitoring data is available starting
7 in 1961 through 1980, and it -- it appears that
8 all employees who had exposure potential were
9 required to wear -- be monitored for external
10 radiation.

11 This is the petition overview. NIOSH was
12 unable to obtain sufficient information to
13 complete the dose reconstruction for an
14 existing claim. And on March 10, 2008 a
15 claimant was notified that the dose
16 reconstruction could not be completed and the
17 claimant was provided with a copy of the
18 Special Exposure Cohort petition Form A. And
19 the petition was submitted to NIOSH on March
20 12th, 2008.

21 The feasibility conclusion is that NIOSH lacks
22 sufficient monitoring, process or source
23 information from thorium and source production
24 operation to estimate internal radiation doses
25 to NUMEC Parks Township employees for the

1 period of June 1st, 1960 through December 31st,
2 1980. NIOSH does believe that it has
3 sufficient information to estimate the internal
4 doses from uranium and plutonium from 1960 to
5 1976, and occupational external exposures,
6 including the medical exposures, for that same
7 period. And NIOSH will use individual personal
8 monitoring data, with exception to the CEP
9 data, for partial dose reconstruction, as
10 appropriate.

11 NIOSH has determined that it is not feasible to
12 estimate with sufficient accuracy external or
13 internal radiation doses, and that the health
14 of the covered employees may have been
15 endangered. The evidence indicates that
16 workers in the class may have accumulated
17 intakes of uranium, plutonium, thorium and
18 other radionuclides during the covered period.
19 This is the summary slide. Again, dose
20 reconstruction is believed to be feasible for
21 uranium and plutonium only up to 1976, and dose
22 reconstruction is not feasible for any of the
23 other radionuclides on-site. Dose
24 reconstruction is believed to be feasible for
25 external exposures, and including occupational

1 medical X-rays.

2 Therefore the NIOSH proposed class definition
3 is all employees who worked at the Nuclear
4 Materials and Equipment Corporation plant in
5 Parks Township, Pennsylvania from June 1st,
6 1960 through December 31st, 1980 for a number
7 of work days aggregating at least 250 work days
8 occurring either solely under this employment
9 or in combination with work days within the
10 parameters established for one or more other
11 classes of employees in the SEC.

12 And the recommendation is that feasibility is
13 no and health endangerment, yes.

14 Thank you.

15 **DR. ZIEMER:** Okay, thank you. Let's open this
16 for questions. Let -- let me begin. And
17 again, for clarification -- and I'm looking at
18 the feasibility chart which is toward the end
19 there, feasible to construct uranium and
20 plutonium. What -- what was the status on
21 americium, was or was not feasible on
22 americium? I thought they -- I thought it's --
23 you said that they did bioassay for americium.

24 **DR. HUGHES:** Ye-- well, yes.

25 **DR. ZIEMER:** Is that included in the --

1 **DR. HUGHES:** It's included with the --

2 **DR. ZIEMER:** Okay, that's included.

3 **DR. HUGHES:** Yes.

4 **DR. ZIEMER:** On the other nuclides, for those
5 for whom they did bioassay, were they simply
6 not looking at anything -- or -- I'm just
7 wondering why they wouldn't have done other
8 nuclides if they were doing bioassay. Were
9 they simply doing -- was this an alpha process
10 or -- can you clarify that? What -- what would
11 they -- what were the other nuclides that they
12 -- that would be in this category, other than
13 uranium, plutonium, americium?

14 **DR. HUGHES:** Thorium -- they did not do --

15 **DR. ZIEMER:** So thorium would be the main one
16 here.

17 **DR. HUGHES:** Yes.

18 **DR. ZIEMER:** They simply weren't looking for
19 it, or were they -- what was --

20 **MR. RUTHERFORD:** At least -- this is LaVon
21 Rutherford. At least for -- from my knowledge
22 with Apollo, when we looked at Apollo, it
23 appeared that for these smaller -- or through
24 the operations that were more -- on a smaller
25 scale, that they were not looking for those

1 isotopes when they were doing actual bioassay
2 monitoring, and the whole body count. Because
3 if you look at the actual sheets, and Dr.
4 Hughes can correct me if I'm wrong, they're
5 very specific on what they -- and it's anno--
6 annotated what they're looking for.

7 **DR. ZIEMER:** Do you know in the bioassay here -
8 - was it nuclide-specific versus gross alpha,
9 gross beta, or --

10 **DR. HUGHES:** Yes, it was nuclide -- well, for
11 the biggest -- for the largest part, it was
12 nuclide-specific.

13 **DR. ZIEMER:** Okay.

14 **DR. HUGHES:** I do believe that the uranium and
15 plutonium was a very large portion of the
16 production and the other -- the thorium
17 production were relatively smaller programs of
18 the site, but -- so...

19 **DR. ZIEMER:** I -- I'm -- I'm really trying to
20 get a feel for whether or not -- if someone had
21 a positive bioassay and -- would they likely
22 have missed the thorium, even if it was there?
23 That's what I'm -- I'm not clear on.

24 **DR. NETON:** I'm not sure what you mean by
25 missed it. If it was specific for uranium, it

1 wouldn't show up in the uranium analysis --

2 **DR. ZIEMER:** Well --

3 **DR. NETON:** -- obviously, but -- and --

4 **DR. ZIEMER:** -- if there were thorium there and
5 they're -- they're just not looking for
6 anything else, is what you're saying.

7 **DR. NETON:** Right, if they (unintelligible) --

8 **DR. ZIEMER:** Other words, are they doing alpha
9 spectroscopy or what -- what are they doing
10 here?

11 **DR. NETON:** It seems to me -- I think Dr.
12 Hughes knows better, but she would
13 (unintelligible) --

14 **DR. ZIEMER:** Oh, was it a chemical separation?

15 **DR. NETON:** It was a uranium chemical --
16 radiochemical separation.

17 **DR. ZIEMER:** So they were separating out --

18 **DR. NETON:** Yeah.

19 **DR. ZIEMER:** -- specifically for uranium.
20 Okay.

21 **DR. NETON:** Usually if you're going to go to
22 the trouble to digest a sample, it's easy to
23 pull off the uranium and then electrodeposit it
24 or something like that.

25 **DR. ZIEMER:** Okay, thanks. Other questions or

1 comments?

2 **MR. GRIFFON:** I -- I think --

3 **DR. ZIEMER:** Mark.

4 **MR. GRIFFON:** -- this -- this is similar to the
5 other NUMEC site, but I just -- and I -- I
6 notice the language, it says all workers, right
7 -- so that would include the question of
8 administrative folks or guards or any workers
9 on the site -- okay. 'Cause there was that
10 issue at the other -- right.

11 **DR. ZIEMER:** It would be appropriate to have a
12 motion on this one if the group is prepared to
13 make such a motion.

14 **DR. POSTON:** Mark?

15 **MR. GRIFFON:** I don't have that complicated
16 detailed motion, but --

17 **DR. ZIEMER:** I think --

18 **MR. GRIFFON:** The author is not here.

19 **DR. ZIEMER:** -- if you wish to make the motion,
20 we can have it in simple form and -- our -- our
21 agenda is catching up with our ability to get -
22 -

23 **MR. GRIFFON:** Right.

24 **DR. ZIEMER:** -- the words together. Wanda
25 Munn.

1 **MS. MUNN:** I move we accept the recommendation
2 for -- that NIOSH has made for this particular
3 SEC class.

4 **DR. POSTON:** Second.

5 **DR. ZIEMER:** And seconded. Is there further
6 discussion on this one?

7 **MR. GRIFFON:** The only -- the only thing I
8 wanted to ask was -- I -- I -- I think that in
9 the last one -- and this is not -- well, it's
10 sort of around the motion, but the -- in the --
11 in the other NUMEC site I think we considered -
12 - or we asked the workgroup on the 250-day
13 issue to consider the NUMEC Apollo, and I think
14 we should probably put Parks in there with
15 that, you know, just -- I -- I think the
16 petitioner mentioned both when they had spoken
17 with me before, so I'm not sure it's going to
18 fall in-- you know, at least let it be
19 considered by the 250-day workgroup whether
20 they could have had exposures in -- in a
21 smaller -- shorter time frame that could affect
22 that 250-day criteria. So -- but that's -- I
23 don't think that --

24 **DR. ZIEMER:** That's a separate issue.

25 **MR. GRIFFON:** -- affects the motion -- right,

1 separate issue, but -- yeah.

2 **DR. BRANCHE:** Do you want to include it or not?

3 **DR. ZIEMER:** No, not --

4 **MR. GRIFFON:** Not in the motion, no, no, no.

5 **DR. ZIEMER:** -- not in the motion, no. No.

6 Are you ready to vote on the motion? And again

7 we'll have -- the formal words are available

8 for you tomorrow.

9 Okay, we'll do it by roll call.

10 **DR. BRANCHE:** Okay. Ms. Beach?

11 **MS. BEACH:** Yes.

12 **DR. BRANCHE:** Mr. Clawson?

13 **MR. CLAWSON:** Yes.

14 **DR. BRANCHE:** Mr. Gibson?

15 **MR. GIBSON:** Yes.

16 **DR. BRANCHE:** Mr. Griffon?

17 **MR. GRIFFON:** Yes.

18 **DR. BRANCHE:** I'll get a vote from Dr. Lockey.

19 Ms. Munn?

20 **MS. MUNN:** Yes.

21 **DR. BRANCHE:** Mr. Presley?

22 **MR. PRESLEY:** Yes.

23 **DR. BRANCHE:** Dr. Poston?

24 **DR. POSTON:** Yes.

25 **DR. BRANCHE:** Dr. Roessler?

1 DR. ROESSLER: Yes.

2 DR. BRANCHE: Mr. Schofield?

3 MR. SCHOFIELD: Yes.

4 DR. BRANCHE: Dr. Ziemer?

5 DR. ZIEMER: Yes. Then I declare that the
6 motion has carried and we will prepare a formal
7 recommendation to the Secretary in accordance
8 with the formal wording that will come in the
9 motion.

10 **NINTH SET OF CASES FOR DOSE RECONSTRUCTION REVIEWS**

11 We have a little bit of time before lunch and
12 I'm going to take care of the -- a part of a
13 subcommittee item. The Chair had the task of
14 assigning workgroups for the ninth set of
15 reviews, and I have done that and I wanted to
16 give you those assignments, and then we will
17 give you a hard copy of this before you leave
18 the meeting. But I'm going to give you the
19 assignments verbally so that they are in the
20 record, and you can jot these down as we go.
21 This is the ninth set of cases for dose
22 reconstruction review. On the selection ID
23 number, and the selection ID number is not at
24 all related to the NIOSH number -- case number,
25 so I simply point that out. It is a Board

1 number. The -- on all of these the first
2 digits are 2008-01, which represents January of
3 this year, which was the final date at which we
4 made the actual selection of those cases. And
5 then the ID number that I will use here, the
6 last three digits, all following the 2008-01 --
7 I'm not going to repeat the 2008-01 each time.
8 So I will give you the case number and I will
9 give you the facility, and then I will give you
10 the review team. Then I will make this
11 available to you in writing and I will make it
12 available to John Mauro and SC&A because they
13 will be working with the individual teams to
14 review those dose reconstructions. So -- and
15 there's I think 40 of these, so I'll go through
16 the list.

17 **MS. BEACH:** Is this from the ninth set, Paul?

18 **DR. ZIEMER:** Ninth set.

19 **MS. BEACH:** Thank you.

20 **DR. ZIEMER:** Ninth set. Case 125 from Feed
21 Materials Production Center, otherwise known as
22 Fernald. Team one -- and I'm using the same
23 team numbers as we used last time, so -- but
24 I'll give you the names as well. Team one is
25 Poston and Presley.

1 The next case is 135 at Argonne East, and Los
2 Alamos and U. of California, it's a person that
3 worked at three facilities. This is for team
4 two, Roessler/Lockey.

5 Next, ID is 183, Ashland Oil, team three,
6 Griffon and Clawson.

7 Case 184, Vitro Manufacturing, team four,
8 Ziemer/Gibson.

9 Next, 198, Y-12 and K-25, Oak Ridge, team five,
10 Melius/Schofield.

11 Next is 418, Herring Hall, Marvin Safe Company,
12 that's team six, Munn/Beach.

13 Case 1-- case 434, Los Alamos National Lab.
14 This will be team two, Roessler/Lockey.

15 **DR. ROESSLER:** What was the number again?

16 **DR. POSTON:** 434.

17 **DR. ZIEMER:** 434. Maybe I should read the team
18 first and then --

19 **DR. ROESSLER:** That would help, yeah.

20 **DR. ZIEMER:** Okay. The next will be assigned
21 to team one, Poston/Presley. It's case 442 at
22 Fernald.

23 Next is team three, Griffon/Clawson, case 454,
24 Bridgeport Brass.

25 Next is team four, Ziemer/Gibson, case 461,

1 Paducah.

2 Parenthetically I will say -- normally I'm

3 going in order unless there's a conflict, and

4 then I'm switching teams. That's why they're

5 not all completely in order.

6 Next is team six, Munn/Beach, case 464,

7 Fernald.

8 Next, team five, Melius/Schofield, case 465, K-

9 - Oak Ridge K-25 and Hanford.

10 Next is team one, Poston/Presley, case 477,

11 Downey facility and some others as well.

12 Next is team two, Roessler/Lockey, case 490,

13 Weldon Spring plant.

14 Next, case -- or team three, Griffon/Clawson,

15 case 491, Hanford.

16 Next, team four, Ziemer/Gibson, case 492,

17 Hanford and PNNL, Pacific Northwest National

18 Lab.

19 Next, team five, Melius/Schofield, case 521,

20 Huntington Pilot Plant.

21 Team six, Munn/Beach, case 523, Y-12 plant.

22 Next, team two, Roessler/Lockey, case 533,

23 Lawrence Livermore.

24 Team one, Poston/Presley, case 537, Brookhaven

25 National Lab and Idaho National Lab.

1 Next, team three, Griffon/Clawson, case 461,
2 Clarksville facility and Pantex.
3 Team four, Ziemer/Gibson, case 565, Savannah
4 River Site.
5 Team five, Melius/Schofield for case 568,
6 Savannah River Site.
7 And then team six, Munn/Beach, case 571, Linde
8 Ceramics.
9 Team one, Poston/Presley, case 583, Idaho
10 National Lab.
11 Team two, Roessler/Lockey, case 584,
12 Albuquerque Operations Office and Los Alamos.
13 Then team five, Melius/Schofield, case 585,
14 Medina facility and Pacific Proving Ground.
15 Team three, Griffon/Clawson, case 588, Oak
16 Ridge X-10.
17 Team four, Ziemer/Gibson, case 614, Hanford,
18 Nevada Test Site, Los Alamos and Pacific
19 Northwest National Lab.
20 Team six, Munn/Beach, case 639, Y-12 plant.
21 Next, team two, Roessler/Lockey, case 648, Y-12
22 plant.
23 Next, Poston/Presley, team one, case 652,
24 Savannah River Site.
25 Team three, Griffon/Clawson, case 653, Y-12

1 plant.

2 Team four, Ziemer/Gibson, case 664, Nevada Test
3 Site.

4 Team six, Munn/Beach, case 672, Idaho National
5 Lab, Y-12, K-25 and X-10.

6 Okay, we're getting down to the final page
7 here.

8 Team five, Melius/Schofield, case 677, Grand
9 Junction Operations Office and DeSoto facility
10 and Hanford.

11 Then team one, Poston/Presley, case 69-- 679 --
12 again, 679, Hanford.

13 Team two, Roessler/Lockey, case 681, Idaho
14 National Lab.

15 Team three, Griffon/Clawson, case 690, General
16 Steel.

17 Team four, Ziemer/Gibson, case 697, Hooker
18 Electrochemical.

19 That completes the list. We've got six teams,
20 40 cases, so each of you has six or seven
21 cases. This is a double whammy review. Okay?
22 John, I'll give you a copy of this for SC&A so
23 that we're ready to go on that.

24 Any questions on those assignments? I've
25 checked this -- these assignments with counsel

1 and they have cleared this as far as conflicts
2 of interest for all Board members.

3 **MR. GRIFFON:** Can I just ask --

4 **DR. ZIEMER:** Yeah, Mark Griffon, question?

5 **MR. GRIFFON:** Just -- Stu Hinnefeld, I see him
6 in the room now. Stu, I might ask about the
7 tenth set. We're going to consider those
8 tomorrow in the subcommittee meeting, and the
9 tenth set -- we had a subcommittee -- or in the
10 regular meeting.

11 **DR. ZIEMER:** In the report.

12 **MR. GRIFFON:** And -- and we had a subcommittee
13 meeting recently. We went through a first tier
14 review of the tenth set. We selected some, and
15 I think you produced a expanded matrix on those
16 --

17 **MR. HINNEFELD:** No -- no, I haven't.

18 **MR. GRIFFON:** Oh, you have not.

19 **MR. HINNEFELD:** No, we're not prepared to
20 actually make --

21 **MR. GRIFFON:** So you're not prepared to do it
22 here, okay.

23 **MR. HINNEFELD:** What -- what happens or what I
24 have done is I have culled out cases that had
25 actually been selected for the ninth set.

1 **MR. GRIFFON:** I -- I --

2 **MR. HINNEFELD:** Because recall that, unlike our
3 other preselection list --

4 **MR. GRIFFON:** Yes.

5 **MR. HINNEFELD:** -- the ninth set had not been
6 selected when that preselection list was run,
7 and so they had not been culled out. So after
8 the selection of the -- the preselection of the
9 tenth, there were some 54 cases that the
10 subcommittee preselected. I went through and
11 culled out 11 -- I guess there were 56. I
12 culled out 11 that had -- that had actually
13 been selected in the ninth --

14 **MR. GRIFFON:** Right, and --

15 **MR. HINNEFELD:** -- part of the ninth --

16 **MR. GRIFFON:** -- we saw that e-mail, but --
17 okay.

18 **MR. HINNEFELD:** So the remaining 45 then we are
19 compiling to fill out the rest of the matrix.

20 **MR. GRIFFON:** Okay.

21 **MR. HINNEFELD:** The rest of the matrix requires
22 us to enter in the way in which the internal
23 dosimetry was done --

24 **MR. GRIFFON:** Yeah.

25 **MR. HINNEFELD:** -- the way in which the

1 external dosimetry was done and whether
2 neutrons were present before and after --

3 **MR. GRIFFON:** Okay, I just wanted to clarify --
4 I thought we would have that for this meeting,
5 but may-- for the phone call meeting I guess
6 we'll do that.

7 **MR. HINNEFELD:** For the phone call meeting
8 we'll have it. We didn't have enough time to
9 do it by now.

10 **MR. GRIFFON:** All right, all right, thank you.

11 **TRACKING STATUS OF TRANSCRIPTS AND MINUTES**

12 **DR. ZIEMER:** Thank you. I think we have a
13 little time for a couple of things. Dr.
14 Branche, I'm wondering if it would be useful to
15 cover the tracking status --

16 **DR. BRANCHE:** Yes, that'd --

17 **DR. ZIEMER:** -- now?

18 **DR. BRANCHE:** -- be great.

19 **DR. ZIEMER:** We're -- I've skipped ahead to
20 some of the Board working time for tomorrow
21 afternoon because these are things that, if we
22 get done, we might be able to leave a little
23 bit early. But we'll take care of pieces of
24 this. This is -- bullet under Board working
25 time called tracking status of transcripts and

1 minutes, so we get an update on where we are on
2 minutes and transcripts.

3 **DR. BRANCHE:** Okay.

4 **DR. ZIEMER:** Do we have this in our packet?

5 **DR. BRANCHE:** No, you don't have it in your
6 package this time because I'm happy to report
7 that as it concerns the Board meeting
8 transcripts, both the face-to-face meetings and
9 the telephone meetings, we are completely up to
10 date. Everything is on the web site. We are
11 at the steady state for those issues.

12 I -- my compliments to the staff at NIOSH and
13 as well as our contract court reporter for
14 getting this information to us in a timely
15 fashion.

16 Now as it concerns the subcommittees -- sorry,
17 the subcommittee meetings and the workgroup
18 meetings, we are still behind, but I don't
19 think we've ever made a promise to you as to
20 when those would be coming. We have tried -- I
21 actually put a little bit of a moratorium on
22 requests that many of you had been making for
23 workgroup meeting transcripts until we got
24 ourselves back into -- into a smooth delivery
25 of our Board meeting transcripts. Our

1 constituents -- and you all, appropriately --
2 have demanded that that backlog be cleaned up
3 and that has been done.

4 Ray has been giving us information -- the
5 transcripts from our -- from our workgroup
6 meetings and the subcommittee meetings, and he
7 is catching up. As well he's catching up on
8 the minutes.

9 As it concerns the minutes, we've been working
10 with the Federal Advisory Committee Act staff
11 at the Centers for Disease Control and
12 Prevention because they're undergoing a review
13 from I guess the HHS Federal Advisory Committee
14 Act office, and they were concerned about the
15 fact that our minutes were lagging. I've put
16 forth an argument that our transcript should
17 serve as fulfilling that need, and so I'm -- so
18 far I seem to be winning that argument, but I
19 will appreciate any good vibes you can give me
20 on that score.

21 Again, our -- the time line that Dr. Wade and
22 other staff at NIOSH outlined for you all at a
23 previous meeting about the time frame that we
24 need to be able to get the transcript for the
25 Board meeting produced, redacted and posted

1 seems to be exactly the amount of time we need.
2 We have -- we would have great difficulty in
3 producing that sooner. But we -- given that
4 time line, we seem to be honoring it now and we
5 are playing catch-up with our other
6 information. I'm probably talking too long.

7 **DR. ZIEMER:** No, that's fine.

8 **DR. BRANCHE:** Any questions? I wish Dr. Melius
9 were here to hear me say all that.

10 **DR. ZIEMER:** So you'll be working on the
11 workgroup meetings as -- transcripts to bring
12 those up. The minutes themselves -- Board
13 members, you've probably noticed that we
14 haven't had to approve any minutes lately, and
15 the reason for that is we haven't had minutes
16 to approve, working hard on the transcripts.
17 And we've found in practice many of the folks
18 who are involved in pursuing petitions -- that
19 is, petitioners themselves -- prefer the
20 transcripts rather than the minutes because the
21 transcripts more accurately reflect -- or at
22 least include everything that was covered, as
23 opposed to the minutes, which may be condensed
24 and may summarize what occurred rather than
25 giving it verbatim.

1 One of the issues is, and what Christine was
2 referring to, is that in the past the folks who
3 operate or who set forth the rules for federal
4 advisory boards have required that I sign off
5 that the minutes are a true reflection of what
6 occurred. Since we are -- and -- and we're
7 behind on those.

8 Since the transcripts are what we're focusing
9 on, we're -- what she's trying to do is get
10 them to agree that we can assert that the
11 transcripts fully and correctly reflect what
12 occurred at the meeting. And if -- if we have
13 that, then it's not clear to me that we have to
14 necessarily approve the minutes. Do we still
15 approve the minutes?

16 **DR. BRANCHE:** Well, I would -- I would say that
17 in -- in my -- my being assertive about the
18 fact that the minutes (sic) serve our needs and
19 the needs of our constituents, and if the
20 federal --

21 **DR. ZIEMER:** Minutes or the transcript?

22 **DR. BRANCHE:** Sorry -- forgive me, thank you,
23 the transcript. If the Federal Advisory
24 Committee Act staff agree with me/us, then it
25 would require that Dr. Ziemer in his capacity

1 as the Chair of this Advisory Board, and Mr.
2 Griffon in his capacity as the chair of the
3 sub-- subcommittee, essentially sign off on the
4 transcript. And if that is the case, then I
5 think we would need to go through an
6 opportunity for each Board member to receive
7 those in advance and then -- whether by e-mail
8 or another mechanism that we work out -- agree
9 that the transcript is something that you all
10 accept, and then we would have -- I would have
11 them sign off on those and -- and potentially
12 forego the minutes.

13 **DR. ZIEMER:** So we may not even have minutes to
14 deal with in the future.

15 The other thing I think on transcripts -- I'm
16 not sure we're ever in a position to say that
17 what the transcript says is not what I've said
18 because that's a --

19 **MR. GRIFFON:** Right.

20 **DR. ZIEMER:** -- an official court reporter type
21 of thing. Ray is --

22 **DR. BRANCHE:** That's all you, Ray.

23 **DR. ZIEMER:** Similar to a court proceeding. I
24 -- I think you might not like what you said or
25 how you said it, but -- but it's going to be

1 there for the record. I don't think we're
2 going to go back and -- and edit the
3 transcript, unless there's a spelling error or
4 something like that.

5 **DR. BRANCHE:** But of course that -- if we take
6 the step that -- and -- and because we do have
7 a certified court reporter, it would certainly
8 expedite our signing off on a lot of the
9 documents that the Federal Advisory Committee
10 Act office would -- would require. So I'm
11 quite hopeful that they would see the wisdom of
12 this approach. And if you don't see the wisdom
13 of this approach, this is now your opportunity
14 to tell me.

15 **DR. ZIEMER:** Now would you rather have minutes
16 than transcripts? I think our petitioners have
17 been relying on the transcripts rather than the
18 minutes.

19 **DR. BRANCHE:** Again, I don't know that we'll be
20 able to forego minutes, but we will be able to
21 have -- sign off on the transcripts, which
22 might be able to forego needing a signature on
23 the minutes, so...

24 I have some updates for the other information
25 if you'd like --

1 **MR. GRIFFON:** I was just going to ask about --
2 before you move on -- the moratorium on the
3 other minutes -- or the other transcripts. I -
4 - I know --

5 **DR. ZIEMER:** Well, there's not a moratorium --

6 **MR. GRIFFON:** Well, moratorium on producing
7 them for workgroup members or --

8 **DR. BRANCHE:** I -- I was -- I was actually
9 asking people, when they would come first to
10 Lew and now me -- actually nobody has asked me
11 for --

12 **MR. GRIFFON:** In a while.

13 **DR. BRANCHE:** -- an expedited transcript from a
14 workgroup or subcommittee meeting, and I
15 appreciate the sensitivity that you all have
16 shown because I think -- actually did cry a lot
17 at our last Board meeting about how we were in
18 -- in a bit of a -- a flurry in trying to do
19 that. I'm not asking for floodgates, either,
20 but if you do need an expedited transcript for
21 your workgroup meeting or your subcommittee
22 meeting, I would ask that you simply come to me
23 and I'll let you know where we are in the
24 production cycle.

25 **MR. GRIFFON:** Okay, I was just going to say, in

1 -- or ask a question, I guess. In the past I -
2 - I've asked -- especially for the Rocky Flats
3 process, we had several meetings very close to
4 each other and it was useful to have the
5 previous minutes and Ray --

6 **DR. BRANCHE:** The minutes or the transcript?

7 **MR. GRIFFON:** -- transcripts, and Ray produced
8 them very quickly in a -- in a raw form, a -- a
9 draft form that we wouldn't circulate, but we
10 had them there for our information. And so I
11 don't know when you say -- if -- can we still
12 get those kind of minutes if we need them and -
13 -

14 **DR. BRANCHE:** Transcripts?

15 **MR. GRIFFON:** Yeah, transcripts, I'm sorry --
16 in a pinch if we need those kind of things to
17 facilitate the workgroup process, can we get
18 those draft transcripts?

19 **DR. BRANCHE:** Very reasonable question. I
20 think producing the draft -- it's easier to
21 promise when we've gotten past the window for
22 when -- for when Ray needs to produce the
23 transcript for our Board meeting. So for
24 example, there was a request for a workgroup
25 meeting from November, but the person requested

1 it just this past week. And so my honest reply
2 was if Mr. Green can produce it without it
3 interrupting the schedule -- which again, is
4 already tight -- for getting out the transcript
5 for the Board meeting, then that wouldn't be a
6 problem. So I would say the same to any
7 workgroup chair or subcommittee chair in your
8 case, Mr. Griffon, that as long as the timing
9 of your request is not going to jeopard-- and I
10 always check with Mr. Green first -- is not
11 going to jeopardize the -- the time line for
12 our producing the Board minute -- I'm sorry,
13 transcript, you've got me in -- the Board
14 transcripts, then I think we can try to honor
15 it. And in -- and in those I use a first come-
16 first served approach. Okay?

17 **UPDATE ON BOARD'S CONTRACTOR**

18 Some of you have been asking questions about
19 the -- the Board's contractor --

20 **MR. CLAWSON:** Yes.

21 **DR. BRANCHE:** -- and I can give you an update
22 on that. I appreciate Dr. Wade, Dr. Neton and
23 the staff in the Centers for Disease Control's
24 Office on Procurement and Grants. We expect
25 that the first solicitation -- or rather the

1 solicitation announcement will come out in the
2 middle of this month, April 2008, and that the
3 full request for proposals will be announced at
4 the very beginning of May. And we're expecting
5 to be able to select certainly someone before
6 any deadlines are appro-- approach. But those
7 are the two dates that you need to have in
8 mind. Mid-- mid-April for the solicitation
9 announcement, which essentially just gives
10 people a heads-up -- rather potential
11 applicants a heads-up. And then the full-
12 fledged request for proposals would be the
13 first few days of May.

14 **DR. ZIEMER:** Mark?

15 **MR. GRIFFON:** This may be just my -- you know,
16 'cause we have so much documentation going
17 around this Board, but have we -- has the Board
18 seen a final -- or are we entitled to see a
19 final copy of the RFP? I know -- I know you
20 asked for comments on certain sections from me,
21 and I appreciate that and I -- I did send them
22 in, but I -- I don't know that I've seen the
23 final form of it, and are we -- do we get one
24 last read-through or -- or -- I don't know.

25 **DR. ZIEMER:** Well, let me ask if David Staudt

1 happens to be on the phone. Do we know if he's
2 going to -- or anyone from procurement. I
3 think --

4 **DR. BRANCHE:** Talk about this tomorrow
5 afternoon, though.

6 **MR. GRIFFON:** Okay, we can talk -- yeah.

7 **DR. BRANCHE:** He was going to be available. He
8 might be on the line.

9 **DR. ZIEMER:** We'll try to get that answer by
10 tomorrow. I -- I believe that David had told
11 us before we would see a final copy of that,
12 but let's -- we'll get it clarified before --

13 **MR. GRIFFON:** I -- I would like to if we can,
14 yeah. I think that'd be useful.

15 **DR. BRANCHE:** I will get an answer to you as to
16 when we would be able to get that to you. I
17 know that by e-mail you and Mr. Claws-- or
18 actually Mr. Clawson copied you on his request.
19 You all had questions about some very elaborate
20 language that had to do with conflict of
21 interest, and the conflict of interest language
22 that the Board apparently labored through on
23 the last announcement -- apparently it has been
24 undisturbed.

25 **MR. GRIFFON:** Remained, right, right, yeah.

1 **DR. BRANCHE:** So that remains completely
2 unaltered. I believe Dr. Wade gave you all
3 information to review -- the main sections that
4 -- again, my understanding is that the Board
5 members labored over in a previous version of
6 this when the announcement was done three years
7 ago, and that language, to my understanding,
8 has been left undisturbed. But the staff and
9 the -- at NIOSH and Procurement and Grants have
10 been working on the specific parameters that
11 are date-sensitive. But I'll work to get a
12 copy of that to you.

13 **DR. ZIEMER:** Thank you. Any other questions
14 for Dr. Branche on those administrative
15 matters?

16 (No responses)

17 Okay. Now I want to point out that after lunch
18 today the Board is going to undergo ethics
19 training so that we will be even more ethical
20 in the second half of our meeting after that.
21 Actually it -- we're -- we're required every
22 year to participate in what is called ethics
23 training. Is that the right word?

24 **DR. BRANCHE:** That is correct, that's correct.

25 **DR. ZIEMER:** I think it's ethics training. And

1 that is really an administrative session of the
2 Board. It's -- if you'll notice on the agenda,
3 it says for Board members only. We recognize
4 that none of the members of the public nor the
5 federal staff people, nor our contractors, need
6 ethics training and so you do not need to come
7 back early from lunch. In fact, I -- I've been
8 told the attorneys don't want you to come back
9 early. Our session will become unethical if
10 you're here, for some reason. Well, in any --
11 any --

12 **MR. GRIFFON:** It's not -- it's not a closed
13 session, though, is it? No --

14 **DR. ZIEMER:** Well, let's say it's not
15 officially a closed session, as defined, but
16 I'm told that it is considered to be for Board
17 members only. It sort of sounds closed to me,
18 but I -- I think if -- probably if someone's
19 out there and they really feel they need this
20 badly, we might let them in the door. I don't
21 know. We'll see what -- we'll see what --

22 **MS. HOMOKI-TITUS:** Dr. Ziemer, this is Liz
23 Homoki-Titus. (Unintelligible) administrative
24 session under FACA, so therefore it is not open
25 to the public. So even if someone really badly

1 wanted to come in, they would not be permitted
2 to.

3 **DR. ZIEMER:** Oh, okay, even if they wanted to
4 badly. Okay. That -- that was word from
5 counsel. This is considered an administrative
6 session of the Board, which is -- although not
7 closed, Mark, it's not open to the public.
8 Okay.

9 **DR. BRANCHE:** I have an administrative note on
10 that piece.

11 **MR. GRIFFON:** I'll have to look that one up.

12 **DR. ZIEMER:** Okay. Anyway, take -- I'm simply
13 telling folks have a leisurely lunch --

14 **DR. POSTON:** Paul --

15 **MR. PRESLEY:** Hey, Paul -- Paul?

16 **DR. ZIEMER:** Yes, yes, Mr. Presley.

17 **MR. PRESLEY:** I got something from counsel that
18 says it's going to start at 1:00 o'clock. Is
19 it going to start at 1:00 o'clock or 1:30?

20 **DR. ZIEMER:** 1:30.

21 **MR. PRESLEY:** Thank you.

22 **DR. BRANCHE:** Oh, and -- and -- and Mr.
23 Presley, you will note that I sent you an e-
24 mail message yesterday with a separate phone
25 number that I would like you to dial in to for

1 that administrative session. Did you receive
2 my e-mail?

3 **MR. PRESLEY:** I've got it right here.

4 **DR. BRANCHE:** Okay, thank you.

5 **DR. ZIEMER:** So the open -- or the regular
6 session will begin at 2:30, and at 2:30 --
7 since we have already covered the Department of
8 Energy and Labor update, I'm proposing that we
9 consider the SEC petition update, so I'll ask
10 LaVon to be prepared for that.

11 So thank you very much. We're recessed until
12 the appropriate time.

13 (Whereupon, a recess was taken from 12:00 p.m.
14 to 1:30 p.m.)

15 (Whereupon, the meeting reconvened in
16 Administrative Session, transcript of which is
17 not included as part of the public document.)

18 (2:53 p.m.)

19 **DR. BRANCHE:** Mr. Presley, are you on the line?

20 **MR. PRESLEY:** I sure am, Christine.

21 **DR. BRANCHE:** Thank you. For those of you who
22 have joined the re-established telephone line,
23 we ask that you mute your phones. If you do
24 not have a mute button, then please use star-6
25 to mute the telephone line. And when you are

1 ready to speak, please use that same star-6 to
2 unmute your phones. Thank you. I heard all
3 that noise, so thank you very much for muting
4 your phones.

5 Dr. Ziemer.

6 **SEC PETITION UPDATE**

7 **DR. ZIEMER:** Okay, we're going to proceed now.
8 We have a number of SEC petitions that we're
9 going to have updates on, beginning with
10 Hanford, then Sandia Livermore, and then
11 Chapman Valve, and then we also will add Mound
12 to that list. Well, we'll start with Hanford -
13 -

14 **DR. BRANCHE:** Oh, I thought we were going to
15 start with LaVon Rutherford from tomorrow
16 morning.

17 **DR. ZIEMER:** Oh -- wait a minute, I'm -- I'm
18 sorry, I'm ahead of myself on the schedule.
19 Yes, those come at 3:45, and I was just looking
20 at the schedule as it was and realizing it's
21 not 3:45. We're -- we're picking up tomorrow
22 morning's part of the SEC updates, and that is
23 everything but the ones I just named, let's put
24 it that way.

25 **MR. RUTHERFORD:** Are you ready for me?

1 **DR. ZIEMER:** I'm ready for you. I think I'm
2 ready for you.

3 **MR. RUTHERFORD:** All right. Thank you, Dr.
4 Ziemer. I'm going to give the update to the
5 SEC petitions. There will be a little overlap
6 between some of the SEC petition discussion
7 that you probably already heard and that you're
8 going to hear later on.
9 We provide this update to the Board and -- to
10 allow them a little preparation for future
11 workgroup meetings and for future Board
12 meetings, and so they can get a little look
13 ahead.

14 At this time we've -- as of March 26th we had
15 108 petitions. I don't know if we've received
16 any since I've been in the office or not.
17 We've quali-- or we have four petitions that
18 are in the qualification phase. We have 56
19 petitions that we have -- we are -- we have
20 qualified for evaluation. Of those 56, six of
21 those are in the evaluation process and 50 of
22 them have -- we have completed our evaluation.
23 We had 48 petitions that have not qualif-- that
24 did not qualify for evaluation.
25 Now I'm going to go over the petitions that are

1 with the Board at this time and are awaiting
2 recommendation from the Board.

3 Chapman Valve, the evaluation report was
4 approved and sent to the Boa-- Advisory Board
5 and petitioners on August 31st, 2006. We
6 presented our evaluation at the September 2006
7 Advisory Board meeting. At that time the
8 Advisory Board established a workgroup to
9 review the evaluation. The workgroup presented
10 its findings at the May 2007 Advisory Board
11 meeting and a decision at that time was made to
12 postpone a recommendation until the petitioner
13 had received all the documents and had had a
14 chance to review those documents.

15 The Advisory Board voted 6 to 6 on a motion to
16 deny adding a class to the SEC at the July 2007
17 meeting. In light of the vote, the Advisory
18 Board determined they -- they needed more -- or
19 needed to receive a response from the
20 Department of Labor and Department of Energy
21 concerning potential covered work at the Dean
22 Street facility. Prior to the October 2007
23 Board meeting Department of Labor provided a
24 response to the Advisory Board's questions
25 about the Dean Street facility. DO-- the

1 Department of Energy provided an update during
2 the November 2007 Advisory Board conference
3 call. At that time they had not completed
4 their investigation.

5 The Department of Energy presented their
6 findings at the January 2008 Advisory Board
7 meeting that the Dean Street facility should be
8 included as a covered facility, but they
9 indicated that they had no information that
10 there was any additional radiological
11 activities. NIOSH also indicated at that
12 meeting that they would revise the Chapman
13 Valve evaluation report based on DOE's finding,
14 but also indicated they anticipated there would
15 be no changes in our feasibility determination
16 based on these findings.

17 We issued our revised evaluation report at the
18 February 2000 -- February 5th -- we issued our
19 evaluation report February 5th. At the
20 February 2008 Advisory Board conference call
21 the Board asked SC&A to do a focused review of
22 the new information provided by Department of
23 Energy, and asked that the information be
24 available prior to the April Board meeting.
25 SC&A provided a report to the workgroup on

1 March 12th, and status -- current status is
2 NIOSH plans to present our revised evalua--
3 actually the revisions to our evaluation report
4 at this meeting. I think that's later today.
5 Blockson Chemical, the evaluation report was
6 initially approved and sent to the Advisory
7 Board in September 2006. We presented our
8 evaluation report at the December 2006 Advisory
9 Board meeting. However, we determined that we
10 had not addressed all covered exposures and we
11 withdrew that evaluation report. The Advisory
12 Board established a workgroup to review the
13 evaluation report at its December 2006 meeting.
14 NIOSH issued a revised evaluation report on
15 July 3rd, 2007, and we presented that revised
16 evaluation report at the July 2007 Advisory
17 Board meeting. The workgroup met in Cincinnati
18 on August 28th and a public meeting was held on
19 September 12, 2007 to explain changes made to
20 the dose reconstruction technical approach. It
21 was the work-- the workgroup held a conference
22 call on November 2nd, 2007, and then at the
23 January 2008 Advisory Board meeting Dr. Melius
24 indicated he wanted to review the pedigree of
25 the bioassay data and he wanted to discuss the

1 radon model with Mark Griffon.
2 Current status is the petition and evaluation
3 report are with the workgroup. An update will
4 be provided at this meeting.
5 Feed Materials Production Center, Brad Clawson
6 has already provided an update. I'll try to be
7 really brief here. The evaluation report was
8 approved and sent to the petitioners on
9 November 3rd, 2006 and we presented our
10 evaluation report at the February 2007 Advisory
11 Board meeting. The Advisory Board established
12 a workgroup at that meeting and -- and May SC&A
13 provided a draft review of the evaluation
14 report to the workgroup, petitioners, Advisory
15 Board and NIOSH. And the workgroup has met on
16 a number of occasions, and the current status
17 is that workgroup is still reviewing the Feed
18 Materials Production Center evaluation.
19 Bethlehem Steel, the evaluation report was
20 approved and sent to the Advisory Board and
21 petitioners on February 27, 2007, and NIOSH
22 presented our evaluation report at the May 2007
23 Advisory Board meeting. At the time, the
24 Advisory Board determined that it needed
25 further information before making a

1 recommendation on the SEC petition. The
2 Advisory Board tabled the discussion of
3 Bethlehem Steel SEC evaluation report until the
4 workgroup that is looking at the use of
5 surrogate data reports back to the Board. And
6 the petition and the evaluation report are with
7 the Advisory Board for recommendation, and I
8 believe an update is scheduled for tomorrow.
9 Sandia National Lab Livermore, we appro-- the
10 evaluation report was approved and sent to the
11 Advisory Board on March 29th of 2007. On April
12 25th, 2007 -- that was just before the May
13 meeting -- we received new information from the
14 petitioner. However, we presented the
15 evaluation report at the May 2007 Advisory
16 Board meeting and discussed the new information
17 provided by the petitioner.
18 The Advisory Board asked NIOSH to provide an
19 update that addressed the new information. We
20 issued an addendum to the evaluation report and
21 presented that addendum at the October 2007
22 Advisory Board meeting. The Advisory Board
23 tabled the vote at the October meeting until
24 information provided from the petitioner could
25 be reviewed by the Board. NIOSH informed the

1 Advisory Board during its conference call in
2 November that all information had been made
3 available to the Advisory Board, and the
4 Advisory Board indicated they needed more time
5 to review the information.
6 The status -- an update is -- is scheduled for
7 this meeting.
8 Hanford Part 2, the evaluation report was
9 approved and sent to the Advisory Board and the
10 petitioners on September 11, 2007. We
11 presented our evaluation report at the October
12 meeting. The Advisory Board established --
13 sent the report to the already-established
14 Hanford workgroup that was working on the site
15 profile review. The Advisory Board's
16 contractor, SC&A, issued a white paper
17 questioning whether additional buildings should
18 be included in the proposed class definition.
19 And we reviewed that white paper and in March
20 we issued a revised evaluation report with a
21 modified class definition, and I believe that
22 update is scheduled for later on today as well.
23 The petition and evaluation report are with the
24 workgroup, and SC&A and the Board workgroup and
25 NIOSH will provide an update at this meeting.

1 Nevada Test Site, the evaluation report was
2 approved and sent to the Advisory Board and the
3 petitioners in September of '07. We presented
4 our evaluation report at the January 2008
5 meeting, and the Advisory Board sent the report
6 to the contractor and the NTS Board workgroup.
7 That workgroup had already been established.
8 The petition and evaluation report are with the
9 Advisory Board and SC&A for review.

10 Mound plant, evaluation report was approved and
11 sent to the Advisory Board in December. We
12 presented our evaluation at the January meeting
13 and the Advisory Board concurred with our
14 recommendation to add a class for the early
15 years, but sent the report to their contractor
16 for review and established a Mound workgroup.
17 The Mound workgroup met on April 1st, and the
18 status is the current -- the petition and
19 evaluation report are with the workgroup and
20 SC&A for review.

21 Texas City Chemical, Dr. Neton presented our
22 evaluation report on -- that was -- was
23 approved on January 18th and Dr. Neton
24 presented that evaluation report at this
25 meeting. And the vote and recommendation has

1 been postponed until a future meeting.
2 NUMEC Parks, Dr. Hughes presented our
3 evaluation report that was approved -- it was
4 approved on February 14 and Dr. Hughes
5 presented our evaluation report earlier today,
6 and the Board concurred with our recommendation
7 to add a class for NUMEC Parks.
8 Santa Susana Area IV, the evaluation report was
9 approved and sent to the Advisory Board and
10 petitioners on February 15th. Stu Hinnefeld
11 presented our evaluation this morning, and the
12 vote has been delayed until SC&A completes
13 their review of the site profile.
14 SAM Laboratories, the evaluation report was
15 approved and sent to the Board on February
16 19th, and we presented our evaluation of the
17 SAM Laboratory yesterday's -- during this
18 meeting. The Board concurred with our
19 recommendation.
20 Kellex-Pierpont, the evaluation report was
21 approved and sent on February 27th and Dr.
22 Glover presented our evaluation report earlier
23 today, and the Board concurred with our
24 recommendation.
25 Horizons, Inc., the evaluation report was

1 approved and sent to the Board and petitioners
2 on March 14th. I presented that evaluation
3 report yesterday, and the Board concurred with
4 our recommendation.

5 Now I'm going to go to SEC petitions that are
6 currently -- that are in the evaluation
7 process, give you a little update where we are
8 with each one of those.

9 Pantex is a petition that we've had for quite
10 some time. The petition was initially not
11 qualified. The petitioner requested an
12 Administrative Review of the qualification and
13 the Administrative Review Panel recommended
14 that we qualify the petition. We -- we have
15 been in the evaluation for -- for some period
16 now. We have run into some difficulties with
17 data capture efforts and also some site reviews
18 that have taken place. We are working to
19 complete the evaluation report in June.

20 However, I believe that the evaluation report
21 is going to be approved at the later part of
22 June and will be -- we'll have limited chance
23 of getting that report to the Board in time to
24 present for the June meeting.

25 Spencer Chemical, this petition was actually

1 delayed, at the petitioner's request, for four
2 months while the petitioner reviewed additional
3 documentation. We anticipate this report will
4 be completed in June and presented at the June
5 Board meeting.

6 Westinghouse Atomic Power Development, we have
7 -- during our review of the documentation for
8 Westinghouse Atomic Power Development we -- we
9 uncovered some concerns with covered activities
10 at the facility and we have been corresponding
11 with Department of Energy and Department of
12 Labor concerning this. However, we expect to
13 have some answer for the June meeting with the
14 -- concerning Westinghouse.

15 We also, if you remember, had some issues with
16 the early Y-12 with administering the class.
17 Back in our earlier SEC we had defined a class
18 that -- at Y-12 for uranium enrichment
19 operation and other radiological activities,
20 and administering that class has been a little
21 difficult based on our class definition. We
22 are working with the Department of Labor to
23 resolve this issue. We've actually sent a
24 letter to the Department of Labor outlining an
25 approach to allow us that we would not have to

1 -- to complete a SEC evaluation report, that we
2 can resolve this without that. And so current
3 status is we are working with Department of
4 Labor and we should have a update for the June
5 meeting.

6 Massachusetts Institute of Technology, we
7 presented at the beginning of the meeting --
8 this meeting that we -- we had issued our
9 evaluation report and we pulled back that
10 evaluation report after it was recognized that
11 there were other prime contractors or other
12 contractors at the Hood facility and we needed
13 to review additional documentation. We
14 anticipate that we will have this evaluation
15 completed or with a path forward at the -- and
16 we will make that presentation at the June
17 meeting.

18 Dow Chemical, we have been working with the
19 former -- with Dow Chemical to retrieve
20 additional documentation based on the new
21 covered per-- or new designation that
22 Department of Energy had fin-- its -- had --
23 Department of Energy had indicated that the --
24 had made a determination that the thorium alloy
25 at Dow Chemical was actually part of the

1 weapons program or it could have been part of
2 the weapons program and had determined that it
3 would be a covered activity. We had not
4 evaluated that in our initial evaluation, so we
5 have gone back now, requested additional
6 documentation through the State of Illinois and
7 through Dow Chemical on the thorium operations,
8 and we plan to issue a revised evaluation at
9 the June 2008 meeting.

10 Savannah River Site is currently in the
11 evaluation phase, and we anticipate issuing a -
12 - a report and presenting that report -- we --
13 issuing the report in August 2008.

14 And currently there are six sites that are in
15 various stages of the 83.14 SEC process, and a
16 -- we are working to have a few of those
17 available for the June meeting.

18 That's it. Questions?

19 **DR. ZIEMER:** Thank you, Sam (sic), that's very
20 helpful. I think Larry Elliott has a comment
21 and then we'll (unintelligible).

22 **MR. ELLIOTT:** Thank you. I just want to make
23 one addition to the Y-12 and that is, beyond
24 what Bomber said -- or LaVon said about us
25 working with DOL, we are also working with

1 individual claimants that come forward to us or
2 to Denise Brock, the NIOSH ombudsman, who have
3 in their hands a situation where DOL has not
4 found them to be eligible for this class. And
5 so we're -- we're working on their behalf to go
6 back to DOL and talk to DOL about why, and so
7 there is that component going on here, too,
8 that LaVon hadn't mentioned.

9 **DR. ZIEMER:** I assume that once NIOSH and Labor
10 agree to that definition, you will come back to
11 us and clarify it to us so that we can be
12 assured that what we think we voted on is -- is
13 properly covered in the definition.

14 Denise may have an additional comment here on
15 this and then we'll...

16 **MS. BROCK:** I do. I just wanted to report that
17 we've actually had probably about three or four
18 cases that have actually been overturned that
19 have went back to the Department of Labor and
20 have some very pleased claimants for that, so
21 that -- that's very exciting. So hopefully, as
22 Larry said and as LaVon said, we'll get the
23 rest of that taken care of.

24 **DR. ZIEMER:** Thank you. LaVon, you had a
25 comment?

1 **MR. RUTHERFORD:** Well, my only comment was --
2 on that as well was actually to say that we
3 have a pretty good approach. We actually have
4 reviewed all the claims that fit into that pre-
5 1947 period, and we've laid out -- we've looked
6 at their interviews, we've looked at all their
7 documentation, and we've identified claims that
8 we felt that should have fit into the class and
9 made that -- made those available in a
10 spreadsheet to the Department of Labor and
11 we're working with them, as Denise had
12 mentioned.

13 **DR. ZIEMER:** Jim.

14 **DR. MELIUS:** Yeah, how many petitions do you
15 have that are under evaluation now for whether
16 they qualify?

17 **MR. RUTHERFORD:** We have four.

18 **DR. MELIUS:** Four, okay.

19 **MR. RUTHERFORD:** We have two at the Linde
20 facility and we have recently received Los
21 Alamos National Lab and -- I thought I had them
22 all. Those are three of them, anyway.

23 **DR. MELIUS:** That's not bad.

24 **DR. ZIEMER:** You have -- in your last slide you
25 mention the six sites --

1 **MR. RUTHERFORD:** Yeah, we --

2 **DR. ZIEMER:** -- under consideration. That's --

3 **MR. RUTHERFORD:** Yeah, those are actually --
4 you don't -- those are not considered a
5 petition until we get the Form A back from the
6 --

7 **DR. ZIEMER:** That's in addition to these four.

8 **MR. RUTHERFORD:** Yes, yes, that's in addition
9 to those four.

10 **DR. ZIEMER:** Okay, thank you. Other comments
11 or questions?

12 (No responses)

13 Okay, thank you. That's very helpful.

14 **MR. RUTHERFORD:** All right.

15 **DR. ZIEMER:** We have a -- we have a little time
16 before we actually take up -- these next ones
17 have to be fairly time certain, so I want to
18 see if we have some items that we can handle in
19 the meantime.

20 **DR. BRANCHE:** There was going to be a report --
21 is John Mauro in the room? There was going to
22 be a report by SC&A on the budget issues. That
23 was going to be part of the Board working time.
24 I don't know if you want to take --

25 **DR. ZIEMER:** Let me -- let me --

1 DR. BRANCHE: -- or not.

2 DR. ZIEMER: -- ask -- hang on a minute.

3 (Pause)

4 DISCUSSION OF SC&A BUDGET ISSUES

5 Is John Mauro in the assembly? John, you were
6 going to report on SC&A budget issues. Would
7 this be something you're prepared to do now if
8 we --

9 DR. MAURO: Sure, yeah.

10 DR. ZIEMER: -- pick that up? This is part of
11 the --

12 DR. MAURO: Let me get my notebook, I have some
13 (unintelligible) --

14 DR. ZIEMER: -- Board working time.

15 DR. BRANCHE: For individuals who joined the
16 telephone line, if you could please mute your
17 phones. If you do not have a mute button,
18 please use star-6 to mute your phone, and when
19 you're ready to speak you can use that same
20 star-6. But we do need you to mute your phones
21 now. Thank you.

22 DR. ZIEMER: For members of the assembly to --
23 if you're trying to track where we are, 'cause
24 we've had to jump around here a little bit on
25 the agenda, the part of the agenda called SEC

1 Petition Status Updates scheduled for 3:45,
2 we're holding that at that time -- we're
3 keeping it at that time because of individuals
4 who will be joining us, either -- well, mainly
5 by phone, some in person. But we want to keep
6 that at a -- basically a fixed time.
7 So what we're doing now, we're picking up
8 pieces of what's called Board Working Time,
9 which is on your agenda for tomorrow afternoon.
10 For example, we covered the tracking status of
11 transcripts and minutes. We talked a little
12 bit about the status of next year's Board
13 contractor support. Now we're going to have a
14 brief report from the Board contractor, SC&A,
15 which deals with some budgetary issues. We
16 basically want to bring the Board up to date on
17 some issues relating to this year's budget.
18 John Mauro will fill us in on that.

19 **DR. MAURO:** I guess it was about a week or so
20 ago when I informed the working group, the Task
21 III working group on dealing with procedures,
22 that -- and that was -- we were about to run
23 out of money on Task III, and to -- up -- that
24 was -- that was about a month in advance, and
25 we had a special conference call with Dr.

1 Ziemer, yourself and David Staudt and Lew Wade
2 and Christine, and we discussed what to do
3 about that, strategies. And I did co-- come up
4 with one strategy that might work to help
5 resolve that problem.

6 In effect, if you -- we would step back a bit,
7 our -- our -- we have a system of keeping track
8 of how much more work we have to do, how much
9 money do we have, do we have enough money to
10 finish all the work. The work -- the contract
11 will end in the end of September. Bottom line
12 is -- I'm stepping a little back from -- from
13 this Task III issue, but Task III is sort of
14 like a subset of this issue. In effect, our
15 budget for this contract was about \$13 million.
16 We project, using this earned value system that
17 I keep track of on a monthly basis, that we are
18 probably going to run short by about \$1.2
19 million and about -- in effect, the cost of --
20 our projection, using our system, says we're
21 probably going to be ten percent un-- over-
22 budget, if -- if, now there's a big "if" here -
23 - keep in mind what an earned value system is.
24 It's a system that you start in the beginning
25 of a project to score -- to -- let's say I

1 think that this is the rate at which we will
2 proceed in terms of spending money and
3 accomplishing things. In developing that
4 system I made certain assumptions about how
5 much money we're going to need to do various
6 tasks.

7 That brings me to Task III. It turns out we
8 ended up spending more money on Task III than
9 we anticipated, and there's a variety of
10 reasons for that that I -- no need to go into
11 that now, but -- and one way to help resolve
12 the problem goes to Task I. Please bear with
13 me.

14 In Task I we currently have ten site profiles
15 that we've completed -- the review of the site
16 profiles that we've completed, and they're
17 sitting on a shelf, but we have not activated a
18 workgroup and so no work is -- we're really not
19 in a closeout process. Now what I do -- what I
20 did is for every time we deliver a report, a
21 site profile review report, I put in the bank
22 \$61,000. That's basically saying I'm going to
23 hold \$61,000 available for the -- when the day
24 comes when we open up -- when we have a working
25 group and we start the closeout process. This

1 is based on historical experience on what does
2 it cost to go through the whole closeout
3 process for all the issues on one of our site
4 profile reviews.

5 So in effect right now we have ten site profile
6 reviews -- you can read them if you'd like the
7 list of them; they are INL, LANL, X-10,
8 Pinellas, Paducah, K-65, Lawrence Livermore
9 National Laboratory, Pantex, Portsmouth and
10 Argonne National Laboratory West. All of those
11 are sitting and waiting for a working group.
12 Which means there's \$610,000 sitting in the
13 bank waiting to take that on.

14 Now one of the things that -- and they've been
15 sitting there for -- for some time. But in the
16 interim, from when we wrote those reports to
17 today, of course we've learned a lot. We've
18 enga-- we've had a closeout process with many
19 procedures, closeout process for many site
20 profiles, many SEC petitions. Where I'm
21 heading is that I suspect if SC&A were to go
22 back and look at the findings contained in the
23 ten site profile reviews as a group, just
24 collect them all and come and report back to
25 the Board, or to a working group of the Board,

1 and summarize -- and sort of do a -- some
2 triage, would -- let's say it turns out there
3 are ten findings per site profile, just for
4 discussion. We don't need 100 findings
5 associated with these ten site profile reviews.
6 I strongly suspect that some fraction of that,
7 maybe 25 percent, are issues that have already
8 been resolved in another venue because we've
9 seen them before. Can't say that for certain -
10 - I'm using this as an example. There may be
11 other issues that we're currently resolving and
12 dealing with actively, either as part of
13 procedure review process or we've -- or as part
14 of one of the other site profile reviews that
15 are currently active.

16 Where I'm headed is -- and this is a bit
17 speculative, though -- in theory, let's assume
18 that 50 percent of the issues imbedded in those
19 ten site profile reviews can be -- say are --
20 are already well in hand, we're dealing with
21 them. The way I look at it is this: That
22 means we have \$610,000 sitting in the bank when
23 perhaps we really only need \$300,000. It frees
24 up \$300,000 -- this is all hypothetical now. I
25 haven't done any of this yet, it's a concept.

1 It frees up \$300,000, which I believe could be
2 money that's sitting there to be used, one, to
3 help out on Task III, to help keep the closeout
4 process going 'cause, you know, we're through
5 with all the procedure reviews but we're not
6 through with the closeout, so that has to
7 continue.

8 Also, as I understand from watching these
9 proceedings, there may be a number of new SEC
10 petition support work. Those resources could
11 be made avail-- right now we're -- we're okay
12 on Task V, which is the SEC. But if we start
13 to add in a number of additional focused
14 reviews on some of the new SEC petitions, it
15 may turn out that we -- we could use those
16 resources and -- in helping to relieve the
17 pressure on Task Order V.

18 So I guess what I'm saying is I'm bringing
19 before the Board an idea that -- I guess there
20 are a couple of things that could be done --
21 add additional resources to the contract, or
22 shift some resources between tasks. And I
23 think one place where I think it's a very good
24 possibility that we could be able to shift some
25 resources is regarding this Task I matter. But

1 it would require, I would say, SC&A to take a
2 look at these ten site profiles and then go
3 through this triage process. We would do it
4 initially within SC&A and -- and perhaps make
5 some type of matrix, sorting; bring that before
6 perhaps a special workgroup that might be
7 formed to help with this process; or of course,
8 bring it before the Board and -- and tell our
9 story. Say out of these 100 issues, so to
10 speak, here's how many we believe are being
11 handled or have been handled, but -- and here's
12 what's remaining. And in that way we can get a
13 sense of how much resources we could break free
14 from Task I closeout and make it available for
15 other tasks that could use the resources.

16 **DR. ZIEMER:** Thank you, John. Let me add a
17 couple comments to that and then we'll open
18 this for discussion. The immediate issue of
19 being short of funds has been handled between
20 Dr. Branche and David Staudt and -- and some of
21 the funds have been shifted from one task to
22 another to allow Task III work to continue.
23 Further, a fair amount -- and I don't know how
24 much, but a fair amount of what's been carried
25 out under Task III might -- one might argue is

1 more generally administrative work; that is the
2 development of the -- of the database tool that
3 was described to the Board yesterday by Kathy
4 Behling. One might argue it's not exclusively
5 a Task III item. One might argue that it is
6 either administrative or it perhaps could be
7 spread over other tasks since it has potential
8 applicability to others as well.

9 In any event, the -- the immediate problem has
10 been handled. But going forward, as John has
11 indicated, he has put funds in reserve to
12 handle clear work that has to be done by our
13 contractor, and by us as we have workgroups
14 available, to resolve the findings in those
15 completed site profiles. So what John has
16 described here to us now is a sort of
17 streamlining process that supposes that there
18 are common issues in the remaining site
19 profiles -- perhaps issues like the neutron
20 dosimetry issue which seems to have reoccurred
21 in several past site profiles, which have been
22 largely addressed. Maybe they'd have to be
23 further tweaked for a given site, but for which
24 we don't need the full funding to address yet
25 another time. So I think that's kind of the

1 thrust of -- of what John is suggesting. And I
2 think what we're looking for is some feedback
3 from the Board for -- basically this -- this is
4 the last year for that contract. We don't
5 know, going further, whether the new contractor
6 will be SC&A or some other entity, but we have
7 to think about completing this year and
8 completing those tasks. And it's important
9 that SC&A be able to complete what they've been
10 assigned. They've been assigned to close out
11 those site profiles. That's an obligation to
12 them and also to us because they can't complete
13 that without Board input and without exchange
14 with NIOSH on -- on issues as well.

15 So with that as background, I think -- Dr.
16 Melius, you have a comment or a suggestion?
17 **DR. MELIUS:** No, I have first a question --
18 actually a couple of questions. Fir-- first of
19 all, when we're talking about a year left on
20 the contract, what are -- what are you
21 specifically talking about, when --

22 **DR. ZIEMER:** Well, I believe it's the fiscal
23 year of the government, so it would go to
24 October. Is that not correct?

25 **DR. MAURO:** Yes, October 1st.

1 **DR. ZIEMER:** By end of September.

2 **DR. MAURO:** October 1st would be the
3 termination date.

4 **DR. ZIEMER:** And actually I -- I think what
5 would happen, as I understand from David Staudt
6 -- for example, if there were a new contractor,
7 it would still be possible for funds -- a no-
8 cost extension to carry forward to allow
9 closeout with the present contractor.

10 **DR. MELIUS:** Uh-huh.

11 **DR. ZIEMER:** Or even if it's the same
12 contractor, you can carry some funds forward.
13 So we are still looking at sort of this year as
14 a package, either way.

15 **DR. MELIUS:** Uh-huh. Okay. But so -- so we're
16 talking about six months.

17 **DR. BRANCHE:** Yes.

18 **DR. MELIUS:** Yeah, yeah -- I mean roughly --
19 roughly.

20 **DR. ZIEMER:** And I might observe, and I think
21 you realize that closing out ten site profiles
22 in six months, even if we had all -- even if we
23 had to use all the money, would be a formidable
24 task for this Board in terms of our workgroup
25 activities.

1 **DR. MELIUS:** Yeah. Secondly, has NIOSH
2 responded to the SC&A review of any of these
3 site profiles, or how many have they responded
4 to?

5 **DR. MAURO:** Those ten, no response. In other
6 words --

7 **DR. MELIUS:** No, no --

8 **DR. MAURO:** -- these are ten site profile
9 reviews, the ones I just read, that were
10 delivered but the -- to the Board, but there
11 has not been a workgroup formed or the process
12 started to close out those issues.

13 **DR. ZIEMER:** I think we should recognize that
14 the reality is, as we prioritize things,
15 usually the closeout process is triggered by
16 the Board saying we're ready to move ahead. I
17 understand that they're there. The
18 information's there for NIOSH to look at. But
19 --

20 **DR. MELIUS:** Yeah --

21 **DR. ZIEMER:** -- unless -- unless we're ready to
22 go with it, it -- well, you understand --

23 **DR. MELIUS:** Yeah, yeah, I'm -- I'm not
24 faulting -- trying to fi-- fault NIOSH for not
25 having done something. I'm just trying to

1 think if we're going to try to do this process,
2 one, does NIOSH have the time to do it in six
3 months, and --

4 **DR. ZIEMER:** Well, they would have --

5 **DR. MELIUS:** -- secondly --

6 **DR. ZIEMER:** -- the same issue as the Board;
7 it's a formidable task.

8 **DR. MELIUS:** And they have some resource
9 issues, too, at least in the sort term, with
10 the renewal of the ORAU or whatever's going on
11 with the contract and so forth, so -- the new
12 contract. So I mean I think -- I'm not sure
13 how far we're going to get with those six --

14 **DR. ZIEMER:** Well --

15 **DR. MELIUS:** -- though I think we can think of
16 a way of starting, but I think what John was
17 talking about, I -- I just don't see us being
18 feasible to do in that -- that time period and
19 --

20 **DR. ZIEMER:** Let me add one other comment and
21 then we'll hear from Larry. A concern I have --
22 -- let -- let's assume, for example, that -- one
23 scenario is we have a new contractor. It would
24 be very difficult for us to be closing out
25 those -- those documents with a contractor for

1 whom it -- it's not their findings.

2 **DR. MELIUS:** Yeah.

3 **DR. ZIEMER:** So -- okay.

4 **MR. ELLIOTT:** Larry Elliott. I didn't take it
5 that you were finding fault with us, Dr.
6 Melius. When you first made your comment, I
7 thought well, is he talking about a departure
8 from process here, because certainly I could
9 say that NIOSH could pick up one or two of
10 these reviews and examine them and tell the
11 Board where -- you know, where we're at on
12 them.

13 **DR. MELIUS:** Yeah.

14 **MR. ELLIOTT:** We can do that.

15 **DR. MELIUS:** Yeah.

16 **MR. ELLIOTT:** It's going to -- you know, it's
17 going to take time and resources to do that --

18 **DR. MELIUS:** Yeah.

19 **MR. ELLIOTT:** -- but that's -- that would be a
20 departure from process and so -- I'm not
21 advocating one way or the other, but I'm saying
22 that's something that could be looked at as
23 well. We could work with SC&A on a technical
24 level and react.

25 Here's the other part that I would like the

1 Board to think about --

2 **DR. MELIUS:** Yeah.

3 **MR. ELLIOTT:** -- and as each one of these
4 reviews are sitting on the shelf, they are also
5 on our web site, and claimants hold these up to
6 DOL and say look at this review on this site
7 profile, and there are deficiencies noted in
8 this. And so the Final Adjudication Branch of
9 DOL turns that back to us to answer. All
10 right?

11 **DR. MELIUS:** Uh-huh.

12 **MR. ELLIOTT:** And in some cases when we get
13 those back, we pend them.

14 **DR. MELIUS:** Uh-huh.

15 **MR. ELLIOTT:** We hold those claims. And so
16 those claimants are now further frustrated --

17 **DR. MELIUS:** Uh-huh.

18 **MR. ELLIOTT:** -- because they're back at NIOSH
19 and they're not getting any answer.

20 **DR. MELIUS:** Uh-huh.

21 **MR. ELLIOTT:** And we can't move forward because
22 we don't have closure on a set of issues. In
23 other cases we are able to provide a definitive
24 disposition of the claim without going to the
25 point of closure.

1 **DR. MELIUS:** I guess a third question then is
2 that -- say we -- okay, we have the procurement
3 for the -- the new review contract that's going
4 to go in place. Should SC&A be the --
5 successful in that, then would this money roll
6 over into the new contract? How does that
7 work? Or -- or would it -- would it roll over
8 or would the activity be allowed to continue, I
9 guess, it'd sort of be melded into the new
10 contract if -- if SC&A were successful and
11 decides to apply and wins and all that stuff.

12 **DR. BRANCHE:** Okay. You asked a couple of
13 questions, let me try -- at them all.

14 **DR. MELIUS:** Yeah, yeah.

15 **DR. BRANCHE:** How -- how a new Board contractor
16 is selected in this next cycle, to a degree, is
17 a bit divorced from the current set of
18 activities. And that's what I think Dr. Ziemer
19 was saying. You've got professional opinions
20 that you've sought from your current Board
21 contractor, and those are pending further
22 action from this Board.

23 Now, he also mentioned that in our discussion
24 with David Staudt, the procurement and grants
25 officer for this -- for the Board from CDC,

1 there is an opportunity for SC&A to be in a no-
2 cost extension situation to close out those --
3 the information from their current contract if
4 SC&A is not selected on the next round.

5 **DR. MELIUS:** Yeah, but I think there's -- Dr.
6 Ziemer mentioned that possibility, but I -- the
7 possibility I was -- what happens if SC&A is
8 selected in the next round?

9 **DR. BRANCHE:** Then --

10 **DR. MELIUS:** The-- then, you know --

11 **DR. ZIEMER:** I think Lew has some comments. Go
12 ahead, Lew, you can help us on this 'cause
13 you've been involved with David on procurement,
14 but I believe those funds can still roll
15 forward, can they not?

16 **DR. WADE:** Right, they can in -- in two ways.
17 I mean theoretically, if SC&A was to secure the
18 next contract, you could have two contracts
19 running concurrently. You could have the
20 existing contract with the money in it, or it
21 might be prudent for the government to in some
22 way combine those two --

23 **DR. MELIUS:** Uh-huh.

24 **DR. WADE:** -- but those --

25 **DR. ZIEMER:** One thing we do know, that the new

1 contract -- let's say it is a different entity
2 -- does not contain money for closing out the
3 old contractor's work.

4 **DR. MELIUS:** Yeah, no, I -- that's
5 (unintelligible).

6 **DR. ZIEMER:** And the deliverables under the
7 contract were -- for example, the site profiles
8 are deliverables under the contract, so S&CA
9 has met that. But then we have the other task
10 which involved the resolution of those.

11 **MR. ELLIOTT:** You have to think of it this way.
12 The money that has been awarded under this
13 current contract goes to SC&A --

14 **DR. MELIUS:** Yeah.

15 **MR. ELLIOTT:** -- to finish the task.

16 **DR. BRANCHE:** Right.

17 **DR. MELIUS:** No, no --

18 **DR. BRANCHE:** And you've heard from John Mauro
19 on a coup-- this is Christine. You've heard
20 from John Mauro on a couple of occasions that
21 they are holding money on reserve to be able to
22 close out those reports. And I would just say
23 it's just prudent bookkeeping for the cycle of
24 -- of assignments to be completed in the ti--
25 as close to the time frame as possible. It's -

1 - and --

2 **DR. MELIUS:** Uh-huh.

3 **DR. BRANCHE:** -- and I think Mr. Elliott's
4 given you additional reason why, for other
5 reasons as it concerns the claimants, that
6 there are some reason-- that there's -- there
7 are good reasons to be able to close those out.

8 **DR. MELIUS:** Uh-huh.

9 **DR. ZIEMER:** Now -- oh, go ahead, Jim.

10 **DR. MELIUS:** I would guess then sort of my
11 opinion on how we should do here is, one, we --
12 the Board does need to work out a process for
13 closing those out. I'm not sure a single
14 workgroup is the -- is the ri-- best way and
15 most efficient way, and I'm not sure I'd wish
16 it on my other Board members or -- or they
17 would wish it on me, I guess, given the
18 potential scope of that. But I -- but I do
19 think we -- we're obliged to come up with a
20 mechanism and a schedule for figuring out how
21 to resolve that within the -- the available
22 resources. I'm just very skeptical that we --
23 that the way John suggested would -- would
24 actually be workable in a -- in that period of
25 time, given what it would take, not only from

1 the Board members but also from NIOSH, to be
2 able to -- to devote in terms of resources,
3 time and -- time and effort.

4 **DR. ZIEMER:** Well, let -- let me suggest a
5 couple of things, perhaps to help focus our
6 thinking. There's two parts to this. One is a
7 resource issue for, in a sense, moving money
8 out of the site profile part to make it
9 available -- 'cause that's -- that's John's
10 bank right now.

11 **DR. MELIUS:** Yeah.

12 **DR. ZIEMER:** And if the -- if the Board thinks
13 something along the lines that John has
14 described, maybe some variation of that or
15 maybe that exactly, is a useful thing, we could
16 get them underway on that, as a mat-- as an
17 effort to free up funds, for example, to cover
18 Task III.

19 The other part of it is, we need to be thinking
20 about the schedule itself for the closeout.

21 **DR. MELIUS:** Uh-huh.

22 **DR. ZIEMER:** Whether or not we go to
23 streamlining, I think we all recognize closing
24 out ten site profiles, most of which are pretty
25 sizeable facilities -- they're not -- not the

1 little small guys, so to speak -- that a six-
2 month turnaround is just not feasible.

3 **DR. MELIUS:** Uh-huh.

4 **DR. ZIEMER:** I would like to ask the question
5 can we even think about a -- an 18-month
6 turnaround, which is -- you know, for carrying
7 money forward, if we're going much beyond that,
8 that's a problem, but -- but I -- I guess I'd
9 like the Board and SC&A to start to think
10 seriously, maybe -- well, we -- we can't
11 postpone thinking about this and say well,
12 let's be thinking about it and we'll start to
13 take action in three months or six months.

14 **DR. MELIUS:** No.

15 **DR. ZIEMER:** We need to -- to start looking and
16 say okay, what site profiles are we going to
17 start working on sort of right away off the
18 shelf, and -- and get some kind of a schedule
19 on those. And perhaps how can that process be
20 streamlined to free up the resources, so
21 there's two parts to that. And per-- I -- I
22 would suggest, maybe when we come to our work
23 session tomorrow, that we come -- I don't want
24 to invent this --

25 **DR. MELIUS:** Yeah.

1 **DR. ZIEMER:** -- on the spot.

2 **DR. MELIUS:** So you'll be --

3 **DR. ZIEMER:** But I don't want us to say yeah,
4 let me cogitate for the next three months, or
5 by October 1st I'm going to have a solution,
6 because it's -- it's pressed upon us. It was --
7 -- in essence was thrust upon us by -- perhaps
8 this was a good thing for that particular
9 budget to call attention to what was going on.

10 **DR. MELIUS:** Yeah. Can -- you know, I -- thank
11 you for letting us procrastinate at least until
12 tomorrow 'cause -- but two pieces of
13 information I think would be useful to have by
14 -- before we meet tomorrow. One is I would
15 certainly like to have a fuller understanding
16 of -- of what is the amounts of money left --
17 funding left in the different tasks. I mean
18 you said you were able to do a short-term take
19 -- take care of this, but I just need to
20 understand what --

21 **DR. ZIEMER:** Yeah.

22 **DR. MELIUS:** -- what -- what happens and what
23 was --

24 **DR. ZIEMER:** Well, we have the monthly roll-ups
25 and we can come up with that very easily. In

1 fact, I have it on my computer, but we'll --
2 we'll have that in our work session tomorrow --

3 **DR. MELIUS:** Tomorrow, it -- yeah --

4 **DR. ZIEMER:** -- on where we are on each task,
5 and John can give it to us by percent. See, we
6 -- we want to be around 50 percent of the task
7 --

8 **DR. MELIUS:** Right.

9 **DR. ZIEMER:** -- and this one was getting up
10 toward 90 percent --

11 **DR. MELIUS:** Yeah -- no.

12 **DR. ZIEMER:** -- and of course, as John said,
13 he's put some money away, so he's been a
14 prudent guard of -- of some of that money as
15 well, so --

16 **DR. MAURO:** There is a -- there's \$3 million
17 left in this project for SC&A to use, in
18 theory, over the next six months. So there are
19 a lot of resources, but a large fraction of
20 that is in the bank because we're moving -- we
21 -- we've completed the vast majority of our
22 deliverables, our procedures, our site profile
23 reviews. We only really have two site profile
24 reviews that are be-- in process right now,
25 Santa Susana and Weldon Springs. We've

1 completed 26 site profile reviews. So I mean -
2 - think of it like this. There are -- of all -
3 - of all the work we do, we deliver our work
4 product as a draft and then we move into the
5 closeout. Well, in effect, what I -- what I'm
6 saying is that we have substantial funds, but
7 we also have a substantial amount of work that
8 has to be done to close out all of these produ-
9 - work products, so -- and I certainly have all
10 the -- every -- all the information you might
11 need, how much resources are left in each one
12 of the tasks, and how to use those resources.

13 **DR. ZIEMER:** And also it's -- it's probably --
14 as we think about this we may need to think
15 about, for example, whether or not it's prudent
16 to assign more profiles when we have all this
17 backlog to resolve.

18 **DR. MELIUS:** Right.

19 **DR. ZIEMER:** What good does it do to put
20 another one on the shelf at this point, you
21 see.

22 **DR. MELIUS:** And -- and then can we get a list
23 of the -- these site profiles that are in
24 limbo, so I think we --

25 **DR. ZIEMER:** Right, I think you read my --

1 **DR. MELIUS:** -- a written -- a written list
2 would be --

3 **DR. ZIEMER:** We'll get the list for -- right.
4 Wanda?

5 **MS. MUNN:** The budgetary concerns that we
6 express here often fail to take into
7 consideration what we as a Board do to the
8 budget plan on a regular basis. It's a rare
9 occasion that we do not postpone something that
10 we are doing -- case in point, this very
11 meeting -- with a request that our contractor
12 perform a, quote, focused review or a broader
13 review of a point or other points. Now these
14 items have not been factored into our budget
15 process, and we continually ask our contractor
16 -- this is not an obscure case. We do this
17 almost every meeting. We're asking them to add
18 something more to the process. So when we find
19 ourself in a position where we're squeezed in
20 terms of where we want the budget to be and
21 where our contractor wants the budget to be, it
22 would seem wise for us to be very conscious at
23 each step of our own process that we're
24 creating a portion of the problem that we're
25 attempting to overcome every time we say let's

1 postpone this for six months and get a focused
2 review in the meantime. We're adding to the
3 issue.

4 **DR. ZIEMER:** Now keep in mind that the budget -
5 - or the tasks and the budgets do in fact
6 specify certain monies for certain numbers of
7 focused reviews. And Lew has been helpful, and
8 Christine now, in making sure that in fact when
9 we do that -- and they touch base with David
10 Staudt to make sure it's within the framework
11 of the larger task. So yes, we do add to that
12 workload, but in general we've kept within the
13 framework of -- of the annual big picture. But
14 what has happened in this particular case -- I
15 think in the procedures review, as we've
16 developed -- I think particularly the -- the
17 new instrument for -- for data sorting and so
18 on, I believe that's taken more resources than
19 we had originally thought it would, and the
20 product is great and probably well worth it,
21 but it has brought us to this -- this -- or at
22 least focused on this issue, so -- Lew, you had
23 another comment -- or Jim, you --

24 **DR. MELIUS:** No, I -- you gave my comment for
25 me. Thank you.

1 **DR. ZIEMER:** I took the words out of your
2 mouth.

3 **DR. MELIUS:** Out of...

4 **DR. ZIEMER:** Out of the mouths of babes.

5 **DR. MELIUS:** Go that far with...

6 **DR. ZIEMER:** Let's see -- well, we'll return to
7 this tomorrow during our work session. We do
8 have a time certain item that -- or items that
9 are before us here, and that is the -- the SEC
10 petition updates dealing with Hanford, Sandia
11 and Chapman, and we will also have -

SEC PETITION STATUS UPDATES:

12 **HANFORD**

13 **DR. BRANCHE:** And we have -- we're also going
14 to have one thing back on Mound.

15 **DR. ZIEMER:** One Mound item, okay. So let us
16 begin with Hanford, and actually LaVon
17 mentioned all of these in his summary, and now
18 we will have the specifics on Hanford. And
19 also with regard to Hanford -- just checking my
20 list here -- Mary Ann Carrico, Rosemary Hoyt
21 and [name redacted] I think are going to be
22 with us. Are either or all of you on the
23 phone?

24 **MS. HOYT:** This is Rosemary and I am on.

25 **DR. ZIEMER:** Okay, Rosemary. And Mary Ann, are

1 you on?

2 **MS. CARRICO:** Yes, I am.

3 **DR. ZIEMER:** Very good. [name redacted]?

4 (No responses)

5 Mary Ann or Rosemary, do you know if [name
6 redacted] is going to be with us?

7 **UNIDENTIFIED:** No, I have not heard from him.

8 **DR. BRANCHE:** Laurie, have you heard from him?

9 **DR. ZIEMER:** [name redacted]?

10 **MS. BREYER:** I mean I -- I mean I haven't
11 called him today. I think he was a maybe, so
12 he said yeah, he'd probably be on so I have him
13 on there as a yes, but --

14 **DR. ZIEMER:** But we should proceed?

15 **MS. BREYER:** -- I can try to give him a call --
16 yeah, I'd proceed and I'll call him.

17 **DR. ZIEMER:** Okay, we're going to proceed, so
18 let's hear first from -- from Sam Glover.

19 **DR. GLOVER:** Bomber already gave a good update
20 so -- he stole my thunder. All right, so we're
21 going to step back just a little bit and --
22 because this was a two-part review, I thought
23 I'd just remind everybody how we got to this --
24 where we are.

25 So this is a -- the Hanford update for the

1 Special Exposure Cohort petition, Part 2. And
2 just a little bit of background. We had three
3 Hanford petitions qualify. One November 9th,
4 2006, which was all production workers in the
5 100 and 300 areas in the very earliest years of
6 Hanford. We had another one, SEC-57 -- that
7 was SEC-50, the first one. SEC-57 was November
8 -- qualified on November 21st, 2006, which was
9 all employees in all facilities in areas of
10 Hanford Reservation from 1942 through December
11 31, 1990. And then we had a third qualifying
12 on February 28, 2007, which was for all roving
13 maintenance, carpenters and apprentice
14 carpenters that worked in the 100, 200, 300 and
15 400 areas of Hanford from April 25th, 1967
16 through February 1, 1971, and that was SEC-78.
17 So just a brief reminder, these three petitions
18 were merged into a single petition and
19 evaluated under SEC-57.

20 **UNIDENTIFIED:** (Unintelligible conversation)

21 **DR. GLOVER:** We split them into two periods
22 because there was some...

23 **UNIDENTIFIED:** (Unintelligible conversation)

24 **DR. BRANCHE:** Excuse me.

25 **DR. GLOVER:** Yes.

1 **DR. BRANCHE:** The pers-- the people who are on
2 the phone, if you could please mute your
3 phones. If you do not have a mute button, then
4 please use star-6. Thank you.

5 **DR. GLOVER:** So one of the major reasons that
6 we split that was because Part 1 was evaluating
7 the DuPont years, during the DuPont contract
8 time, from 1942 through September 1, 1946. And
9 then Part 2 was from September 1, 1946 through
10 1990. This presentation reports the
11 conclusions of the evaluation for Part 2, and
12 that first re-- that report was issued
13 September 9th, 2007 -- I'm sorry, the evalu--
14 and the evaluation report for Part 1 was issued
15 on May 2007 and presented to the Advisory Board
16 in July of 2007.

17 Just a brief reminder, the summary of the class
18 added under Part 1, employees of the Department
19 of Energy -- this just summarizes -- this was
20 added October 12th, 2007, employees of the
21 Department of Energy, its predecessor agencies
22 or DOE contractors or subcontractors who were
23 monitored, or should have been monitored, for
24 internal radiological exposures while working
25 at the Hanford Engineering Works in the 300

1 area fuel fabrication and research facilities
2 from October 1, 1943 through August 31st, 1946;
3 and the 200 area plutonium separation
4 facilities from November 1, 1944 through August
5 31st, 1946; or the 100 B, D and F reactor areas
6 from September 1, 1944 through August 31st,
7 1946 for a number of work days aggregating at
8 least 250 work days or in combination with work
9 days within the parameters established for one
10 or more other classes of employees in the
11 Special Exposure Cohort.
12 So that brings us to the second evaluated
13 class, which we evaluated all employees in all
14 facilities and areas of the Hanford Nuclear
15 Reservation from September 1, 1946 through
16 December 31st, 1990. This was presented to the
17 Advisory Board in September of 2007. As part
18 of this report, NIOSH's original class
19 recommendation was as follows: All employees
20 of the Department of Energy, its predecessor
21 agencies and DOE contractors or subcontractors
22 who were monitored, or should have been
23 monitored, for, one, internal thorium
24 radiological exposures from September 1, 1946
25 through December 31st, 1959 in the 300 area

1 facilities: the metal fabrication building,
2 313; the reactor fuel manufacturing pilot
3 plant, 306; the 300 area maintenance shops,
4 3722; or the radiochemistry laboratory, 3706;
5 or internal americium radiological exposures
6 from January 1, 1949 through December 31st,
7 1968 in the following areas: the isolation
8 building, 231-Z; the waste treatment facility,
9 242-Z; and the plutonium finishing plant, 234-
10 5Z while working at the Hanford Nuclear
11 Reservation -- the standard language regarding
12 the 250 days.

13 So that brings us to the update. So as LaVon
14 mentioned, SC&A has had -- issued several white
15 papers since we had our report, and NIOSH has
16 continued to evaluate these param-- these class
17 -- they issued a report on americium, thorium
18 and uranium, and they discussed primarily where
19 operations were conducted outside of the areas
20 that we -- they limited the scope of their
21 evaluation to the time frame that we had
22 proposed. And they put forth that there may be
23 other facilities that these were -- would be a
24 concern.

25 So NIOSH has continued to research these and

1 other topics. I will admit, as we have
2 discussed previously, that progress has been
3 hindered by inability to access DOE data.
4 We have had several workgroup calls and
5 meetings. We had a workgroup call on March
6 6th, 2008 and what I would like to put forward
7 is that, based on the additional research,
8 NIOSH proposed to revise the class definition
9 and reissue the evaluation report for Part 2 of
10 SEC-57. The proposed changes to the class will
11 allow DOL to effectively administer the
12 proposed class.

13 We also followed this up with a working group
14 call. These follow-up discussions were held
15 between SC&A and NIOSH. The matrix was updated
16 and discussed. We had some initial
17 prioritization to the matrix items and kind of
18 worked out what will be -- how we're going to
19 proceed.

20 Finally, NIOSH issued a revised evaluation
21 report on March 31st, 2008, of which I believe
22 everyone was provided a copy.

23 So as part of that, NIOSH updated the proposed
24 Hanford class, and the language will now -- now
25 reads: All employees of the Department of

1 Energy, DOE or its predecessor agencies and DOE
2 contractors or subcontractors who worked from
3 September 1, 1946 through December 31st, 1961
4 in the 300 area; and from January 1, 1949
5 through December 31st, 1968 in the 200 area at
6 the Hanford Nuclear Reservation for a number of
7 work days aggregating at least 250 work days
8 occurring either solely under this employment
9 or in combination with work days within the
10 parameters established for one or more other
11 classes of employment (sic) in the SEC.
12 As part of that, we'll restate the health
13 endangerment, that NIOSH has determined that it
14 is not feasible to complete dose
15 reconstructions with sufficient accuracy for
16 1949 through 1968 period in the 200 area for
17 hazards associated with americium, nor for the
18 1946 through 1961 period in the 300 area for
19 hazards associated with thorium.
20 NIOSH finds that the health of employees
21 covered may have been endangered from chronic
22 exposures from production and research
23 activities in these areas.
24 (Pause)
25 So then a summary of our standard summary of

1 feasibility slides. You note that for -- it is
2 not feasible for thorium or americium during
3 these time periods. For the other materials,
4 we still retain that being feasible for
5 plutonium, fission products, tritium, polonium,
6 iodine, ambient environmental, and that --
7 believe we can reconstruct external doses in
8 this time period.

9 With that, Dr. Ziemer, I conclude the update.

10 **DR. ZIEMER:** Thank you, Sam. Let's see if --
11 before we hear from the petitioners, let's see
12 if we have any questions from the Board members
13 on Sam's report.

14 (No responses)

15 If not, I'd like to ask Mary Ann or Rosemary,
16 do either of you have comments for the Board
17 today?

18 **DR. BRANCHE:** We may have some speakers from
19 the audience as well.

20 **MS. HOYT:** Yes, this is Rosemary and I would
21 like (break in transmission) (unintelligible) -
22 -

23 **DR. BRANCHE:** If she could speak up.

24 **MS. HOYT:** -- worked so hard any (break in
25 transmission) (unintelligible) --

1 **DR. ZIEMER:** Mary Ann, you are breaking up,
2 we're having a hard time hearing. Let's ask if
3 -- ooh.

4 **MS. HOYT:** Hello?

5 **DR. ZIEMER:** Yeah, try it again. We're having
6 trouble -- your phone seems to be breaking up
7 as you speak. We're hearing just clipped vowel
8 sounds. Maybe move back a little bit from the
9 mouthpiece and try again.

10 **MS. HOYT:** Okay, I took it off speaker phone.
11 Is that better?

12 **DR. ZIEMER:** That's much better. Thank you.

13 **MS. HOYT:** I would also like to
14 (unintelligible). I've had difficulty with
15 (unintelligible) getting his (unintelligible).
16 I'd like to just thank everybody who has worked
17 on this and (unintelligible) also to Dr. Melius
18 (unintelligible).

19 There are a few things that I would like to go
20 over on the (unintelligible) petitioner
21 requested (unintelligible) basis in NIOSH-
22 proposed class (unintelligible), and this is a
23 quote. The SEC-00057 petitioner
24 (unintelligible) exists for several individual
25 workers listed in the petition. NIOSH found

1 monitoring data information (unintelligible)
2 petitioner did not support submission date
3 qualifying the petition. However, during the
4 qualifying process NIOSH identified
5 (unintelligible) monitoring for
6 (unintelligible) NIOSH qualified SEC-00057 on
7 this date, end quote.

8 There are two misrepresentations in the above
9 statement. The first is petition 00057 cites
10 far more than (unintelligible) monitoring
11 records. We responded (unintelligible) request
12 (unintelligible) 2006. This letter became a
13 supplement to (unintelligible) petition. The
14 letter (unintelligible) were not monitored or
15 (unintelligible) monitored, falsification of
16 records, (unintelligible) records, under-
17 reported neutron doses, (unintelligible) not
18 accurate and in adequate. Bioassay records did
19 not exist or were lost or destroyed. Under
20 section (unintelligible) point four of the
21 original petition, we included the Hanford site
22 profile (unintelligible) requesting that NIOSH
23 qualify the petition based on their findings.
24 When Laurie Ishak, now Breyer, called to tell
25 us the petition had qualified for evaluation,

1 she told us it was (unintelligible) based on
2 the SC&A report. Finding two in the
3 (unintelligible) of that report specifically
4 addressed (unintelligible). I request that
5 (unintelligible) be corrected to accurately
6 state the facts.

7 4.3 of the (unintelligible) report, facility
8 employees and experts. There were two groups
9 interviewed. The minutes (unintelligible)
10 really something that gets to me. The minutes
11 of the March meeting are (unintelligible) on
12 the OCAS web site, but (unintelligible) minutes
13 are not. The (unintelligible) minutes were
14 specifically for the class covered by
15 (unintelligible) petition 00057 Part 2. The
16 (unintelligible) of this information is
17 worthless. It's outrageous that these minutes
18 cannot be (unintelligible) in a timely manner.
19 External monitoring in general (unintelligible)
20 not be consistently applied (unintelligible)
21 stated. I state that if, quote, consistently
22 applied, end quote, equates consistently
23 absent, this might be a true statement.

24 In the comments to the Advisory Board for
25 October 4th, 2007 we stated worker outreach

1 meetings (unintelligible) the worker exposure A
2 was not monitored for all employees, B
3 (unintelligible) bucket at the end of the
4 shift, C employees were transported
5 (unintelligible) without monitoring devices, D
6 monitoring devices were worn under layers of
7 protective clothing and not on areas of the
8 body being exposed, and we question that
9 (unintelligible) monitoring (unintelligible).
10 Somebody's dog (unintelligible) --
11 **DR. ZIEMER:** I gather that's not your dog. If
12 someone on the line has a dog barking, please
13 mute your phone or mute your dog, whichever
14 works better.
15 **MS. HOYT:** Okay, (unintelligible) statement
16 (unintelligible) affidavit (unintelligible)
17 petition and then (unintelligible) out of the
18 ER it says potential unreported neutron dose
19 (unintelligible) distribution (unintelligible)
20 August 27th, 1997 (unintelligible). We did not
21 submit that letter. The letter
22 (unintelligible) stated was in a file
23 (unintelligible) former worker who assisted us
24 and submitted an affidavit for the petition.
25 (Unintelligible) only record in our response

1 (unintelligible). We also claim there is a
2 conflict of interest (unintelligible). This is
3 (unintelligible) the Board's (unintelligible)
4 in the past. We would appreciate
5 (unintelligible) being fully addressed.
6 (Unintelligible) quote (unintelligible)
7 submitted by SEC-00057 petition regarding
8 (unintelligible) records, location of records,
9 (unintelligible) condition of individual -- are
10 you there?

11 **DR. BRANCHE:** Yes.

12 **DR. ZIEMER:** Yes, go ahead.

13 **MS. HOYT:** Hello?

14 **DR. BRANCHE:** Yes, we're here.

15 **DR. ZIEMER:** We're still here.

16 **MS. HOYT:** Okay. It -- it sounded
17 (unintelligible). But (unintelligible) workers
18 incidents and exposures. The affidavit also
19 covered falsification of records, coercion to
20 falsify records, loss or destruction of
21 bioassay records and lack of cooperation from
22 the FO-- from the FOIA office, DOE
23 (unintelligible). We would appreciate 4.7
24 being corrected to accurately reflect the
25 facts.

1 On 7.1, pedigree of the Hanford data, the
2 Hanford pedigree has little credibility or
3 reliability. (Unintelligible) is not accurate,
4 (unintelligible) does not (unintelligible)
5 favorable and the TBD is not accurate and is
6 incomplete. Out of the -- a quote out of 7.1,
7 current and past Hanford workers have access to
8 their records at any time upon request, end
9 quote. This is not true. The FOIA process is
10 burdensome, unfriendly, inaccurate, not
11 (unintelligible). The FOIA officers are
12 uncooperative. Personal exposure records are
13 not accurate. Worker outreach meeting speakers
14 that were rad techs confirmed that their own
15 exposure records were not accurate. The
16 (unintelligible) issues in, quote, official use
17 only, quote, issues limiting access to records.
18 I think that this is (unintelligible).
19 7.4, evaluation of (unintelligible) for SEC-
20 00057-2. (Unintelligible) accurately states
21 the fact (unintelligible), (unintelligible)
22 were not monitored or consistently monitored,
23 falsification of records, coercion to falsify
24 records (unintelligible) accurate and
25 inaccurate bioassay records did not exist

1 (unintelligible) employees.

2 On behalf of my sister and all the former and
3 current workers of Hanford, we would appreciate
4 your resolution of these (unintelligible).

5 Thank you very much.

6 **DR. ZIEMER:** Thank you, Mary Ann (sic). I'd
7 like to ask a question for clarification on the
8 -- of the manuscripts that you were having
9 difficulty -- I think you mentioned the June
10 minutes, was that correct, or was it the
11 transcripts?

12 **MS. HOYT:** The June minutes.

13 **DR. BRANCHE:** They're all posted. According --

14 **DR. ZIEMER:** Are they the transcripts or the
15 minutes?

16 **DR. BRANCHE:** Everything we have -- Ms. Hoyt,
17 this is Christine Branche. According to my
18 records, everything that we have for all
19 meetings in June of 2007 have been posted.

20 **UNIDENTIFIED:** (Off microphone)

21 (Unintelligible) worker outreach --

22 **MS. HOYT:** Well, I (unintelligible) to --

23 **DR. BRANCHE:** Now if you're talking about a
24 worker outreach meeting, that's different. Is
25 that what you're talking about, a worker

1 outreach meeting?

2 **MS. HOYT:** Okay. Now that's -- that -- that's
3 something that the NIOSH staff handles and not
4 the Board.

5 **MS. HOYT:** Yes, and I received a reply back and
6 it said that it was not on their web site at
7 this time. It's from --

8 **DR. ZIEMER:** We don't handle those.

9 **MS. HOYT:** -- update Ms. Hoyt, at this time I
10 have not been provided with final
11 (unintelligible) the meeting you are referring
12 to in the e-mail below. Please note that if
13 the meeting was a worker outreach meeting,
14 information about the meeting is not posted
15 until the final minutes are approved and
16 available for public distribution.

17 **DR. BRANCHE:** This has nothing to do with --

18 **MS. HOYT:** Which brings up another question,
19 and that is why are the worker outreach
20 meetings being redacted now when they were not
21 redacted in the past? Why is this process so
22 burdensome that from June to now they cannot be
23 posted?

24 **DR. ZIEMER:** Okay, we're going to try to track
25 that down. The Board is not involved with the

1 worker outreach minutes, but we're going to try
2 to find out -- also on the redaction here --
3 Larry Elliott has a comment here that was --
4 **MR. ELLIOTT:** I don't -- I don't know which
5 worker outreach effort we're speaking about and
6 I don't know who sponsored it. If it was -- if
7 it was a meeting in --

8 **DR. ZIEMER:** Might it have been Labor?

9 **MR. ELLIOTT:** We did sponsor it? Okay. Well,
10 if we sponsored it, then there should be a set
11 of minutes that are being created for that --
12 that meeting. The minutes of these worker
13 outreach meetings that NIOSH has sponsored and
14 held, whether it be a town hall type meeting, a
15 -- a focused panel group meeting or individual
16 interviews, those things have always gone
17 through Privacy Act review before we post them,
18 before we share them, so...

19 **DR. ZIEMER:** And keep in mind that those are
20 not -- those aren't part of the same group
21 covered by the Board's policy on that
22 redaction, probably, or -- is there -- is the
23 redaction policy different than --

24 **MR. ELLIOTT:** The Board's activities are
25 covered under FACA.

1 **DR. ZIEMER:** Right.

2 **MR. ELLIOTT:** The program's activities are
3 covered under the Privacy Act in FOIA.

4 **DR. ZIEMER:** Which is different.

5 **MR. ELLIOTT:** Yes.

6 **DR. ZIEMER:** Yeah, so the redaction policy of
7 the agency on those -- on those matters is
8 different than the Board's, which is under the
9 Federal Advisory Act issue -- or laws, so there
10 is a difference in the redaction there.

11 **MS. HOYT:** So the worker outreach meetings were
12 not redacted. (Unintelligible) the site will
13 be that former worker outreach meetings
14 (unintelligible) meetings (unintelligible) Mr.
15 (unintelligible) who was a worker who has
16 (unintelligible) and I would like to have the
17 redaction policy for worker outreach meetings
18 (unintelligible) because they are
19 (unintelligible).

20 **MR. ELLIOTT:** Well, these are -- these are
21 meetings that, when minutes are captured -- as
22 they have always been -- will have to go
23 through Privacy Act review before they are
24 released. Yes, there will be names in these
25 minutes. Names of government employees are not

1 redacted. Names of individuals who worked at a
2 site and are representing themselves as having
3 worked at that site may not be redacted, or may
4 be redacted, given the particular context of
5 how they -- of what they had to say. So you
6 may expect to see minutes continue to be
7 redacted before they are shared and publicly
8 distributed. You may expect to see holes in
9 those where certain people's names or personal
10 identifiable information that is sensitive has
11 been struck out. I am sorry for that, but that
12 is the way we have to live.

13 **DR. ZIEMER:** Right, and that is different from
14 the Board meetings and minutes.

15 Okay, Board members, any other --

16 **MS. HOYT:** (Unintelligible) Elliott and I
17 should discuss this further in a different --

18 **DR. ZIEMER:** Sure, sure, right.

19 **MS. HOYT:** -- (unintelligible) if I could have
20 Mr. Elliott's phone number (unintelligible) e-
21 mail to me I would appreciate it.

22 **DR. ZIEMER:** Yeah, he -- he has your number and
23 will call you then, Mary Ann.

24 **MS. HOYT:** This is Rosemary.

25 **DR. ZIEMER:** Oh, Rosemary, okay. I'm sorry.

1 **MS. HOYT:** Thank you.

2 **DR. ZIEMER:** Okay, any other comments from
3 either of the petitioners?

4 **MS. CARRICO:** This is Mary Ann Carrico. I'd
5 like to comment.

6 **DR. ZIEMER:** Okay.

7 **MS. CARRICO:** I would like to say that we were
8 relieved that NIOSH and SC&A came to agreement
9 on (unintelligible) areas rather than specific
10 buildings within the areas of Hanford.
11 Also on the white paper prepared by SC&A
12 (unintelligible) issue for the proposed Hanford
13 petition to the special cohort, there's a
14 specified roving workers. This includes
15 construction workers, instrument technicians
16 and maintenance workers. These people would
17 generally perform work in various parts of the
18 area. They'd be required to go into a variety
19 of buildings. There were several
20 (unintelligible) workers who were not mentioned
21 in the white paper. The security emergency
22 response people, the transportation
23 (unintelligible) to name a few; there may be
24 others. I (unintelligible) in the roving
25 workers. We question how NIOSH

1 (unintelligible) worker.

2 Also, my other question is, are the other
3 findings on the matrix (unintelligible) for
4 exclusion in the SEC. Thank you.

5 **DR. ZIEMER:** Okay, we will ask that those
6 questions be looked at. I don't know if we
7 have the answers to those at the moment.

8 **MR. ELLIOTT:** It's all workers.

9 **DR. ZIEMER:** It's all workers, so it's not a --
10 any ro-- any of the roving workers.

11 **DR. MELIUS:** The definition is who worked in
12 those areas --

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

14 **DR. MELIUS:** -- so it's not -- you know.

15 **DR. ZIEMER:** The naming of some of them does
16 not -- is not limiting; it's an example, more
17 or --

18 **DR. MELIUS:** Right.

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

20 **DR. MELIUS:** Can I just comment on --

21 **DR. ZIEMER:** Dr. Melius has --

22 **DR. MELIUS:** -- the last question?

23 **DR. ZIEMER:** -- a comment for you.

24 **DR. MELIUS:** Yeah, just to say that -- I think
25 as we all know, we're early in the review of

1 this SEC evaluation report, and so the many
2 other issues that are in the matrix, most of
3 them are still open and we're trying to figure
4 out a -- sort of a way forward, what's the most
5 efficient way forward. We have been stymied by
6 the fact that both NIOSH and SCA have very
7 limited, if any, access to records from the
8 site at the moment. It's been over six months
9 now, have not had access, and this is causing a
10 I think very significant delay in the work that
11 -- that both NIOSH needs to do to complete some
12 of the work to both respond to SC&A's comments,
13 as well as some other work they've already
14 planned in their evaluation report, and
15 certainly makes it essentially impossible for
16 SC&A to review any of the -- the work in the
17 NIOSH -- any more of the work in the NIOSH
18 evaluation report. We've talked -- as part of
19 the working group, as well as some techni--
20 technical call to try to, you know, make --
21 develop a way that -- that we can go forward on
22 some of these issues, but it's -- it's very
23 limited until DOE resolves the issue of access
24 to records at this site. As I said, it's been
25 over six months and I -- I don't know, Larry,

1 if you have any further information. All we
2 heard today from DOE was that there may be an
3 update or some plan or something, but I don't
4 know -- I haven't -- yet to hear a schedule for
5 access.

6 **MR. ELLIOTT:** I don't -- I don't know if -- Sam
7 has been working as the NIOSH point of contact
8 to coordinate with SC&A on what information
9 needs we have and prioritize those so we can
10 put them in front of DOE. I think that has
11 happened. Right, Sam?

12 **DR. GLOVER:** That is correct.

13 **MR. ELLIOTT:** And -- and DOE is telling me
14 today that -- that they are going to respond to
15 that prioritized set of requests, so I take
16 that to mean -- and I asked specifically, does
17 that mean the logjam is broken and work can
18 start? Yes, that's what I hear. So we should
19 start knocking on the door and seeing, you
20 know, how far we get with our requests.

21 **DR. MELIUS:** Okay.

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

23 **DR. MELIUS:** Thank you.

24 **DR. ZIEMER:** Any further questions or comments?
25 I was told there might be some Hanford folks

1 here with us in person. Are there any here?

2 (No responses)

3 Apparently not.

4 **UNIDENTIFIED:** (Unintelligible) Department of
5 Energy en route to Hanford. I'm on the phone.

6 **DR. ZIEMER:** Okay.

7 **MR. ELLIOTT:** One of the things that I
8 understood DOE was going to do first is give
9 you guys some instruction on how to do -- do
10 your own searching and sorting, but you know, I
11 don't know, so we'll see.

12 **DR. GLOVER:** Do you want any details? Okay.

13 **DR. ZIEMER:** There -- there was someone else on
14 the phone, a Hanford person, we didn't catch
15 your name.

16 **UNIDENTIFIED:** This is Gail (unintelligible),
17 I've been working with Sam on giving them on-
18 line access to some of our finding aids to --

19 **DR. ZIEMER:** Oh, okay. Did you have any
20 comments on that for us? Any -- any additional
21 comments on this discussion?

22 (No responses)

23 Apparently not. Okay, thank you.

24 **DR. GLOVER:** It's -- we are working with DOE --
25 we have developed a formal strategy of keyword

1 searches that will help support the matrix, a
2 closure of these items. Both SC&A and NIOSH
3 have put together a common set of search terms
4 to reduce the duplication of this effort, so
5 we're going to share those resources. We've
6 put that forward to the DOE so they can
7 prioritize and understand a better -- have a
8 better understanding of how much resources they
9 need to put forward. And so pending a meeting
10 I think in the next week which we will begin --
11 able to have an understanding of what the
12 schedule will be so we can gain access to those
13 records.

14 **DR. ZIEMER:** Greg has --

15 **MR. LEWIS:** This is Greg Lewis from DOE. I
16 just want to back up what -- what Sam said.
17 You know, we are committed to getting them in
18 there to start looking at the records as soon
19 as possible. We're working with Gail, working
20 with Sam. We believe we have a plan that
21 should be successful. There are a couple of
22 final issues that we'll be meeting on later
23 this week, and we should be able to dive right
24 in as --

25 **DR. ZIEMER:** Thank you.

1 **MR. LEWIS:** -- soon after that as possible.

2 **DR. ZIEMER:** Further questions?

3 **DR. MELIUS:** No, I've...

4 **DR. ZIEMER:** Is there anything further we need
5 to do on Hanford at this time then?

6 **DR. MELIUS:** Yeah, I need to make a motion.

7 **DR. ZIEMER:** Yes, go ahead.

8 **DR. MELIUS:** I'll offer a motion, it's a
9 lengthy motion -- get Ray ready.

10 Board recommends that the following letter be
11 transmitted to the Secretary of Health and
12 Human Services within 21 days. Should the
13 Chair become aware of any issue that in his
14 judgment would preclude the transmittal of this
15 letter within that time period, the Board
16 requests that he promptly informs the Board of
17 the delay and the reasons for this delay, that
18 he immediately works with NIOSH to schedule an
19 emergency meeting of the Board to discuss this
20 issue.

21 The Advisory Board on Radiation and Worker
22 Health, the Board, has evaluated SEC Petition
23 00057-2 concerning workers at the Hanford
24 Nuclear Reservation in Richland, Washington
25 under the statutory requirements established by

1 EEOICPA, incorporated into 42 CFR Section
2 83.13. The Board respectfully recommends
3 Special Exposure Cohort status be accorded to
4 all employees of the Department of Energy, its
5 predecessor agencies and DOE contractors or
6 subcontractors who worked from, number one,
7 September 1st, 1946 through December 31st, 1961
8 in the 300 area; or two, January 1st, 1949
9 through December 31st, 1968 in the 200 area at
10 the Hanford Nuclear Reservation for a number of
11 work days aggregating at least 250 work days
12 occurring either solely under this employment
13 or in combination with work days within the
14 parameters established for one or more other
15 classes of employees in the SEC.

16 The Board notes that although NIOSH found that
17 they were unable to completely reconstruct
18 radiation doses for these employees, they
19 believe they may be able to reconstruct
20 external doses, and internal doses (other than
21 americium and thorium).

22 This recommendation is based on the following
23 factors: Hanford Reservation facility was
24 involved in development, manufacture of nuclear
25 weapons; two, NIOSH found there was

1 insufficient monitoring data, information on
2 radiological operations at these laboratories
3 in order to be able to complete accurate
4 individual dose reconstructions involving
5 internal exposures to thorium in the 300 area
6 and americium in the 200 area of the facility
7 during the time periods in question. The Board
8 concurs with this conclusion.

9 NIOSH determined that health may have been
10 endangered for the workers exposed to radiation
11 in the 200 and 300 areas of the Hanford Nuclear
12 Reservation during the time periods in
13 question. The Board concurs with this
14 determination.

15 Enclosed is rec-- supporting documentation from
16 the recent Advisory Board meeting held in
17 Tampa, Florida where this Special Exposure
18 Cohort class was discussed. If any of these
19 items are unavailable at this time, they will
20 follow shortly.

21 **DR. ZIEMER:** You heard the motion. Is there a
22 second?

23 **MR. CLAWSON:** Second.

24 **DR. ZIEMER:** Got a couple of seconds here. Any
25 discussion?

1 I have a question. This is kind of a devil's
2 advocate type of question. In light of the
3 documents that we don't have from Hanford, what
4 level of confidence does NIOSH have that the
5 issues that lead you to -- to recommend this as
6 a class of the SEC would not be resolved in the
7 materials that may be forthcoming? Probably a
8 question you can't answer, but it seems to me
9 we have to ask it anyway.

10 **DR. GLOVER:** The driving point is that there
11 were no bioassay during that early phase for
12 those nuclides.

13 **DR. ZIEMER:** So -- and we know that for certain
14 --

15 **DR. GLOVER:** Absolutely.

16 **DR. ZIEMER:** -- it's not simply that we haven't
17 seen the records.

18 **MR. GRIFFON:** Through interactions with many
19 different sites and different levels, there is
20 absolutely no bioassay at that facility.

21 **DR. ZIEMER:** That's what I wanted to hear.

22 **DR. MELIUS:** Yeah, and I think the issue was
23 the -- the sort of class definition, how do you
24 -- and given, I think -- or you -- what
25 information we did have on operations, the

1 facility and so forth, that -- that going to
2 the -- the area definition as opposed to
3 building definition was -- was probably much
4 more appropriate as a way --

5 **DR. ZIEMER:** Yeah, that -- that part's all
6 right.

7 **DR. MELIUS:** -- yeah, yeah -- yeah, regardless,
8 yeah.

9 **DR. ZIEMER:** Just to make sure that --

10 **DR. MELIUS:** Yeah.

11 **DR. ZIEMER:** -- there's no doubt that -- that
12 there were no bioassay.

13 **DR. MELIUS:** Yeah, there are a number of other
14 issues at the site that -- that -- that, as I
15 said, we are stymied until we have access to
16 records and NIOSH -- I mean just to be able to
17 begin discussions on -- on some of these
18 issues, and that's why -- so adamant about the
19 records access issue.

20 **DR. ZIEMER:** Other comments or discussion on
21 this?

22 **DR. POSTON:** I have ques--

23 **DR. ZIEMER:** Dr. Poston?

24 **DR. POSTON:** I have a clarification -- Jim, you
25 named some specific areas --

1 **DR. MELIUS:** Uh-huh.

2 **DR. POSTON:** -- in your motion, and I didn't --
3 maybe I missed it. I didn't think I heard all
4 the areas included, which was what LaVon -- I
5 thought LaVon was talking about. I mean -- not
6 -- I'm sorry, I've -- did you name all the
7 areas, is that -- just for clarification?

8 **DR. MELIUS:** It's the same -- they match the
9 definition.

10 **DR. POSTON:** Since I don't have it to read, I
11 have to ask the question.

12 **DR. MELIUS:** Yeah, yeah, no, I -- take another
13 look at it tomorrow 'cause it's a little tricky
14 to write, given the -- two separate areas, but
15 --

16 **DR. POSTON:** So you did -- not --

17 **DR. MELIUS:** Yeah.

18 **DR. POSTON:** So it's all the workers in all the
19 areas.

20 **DR. MELIUS:** Yeah.

21 **DR. ZIEMER:** It's all facilities and areas.

22 **DR. MELIUS:** Yeah.

23 **DR. BRANCHE:** They're -- Dr. Poston --

24 **DR. GLOVER:** No.

25 **DR. MELIUS:** No. So --

1 **DR. GLOVER:** It is the 300 area and the 200
2 area.
3 **DR. MELIUS:** Yeah, it's both those areas, yes.
4 **DR. GLOVER:** The 100 area -- for -- just for
5 review, the 100 areas are primarily the reactor
6 facilities.
7 **DR. MELIUS:** Yeah, yeah.
8 **DR. POSTON:** Okay.
9 **MS. BEACH:** I have a question.
10 **DR. BRANCHE:** You need to come to the
11 microphone.
12 **DR. ZIEMER:** Josie's question is --
13 **MS. BEACH:** The 200 area is --
14 **DR. ZIEMER:** -- as a site expert.
15 **MS. BEACH:** -- actually plural. There's an
16 east and a west. Does it cover both east and
17 west?
18 **DR. GLOVER:** It -- it -- yes.
19 **DR. MELIUS:** Yes.
20 **DR. ZIEMER:** Are you ready to vote then? It
21 appears we're ready to vote.
22 **DR. BRANCHE:** Mr. Presley, you're on by phone,
23 so may I get your vote first?
24 **MR. PRESLEY:** Yes.
25 **DR. BRANCHE:** Yes, I can get your vote, or yes

1 is your -- is your decision? Mr. Presley?

2 **MR. PRESLEY:** Yes, yes.

3 **DR. BRANCHE:** Mr. Clawson?

4 **MR. CLAWSON:** Yes.

5 **DR. BRANCHE:** Mr. Gibson?

6 **MR. GIBSON:** Gibson.

7 **DR. BRANCHE:** Mr. Griffon?

8 **MR. GRIFFON:** Yes.

9 **DR. BRANCHE:** Dr. Melius?

10 **DR. MELIUS:** Yes.

11 **DR. BRANCHE:** Dr. Poston?

12 **DR. POSTON:** Yes.

13 **DR. BRANCHE:** Dr. Roessler?

14 **DR. ROESSLER:** Yes.

15 **DR. BRANCHE:** Mr. Schofield?

16 **MR. SCHOFIELD:** Yes.

17 **DR. BRANCHE:** Dr. Ziemer?

18 **DR. ZIEMER:** Yes.

19 **DR. BRANCHE:** And I'll get Dr. Lockey's vote.

20 **DR. ZIEMER:** And the record will show that Ms.
21 Beach is not voting on this.

22 **DR. BRANCHE:** Nor is Ms. Munn.

23 **DR. ZIEMER:** Nor Ms. Munn.

24 **DR. POSTON:** I apologize to Sam for calling him
25 by the wrong name.

1 **DR. ZIEMER:** I declare that the motion has
2 carried and we will transmit the appropriate
3 recommendation to the Secretary for action.

4 **DR. MELIUS:** And can -- can I make one final
5 comment? I would just like to thank Sam and
6 the people -- other staff at NIOSH for sort of
7 -- we're trying to do this -- that -- move this
8 forward sort of incrementally and -- been very
9 good to work with and I think we've -- we've
10 got a process in place that, once we get access
11 to the information, I think will allow us to go
12 through -- it's a large facility with a lot of
13 complicated issues -- I think pretty rapidly
14 and I think between S-- SC&A and NIOSH and the
15 workgroup, I think we've -- able to make good
16 progress.

17 **SEC PETITION STATUS UPDATES:**

18 **SANDIA NATIONAL LABORATORY-LIVERMORE**

19 **DR. ZIEMER:** Thank you. Next we have Sandia
20 National Lab Livermore. It says that -- that
21 Paul Ziemer is making the presentation.
22 Actually that's not the case. I'm simply
23 declaring that that's where we are on the
24 agenda. The --

25 **DR. BRANCHE:** May I -- may I, Dr. Ziemer?

1 **DR. ZIEMER:** Yes.

2 **DR. BRANCHE:** For those of you participating by
3 -- by phone, I know I sound a bit like a broken
4 record. I would like you to please mute your
5 phone, and if you do not have a mute button,
6 please dial star-6. It's important not only
7 that our court reporter be able to record
8 information correctly when he prepares the
9 transcript, but also understand the background
10 noise that's created when your line is open
11 makes it difficult for other participants by
12 phone to get all of the information that's
13 going on in our Board -- in our room here. So
14 I do ask -- I encourage strongly that you mute
15 your phones. Thank you so much.

16 **DR. ZIEMER:** Thank you. The Sandia National
17 Laboratory material was actually presented to
18 us at our last meeting by Sam Glover. Sam,
19 perhaps you would take a moment and just remind
20 the Board of -- of the recommendation and where
21 we were on that. We -- we had a -- an
22 evaluation report and recommendation from NIOSH
23 on Sandia, and we need to see the bottom line,
24 and I believe in -- in LaVon's review he
25 reminded us on -- on that particular one that -

1 - that was tabled so the Board could review the
2 -- I believe it was the addendum.

3 **DR. GLOVER:** I did not bring the presentation
4 down here yet. If you want the -- the
5 (unintelligible) --

6 **DR. ZIEMER:** I don't think we need the whole
7 presentation, just...

8 **DR. BRANCHE:** LaVon is bringing up his stuff,
9 too -- there it is.

10 **DR. ZIEMER:** There it is. Just go to the
11 bottom line on that one.

12 **DR. GLOVER:** Let's see -- so let me make sure
13 we have the -- we actually had several -- we
14 had the first -- the evaluation was approved,
15 sent to the Board in March of 2007, as -- as
16 LaVon mentioned that -- right before the Board
17 meeting we received additional information and
18 di-- after -- following the presentation on
19 March -- actually the beginning of April at the
20 Board meeting the Board asked us to update the
21 evaluation report. We did so, and there was a
22 change because what -- the real change -- the
23 material that came was that there was potential
24 for direct beam interactions, and so that was
25 the major change in the evaluation report that

1 we reissued and presented in October 2007.
2 At that point in time the Board tabled the
3 vote. The petitioner provided -- it's weird to
4 look at two different screens -- provided some
5 additional information regarding I believe a
6 number of items that were to be reviewed by the
7 Board to see if they would make an impact on
8 their evaluation of our -- of the evaluation
9 report. We certainly could -- I -- I didn't
10 bring that down, Dr. Ziemer. I'd be happy to
11 put that forward. I could -- that
12 presentation's previously in my room, depending
13 on what level of detail you would like to see
14 it.

15 **DR. ZIEMER:** The -- the additional materials
16 for the -- from the petitioner, as I recall,
17 were distributed to the Board members to look
18 at after that meeting. My understanding is
19 that NIOSH found no reason to change their
20 recommendation on the basis of those materials.
21 Board -- Board members, I ask you now if any of
22 you wish -- or are ready to make a
23 recommendation on this particular petition?

24 (No responses)

25 If you are not ready to do that, I'm going to

1 ask you again tomorrow if you are ready to do
2 that. I -- I don't believe there's any point
3 in continuing this for any longer. We've had
4 the material in our hands for a fair amount of
5 time. If you need to review it tonight, you
6 can do that, but otherwise we need to take
7 action.

8 Give us your bottom line recommendation. The
9 recommendation --

10 **DR. GLOVER:** Yeah, the recommendation was that
11 we could do --

12 **DR. ZIEMER:** -- was that you could reconstruct
13 dose --

14 **DR. GLOVER:** Yes, sir.

15 **DR. ZIEMER:** -- and I believe it was only an
16 external dose issue, it was an X-ray device, as
17 I recall. So that if the Board accepts --
18 accepts that recommendation, then there is
19 nothing that would go forward to the Secretary
20 since we would not be recommending a class.

21 **MR. ELLIOTT:** I might add, for the Board's
22 understanding, if you recall, there are a very
23 small number of individuals involved in this
24 class, a total of three, one of which we have a
25 claim for. And upon revisiting that dose

1 reconstruction, I believe that claim is now at
2 a compensable state.

3 **DR. ZIEMER:** Okay. Is there anyone that wishes
4 to make a recommendation or make a motion?

5 **MS. MUNN:** Well --

6 **DR. MELIUS:** We'll do it tomorrow.

7 **UNIDENTIFIED:** Can we pick it up --

8 **DR. ZIEMER:** We can pick it up tomorrow --
9 well, I -- I've already told you that that's
10 what's going to happen if I have no -- if no
11 one is moving today, they --

12 **DR. MELIUS:** If we all leave the --

13 **DR. ZIEMER:** If you all -- I think --

14 **DR. MELIUS:** If we all leave the room --

15 **DR. ZIEMER:** You become motionless, I can tell
16 that. Okay.

17 **DR. GLOVER:** Dr. Ziemer, I would be happy to
18 quickly review the main points of that tomorrow
19 morn-- before your --

20 **DR. ZIEMER:** I'll ask you to do that. That may
21 help the Board recollect this particular one.

22 **MR. CLAWSON:** I -- I just wanted to see the
23 bottom line. I couldn't --

24 **DR. ZIEMER:** Well, and -- and keep in mind
25 that, in essence, this petitioner -- as Larry

1 has indicated -- this will not affect this
2 petitioner any longer, in any event, either
3 way. It's kind of a moot point issue.

4 Although there are two -- there are two
5 possible other petitioners.

6 **MR. ELLIOTT:** Don't take my statement as to say
7 that this won't affect the other two --

8 **DR. ZIEMER:** No, no, I --

9 **MR. ELLIOTT:** -- because if one of those other
10 two are both --

11 **DR. ZIEMER:** -- said this particular
12 petitioner, but there are two potential other
13 ones.

14 **MR. RUTHERFORD:** There -- one -- I'm sorry.
15 There are two -- two people that are
16 potentially in the class. However, they are
17 not claimants --

18 **DR. ZIEMER:** Right.

19 **MR. RUTHERFORD:** -- at this time. I'm just
20 making sure --

21 **DR. ZIEMER:** Right, they are not claimants.
22 [name redacted], are you on the line? I -- I
23 didn't give his last name, did I?

24 **DR. BRANCHE:** No, I'm trying to keep you from
25 saying it.

1 **DR. ZIEMER:** Is there anyone on the line named
2 [name redacted]? Are there any petitioners...
3 In the future, don't give me a list with
4 people's names on it -- give me a redacted
5 list.

6 Apparently there's no one on the line from
7 Lawrence (sic) Livermore. Thank you. I'm
8 becoming motionless myself.

9 **SEC PETITION STATUS UPDATES:**

10 **CHAPMAN VALVE**

11 We're going to move on to Chapman Valve, for
12 which we have petitions from unknown people.

13 **DR. BRANCHE:** And we have people in the room.

14 **DR. ZIEMER:** We have some people in the room,
15 but I'm not even going to tell you who they
16 are.

17 **DR. BRANCHE:** I think that might be smart. No
18 one fr-- Dr. Ziemer, no one from Chapman
19 Valve's name can be mentioned because it's --

20 **DR. ZIEMER:** Unless they wish to mention it.

21 **DR. BRANCHE:** -- unless they wish to mention
22 their own names if they are on the phone.

23 **DR. ZIEMER:** Are there any folks from Chapman
24 Valve on the phone or any --

25 **UNIDENTIFIED:** Yes.

1 **DR. ZIEMER:** -- Congressional people on the --
2 from -- representing Chapman?

3 **MR. CLAWSON:** Yes.

4 **MS. BLOCK:** Yeah, this is Sharon Block from
5 Senator Kennedy's office.

6 **DR. ZIEMER:** Okay.

7 **MS. REALE:** Maryanne Reale, petitioner.

8 **DR. ZIEMER:** Very good. We will have a report
9 from the working group chair, Dr. Poston, on
10 Chapman Valve, and then we will hear from those
11 on the phone who wish to make comment.

12 **DR. POSTON:** Well, Mr. Chairman, I don't have
13 much of a report. As you know, there's been
14 some -- addition of the Dean Street facility.
15 There's been a reconsideration of that added to
16 the group, and I guess the -- we've had a
17 revision that was -- I'm -- can't find it here
18 -- SEC petition evaluation report was reissued
19 February the 5th of this year. And as far as I
20 can see, it really hasn't changed the -- the
21 conclusions that -- that NIOSH can do the dose
22 reconstruction. And Jim Neton may want to have
23 -- say something.

24 **DR. ZIEMER:** And the recommendation from the
25 workgroup is?

1 **DR. POSTON:** That -- that the petition is still
2 as -- as it was, that the petition be denied.

3 **DR. ZIEMER:** Okay. Does NIOSH have any
4 additional comments on this facility? Jim
5 Neton.

6 **DR. NETON:** Okay. Thank you, Dr. Ziemer. I'd
7 just like to have a -- I have a few slides so
8 I'll be somewhat brief. But I'd just like to
9 address the changes that were made to the
10 evaluation report that Dr. Poston alluded to
11 that are based on the Department of Energy's
12 research into additional activities that may
13 have occurred at Chapman Valve.
14 If you recall, NIOSH requested the Department
15 of Energy to review the information surrounding
16 Chapman Valve and to look at that definition to
17 see if there were any additional work
18 activities or sources of radiation-related work
19 activities that occurred at Chapman Valve. And
20 this was in direct response to some statements
21 made in a site expert interview that SC&A
22 captured during their worker outreach
23 activities that indicated that there may have
24 been activities off-site -- that is, at Dean
25 Street. In fact, there was some speculation

1 that maybe those activities could have involved
2 additional exposure to radioactive materials.
3 We sent -- we requested this from Department of
4 Energy, and they provided a response to us in a
5 letter report dated January 7th, 2008. And
6 their conclusion in that report was the Dean
7 Street facility is indeed -- should be covered
8 under the Atomic -- AWE facility, it is now
9 part of the covered facility definition. But
10 they did state in their report that they found
11 no indication of additional radiological
12 activities that occurred at Dean Street after
13 their somewhat I think apparently detailed
14 review of the records.
15 I'd just like to go a little bit into that
16 review. We did look at the additional
17 information that was provided by Department of
18 Energy. They sent over -- and we have put all
19 this information on the -- on the O drive for
20 the Board to review as well -- about 30 letter
21 documents documenting the manufacture of valves
22 and manifolds for the Y-12 electromagnetic
23 enrichment facility that was being constructed
24 in Oak Ridge. No doubt that Y-12 -- or Chapman
25 Valve manufactured these manifolds for the --

1 what's called the racetracks down at -- in Oak
2 Ridge. In addition to these letters there were
3 about 40 engineering drawings of various valves
4 and manifolds, sort of documenting what their
5 configurations were.

6 In those -- in that information, though, there
7 was no indication of shipment of valves for
8 repair. And if you recall, that was one of the
9 -- the statements made by the subject expert
10 from Chapman Valve, that she had a very de--
11 very real recollection of -- of things being
12 shipped up from Oak Ridge to Chapman Valve,
13 being staged at the main facility and then
14 being transferred over to the Dean Street
15 facility. However, in looking through these
16 records, I was caught by the similarity of some
17 of the test specification documents for valves
18 and manifolds that were included in these 30
19 essentially letter reports. And that is, as --
20 what I would call test specification for valves
21 and manifolds, and I worked for equipment
22 manufacturers and we would call these factory
23 acceptance tests. That is, when you make a new
24 product, oftentimes in the purchase
25 specifications you'll require that -- you know,

1 the purchaser will visit the site, hook up the
2 equipment and test it to make sure it meets the
3 specs. And in fact there were about three or
4 four letters that -- that spoke to this, that
5 each pump and manifold should be tested before
6 shipment down to Oak Ridge, and that is in the
7 presence of the purchaser's representative --
8 if you recall, the expert talked about people
9 coming up to the site -- and using purchaser's
10 test equipment. And this is not little
11 equipment. They speak of these 440 volt valves
12 and pumps and test gauges and all these sort of
13 things. Matter of fact, one of the letters
14 spoke about -- from Chapman Valve telling Stone
15 and Webster they actually needed six complete
16 sets of these things to do their tests around
17 the clock. So there is no doubt there was a
18 lot of equipment shipped -- I'm not sure from
19 where, but to Chapman Valve. Sometimes the
20 shipment was requested from Westinghouse,
21 sometimes the letter originated in Boston --
22 could have come from Oak Ridge; we don't know.
23 At any rate, there were a number of tests
24 conducted on these manifolds, presumably at the
25 Dean Street facility. And also there were

1 specifications about how these valves must be
2 cleaned prior to shipment using these solvents,
3 and also they must be coated with some sort of
4 a drying agent, a desiccant, and that was also
5 in the recollection of the site expert. So
6 there's -- there seemed to be a match here
7 between the recollections.

8 At any rate, after looking through this --
9 looking at the DOE letter and also the
10 documents provided by the Department of Energy,
11 we saw nothing in their review that indicated
12 there were additional sources of radioactive
13 materials present at Chapman Valve,
14 specifically nothing in the 1948 and '49 period
15 -- that is the right period, am I right? I
16 have to look and see if it -- what's the
17 covered period for Chapman Valve? That was --
18 '46 -- whatever the covered period was for
19 Chapman Valve, I think it's '48 and '49 --

20 **MR. CLAWSON:** '48 through '49.

21 **DR. NETON:** '48 through -- I'm sorry. We saw
22 nothing in there, in that period specifically.
23 All this information that we talked about with
24 these acceptance testing of the -- of the
25 manifolds and such occurred in the early '40s,

1 1943, 1944 time frame. Although we would say
2 the acceptance requirements for these new
3 products in the '43-'44 time frame are not
4 inconsistent with the site expert's
5 recollections.
6 So to that end, after looking at all this
7 information, we revised the evaluation report
8 in February and distributed it to the Board and
9 -- and put it on our web site, and additional
10 text was added to pages 13 and 14 specifically
11 of the report to summarize DOE's findings that
12 the Dean Street facility is now part of the
13 covered facility, and that their conclusion was
14 that there was no -- and we support the
15 conclusion that no additional sources of
16 radioactivity were identified.
17 So in essence, nothing changed in our
18 evaluation report other than adding Dean Street
19 to the covered facility, and you'll see that
20 here. The previous definition just listed
21 Building 23 at Chapman Valve. And then if you
22 look at the revised definition, I've
23 highlighted in yellow here "work at the Chapman
24 Valve Manufacturing Company" and now we say
25 "(i.e., Building 23 and the Dean Street

1 Facility)" -- that is the total sum change of
2 the report, other than a summary, like I say on
3 pages 13 and 14, of what the DOE identified.
4 So we still maintain that it's feasible to do
5 dose reconstructions at Chapman Valve during
6 the covered time period, and the summary is
7 feasibility is possible, yes, and therefore
8 health endangerment's not applicable. And
9 here's the covered periods -- January 1, 1948
10 through December 11th, 1949 -- in addition to
11 this residual period, if you recall, that the
12 petitioner has requested to be evaluated. That
13 is January '91 through '93. We still do not
14 have information on the '94-'95 time frame.
15 That's it.

16 **DR. ZIEMER:** Okay, thank you. Questions for
17 Jim? Yes, Jim Melius.

18 **DR. MELIUS:** Jim, did you talk to the site
19 expert yourself about these -- these letters
20 and --

21 **DR. NETON:** No, I did not.

22 **DR. MELIUS:** -- go over that -- okay.

23 **DR. NETON:** No.

24 **DR. MELIUS:** So it's just based on what
25 information --

1 **DR. NETON:** I'm just suggesting that I looked
2 at -- these factory acceptance tests were in
3 there and they're very similar -- there's no
4 information about contaminated manifolds being
5 shipped up for repair, but there was a lot of
6 information about factory acceptance tests
7 being conducted on the newly-produced manifolds
8 and a lot of test equipment being shipped to
9 Chapman Valve. It was just an observation on
10 my part and I just bring that up as an -- as
11 just that, an observation.

12 **DR. MELIUS:** Well -- okay.

13 **DR. ZIEMER:** Other questions? Okay, I
14 understand that Sharon --

15 **MR. CLAWSON:** I've got one question.

16 **DR. ZIEMER:** Oh, hang on -- Clawson.

17 **MR. CLAWSON:** I -- I've still just got the
18 question. You know, we pulled three samples,
19 two of them were natural and we've still got
20 one that's high enriched, so I -- I don't know
21 how you can just cast that one sample off and
22 say well, it didn't. There wasn't anything
23 there -- or, you know, this -- this was kind of
24 food for the fire, repairing manifolds or so
25 forth like that and I -- and I just don't see

1 how we can take and --

2 **DR. NETON:** Well --

3 **MR. CLAWSON:** -- discard that.

4 **DR. NETON:** I -- I -- well, we could --

5 **MR. CLAWSON:** (Unintelligible)

6 **DR. NETON:** We could talk more about this --

7 **DR. POSTON:** It's not highly enriched. That's
8 a misstatement.

9 **MR. CLAWSON:** What is it?

10 **DR. POSTON:** It was what, less than two percent
11 or about two percent?

12 **DR. NETON:** It was 2.16 percent enriched, I
13 believe.

14 **DR. POSTON:** That's not highly enriched.

15 **UNIDENTIFIED:** (Off microphone) that's not high
16 enriched.

17 **MR. CLAWSON:** Okay, but --

18 **DR. NETON:** Not high enriched, but it was
19 slightly enriched by their calculation. It is
20 still unknown to us, even though SC&A has done
21 some reviews in their -- their report, whether
22 the sample truly was enriched uranium or not.
23 I think it's SC&A's opinion that they feel it
24 was. I'm not convinced that it was, based on -
25 - there's a lot of unknowns of what happened

1 here.

2 I could tell you a few more things that are
3 also inconsistent here. I've spent a lot of
4 time thinking about this. SC&A correctly
5 indicated in their report that the -- the
6 activity that was discovered at the west ramp,
7 the loading ramp on the west end of Building 23
8 where the sample was found, was I think 120
9 picocuries per gram of uranium, and that's the
10 one they cited was 2.16 percent enriched. What
11 was interesting to me, though, was that the
12 gamma measurement there was 32 micro R per
13 hour, which was well above -- that's three
14 times basically above background. That, to me,
15 is not consistent with 120 picocurie per gram
16 material. That just doesn't make any sense to
17 me.

18 In addition to that, if you look at the FUSRAP
19 report and the cleanup activities, there's an
20 indication that when Bechtel came in there in
21 1995, they actually still found some elevated
22 contamination at that spot, but they actually
23 found it to continue underneath the ramp and
24 actually had to jackhammer out part of the
25 concrete to dig under there to pull out the

1 rest of the contamination. So I really have no
2 idea as to what -- what that might have been
3 and how it -- when it got there. But it's
4 still, to me, sort of an unknown.

5 There is evidence that radium was used at the
6 site. One of the worker outreach meetings
7 someone talked about 100 to 200 radioactive
8 radium sources that were used to X-ray
9 materials. I know SC&A has commented that they
10 believe that it couldn't have been radium
11 because they're aware of the fact that the
12 radium and U-235 share the same energy line,
13 but I'm not convinced that that's necessarily
14 the case 'cause you can't tell how they
15 stripped out the contribution from the U-235 in
16 that analysis.

17 So anyway, there are a lot of unknowns there,
18 you're right. But again, in the contract -- in
19 the SEC period, 1948-'49, we have a complete
20 picture, with a closure report and a 100-page
21 document or so that documents every natural
22 uranium activity that was carried on at that
23 location; no evidence of enriched uranium being
24 processed that would have exposed the workers,
25 in our opinion.

1 **DR. ZIEMER:** Dr. Poston?

2 **DR. POSTON:** Mr. Chairman, I apologize for not
3 being as complete as I should have, perhaps.
4 If you read the revised report, there's
5 basically no question about the external doses.
6 Those -- the workers were monitored, lots of
7 badges exchanged on a regular basis, processed
8 by Rochester, so this -- there's no question
9 about the external dose. That's never come up
10 in -- as far as NIOSH is concerned, as far as I
11 -- I can see, they feel that -- very strongly
12 and very -- that they can reconstruct the
13 external doses. The approach that they took in
14 reconstructing the internal doses is based on
15 bioassays, and the assumption that they took is
16 what we call in health physics extremely
17 conservative. They took the highest bioassay
18 that they measured. They calculated an air
19 concentration for the -- for that -- that would
20 result in that bioassay. They assumed that
21 every worker at the site was exposed at that
22 air concentration every work day for about a
23 year and a half, which is the period of time in
24 which the Chapman Valve facility was operating.
25 The point here is that if a -- if -- in these

1 dose calculations and the calculation of POC,
2 if a person doesn't reach 50 percent, they're
3 never going to reach 50 percent, and that's the
4 whole crux of the matter. We understand the
5 external dose. We've made what in physics we
6 would call a bounding calculation to see what
7 it would -- would be the maximum, and if the
8 POC doesn't come anywhere close to 50 percent,
9 it will never be 50 percent.

10 **DR. ZIEMER:** Thank you. I think we have Sharon
11 Block on the line from Senator Kennedy's
12 office. I'm allowed to say both of those
13 names, I'm told.

14 **MS. BLOCK:** Yes, (unintelligible).

15 **DR. ZIEMER:** And Sharon, do you have a comment
16 from the Senator?

17 **MS. BLOCK:** Yes, I do. Can you hear me?

18 **DR. ZIEMER:** Yes, very well.

19 **MS. BLOCK:** I think you're aware the Senator
20 sent you a letter last week concerning the --
21 this petition and (unintelligible) for dose
22 rate (unintelligible) significant questions
23 about what is known about the (unintelligible)
24 Chapman Valve. And (unintelligible) question
25 (unintelligible) the answer or (unintelligible)

1 determination needs to be (unintelligible) now
2 (unintelligible) this has gone on too long
3 without (unintelligible) any answers
4 (unintelligible) petition for the -- for the
5 Chapman Valve petitioners, that this is not --
6 a process this lengthy was not what Congress
7 had in mind when they created this -- this
8 system and he would like to see
9 (unintelligible).

10 **DR. ZIEMER:** Okay. Thank you. Are there any
11 other folks on the line representing Chapman
12 Valve?

13 (No responses)

14 We have a couple folks here that -- do you wish
15 to speak?

16 **MR. PETERSON:** Yes, I would.

17 **DR. ZIEMER:** Yeah, please address the assembly.

18 **MR. PETERSON:** My name is Carl E. Peterson.
19 [redacted] is a petitioner in the Chapman Valve
20 issue. This is really my first meeting and
21 [redacted] has been handling this, but my eyes
22 were widened today in terms of the whole
23 process and I've -- I have talked to some
24 gentlemen and some people about what has
25 transpired about Chapman Valve and I have a

1 couple of issues -- not necessarily on the
2 technical issues at this particular point
3 because I have not had a chance to read them
4 all and I'll certainly get a copy of the
5 report. But certainly the dialogue I've heard
6 just then from Mr. Clawson and -- and the
7 assumptions made -- my understanding, the bill
8 was written to give the applicant the benefit
9 of the doubt. That's my understanding when the
10 bill was written in Congress, and that's what
11 is supposed to transpire today. What I just
12 heard was something about manifolds that we say
13 well, you know, I worked and they did this with
14 manifolds, they cleaned manifolds, I don't
15 think they sent manifolds that were radiated,
16 but I didn't hear conclusively that that
17 happened. I didn't -- I didn't really hear
18 back that something was shipped or someone
19 thought it was shipped. That -- that's not
20 justification. That -- that is certainly not
21 enough evidence to say that it didn't happen.
22 The next issue, and I'll be very short in this.
23 I was -- I was going to say something else just
24 about [redacted] and -- you know, she lost her
25 dad. He was 37 years old. She has spent seven

1 years because the Department called her and
2 says look, we want to do something for people.
3 And they said okay, we're going to open up your
4 heart again, and for seven years she's been
5 sitting by -- and what I heard today was people
6 making assumptions and people basing those
7 assumptions on -- you know, I understand there
8 was a report by Ferguson. I understand -- they
9 were the contractors making the product at
10 Chapman Valve. Now to me, just in simplistic
11 terms, if I'm a businessman and I have someone
12 making something for me, I don't depend on them
13 to give me the report whether it's right or
14 wrong. I haven't heard any justification -- if
15 that person who could have a liability in
16 relationship to what they're doing at a
17 facility is giving you the report that
18 everything's just fine and dandy and we're
19 cutting up concrete and finding other items, I
20 think just from a basic layman's understanding
21 there seems to be something wrong. There's not
22 conclusive evidence here. We could talk about
23 science, and science can work both ways. I'm
24 an engineer. I understand that. But it seems
25 there's certain items related to this

1 particular facility that we're making a broad
2 assumption at this particular point in time.
3 And I think we need to be more conclusive. And
4 if the benefit of the doubt goes to the
5 claimant, you can't just say that I think the
6 valves weren't contaminated. You -- I don't
7 think you have a right to say that.
8 That's what I have to say at this point. Thank
9 you.

10 **DR. ZIEMER:** Thank you very much. Any other
11 comments?

12 Okay, Jim.

13 **DR. NETON:** I'd just like to -- I think I
14 pointed this out but I just want to be clear
15 that the shipment of the valves was in 1943 and
16 1944, which is outside the covered period for
17 Chapman Valve right now. So right now the
18 petition requested an evaluation for the
19 current covered period, which is 1949-1950. I
20 think that's an important thing to keep in
21 mind.

22 **DR. ZIEMER:** The valves were -- were not
23 involved at that time.

24 **DR. NETON:** The valves were not involved and
25 it's not covered. I mean it may be indeed at

1 some point in time become covered --

2 **MR. GRIFFON:** So you're saying it leaves it
3 open for --

4 **DR. NETON:** Certainly it leaves -- the
5 possibility's open for that period to be opened
6 and valves to be discovered to have been
7 contaminated, if they indeed were. But right
8 now '49 and '50 -- or '48 and '49 is the time
9 period under evaluation. And the Department of
10 Energy, with the Department of Labor
11 collaboration, we've come -- come to that
12 conclusion.

13 **MR. PETERSON:** If I might?

14 **DR. ZIEMER:** Yes.

15 **MR. PETERSON:** Correct me if I'm wrong. If --
16 let's -- let's go on the assumption the valves
17 were contaminated. Does that mean they were
18 set on the site in '43 and '44, there's no
19 contamination and '45 there's no contamination?
20 I mean I understand there's half-life, full
21 life of these particular elements -- they just
22 don't go away. You have to be realistic here.
23 Because something's under -- not under your
24 domain, that doesn't mean to say that
25 particular item affects something in 1947. I -

1 - I think that's -- should be pretty clear.
2 What's -- what's the life of the particular
3 item? Is it less than five years? I don't
4 think so.

5 **DR. ZIEMER:** Thank you. Dr. Melius?

6 **DR. MELIUS:** Yeah, I believe at our last
7 meeting we asked SC&A to review some issues.
8 I'd sort of like to have a chance to hear from
9 them.

10 **DR. ZIEMER:** Okay.

11 **DR. MELIUS:** If that's okay.

12 **DR. ZIEMER:** Who -- who is --

13 **DR. BRANCHE:** There's Arjun.

14 **DR. ZIEMER:** -- reporting for SC&A?

15 **DR. BRANCHE:** There's Dr. Makhijani.

16 **DR. ZIEMER:** Okay. Okay, Arjun Makhijani.

17 **DR. MAKHIJANI:** Thank you, Dr. Ziemer. We had
18 five conclusions in our report, and I can just
19 go over them very quickly if you'd like.
20 Chapman Valve manufactured manifolds on a large
21 scale and tested them prior to shipment to Oak
22 Ridge. This would be during the Manhattan
23 Project, and we agreed with the DOE and NIOSH
24 finding there. So those were the first two
25 conclusions.

1 We looked at the documents posted on the O
2 drive and did not find evidence of returns of
3 manifolds from Y-12 to Chapman Valve for repair
4 and testing. And there was no available
5 evidence in the reviewed documentation that
6 manifolds were returned during the 1948-'49
7 period covered by the NIOSH evaluation report.
8 That was the third conclusion.
9 We -- the fourth conclusion was about this M-31
10 sample which was on -- just on the inside of a
11 building on the north side of the west ramp.
12 In view of -- we examined the -- the
13 measurement pretty closely and by -- by a
14 number of different methods. We looked at the
15 measurement techniques that were used at the
16 time and concluded that it's reasonably certain
17 that M-31 sample, that sample in question, was
18 an enriched uranium sample. It would be very
19 difficult to conclude otherwise because
20 (unintelligible) a lot of things about the --
21 about measuring samples and measuring uranium
22 samples into question because the measurement
23 methods were specified in considerable detail,
24 and we had several people at SC&A look at this
25 before arriving at this conclusion because we

1 realized that obviously this would be a -- a
2 significant matter for you to consider. We --
3 specifically, we looked at the NIOSH work. We
4 looked at the Oak Ridge '90-'92/9092* report,
5 and we looked at the measurement protocols,
6 which was a 1987 Oak Ridge document.
7 Finally was the question of the -- ques--
8 question of what might have been done at
9 Chapman Valve. The -- the '90-'92/9092* Oak
10 Ridge report describes a wider range of
11 activities that was done at AWEs in the context
12 we're referring to Chapman Valve. It doesn't
13 actually say that -- that additional activities
14 were done at Chapman Valve. I recognize that.
15 And the -- the evidence that is available about
16 the enriched uranium sample, the only evidence
17 is from the site expert interview, who had said
18 that material was returned for repair during
19 the Manhattan Project. The -- the only thing
20 about the enriched uranium sample that isn't
21 consistent with that is that it's on the inside
22 of the building rather than on the outside of
23 the building, and the activities described were
24 the manifolds were returned and then
25 transferred from train to truck at the Chapman

1 Valve main facility and taken by truck to the
2 Dean Street facility. And given the size of
3 the manifolds, this -- this would have -- this
4 would have obviously happened on the outside,
5 although it is a surmise. The person -- the
6 site expert wasn't actually present at the main
7 facility, but -- but this -- I think it would
8 be a very reasonable surmise.

9 The -- let me read the rest of it, since this
10 is a sensitive matter. Why don't I just read
11 the fifth conclusion so -- so you can have it
12 all on the record for you in case you haven't
13 had a chance to look at it.

14 Oak Ridge '90-'92/9092* describes a wider range
15 of storage and other historical activities than
16 are described in NIOSH 2008, but as -- as I
17 have said, this is generally for AWEs. It is
18 possible that enriched uranium sample may have
19 been associated with these other activities;
20 however, there is no evidence of this in the
21 reviewed documentation. The only piece of
22 evidence as to the possible source of the
23 enriched uranium is a site expert interview
24 which described the returns of contaminated
25 manifolds from the electromagnetic separation

1 plant at Oak Ridge that was operated during the
2 Manhattan Project and for a short period
3 thereafter. While this does not prove that
4 that was the source or that there was not
5 another source, it is consistent with the
6 available evidence, including the fact that the
7 sample was very close to the entrance ramp and
8 that it is the only sample that was enriched
9 uranium. If manifold returns were -- were the
10 source of the enriched uranium, it would have
11 been deposited prior to the period covered by
12 the evaluation report and the SEC petition.
13 However, the fact that it was on the inside of
14 the building creates some uncertainty since the
15 site expert stated that the main Chapman Valve
16 site was at -- was the location of transfers of
17 the manifolds from train to truck, all of which
18 would have taken place on the outside.
19 The only thing -- the only last thing I'd like
20 to add is that, as we understood the charge
21 given to us by the Board, was to look at the
22 new documentation posted on the O drive and the
23 letters from the DOE, and we stuck to that
24 charter and did not go beyond that, so -- so we
25 did not look for additional documentation or do

1 any additional search.

2 **DR. ZIEMER:** Okay, thank you. Dr. Poston?

3 **DR. POSTON:** Arjun, I have two -- a couple of
4 questions. One, could you describe a little
5 bit further what you did in evaluating this one
6 measurement to ascertain that you -- that you
7 felt it was correct? I mean you said you had
8 three -- three of your folks look at it very
9 carefully and I'd like to know exactly what you
10 did.

11 **DR. MAKHIJANI:** Well, Chuck Phillips is also
12 here. We -- well, it's described in detail in
13 the report you have, Dr. Poston.

14 **DR. POSTON:** Yeah, but I'd like to hear you
15 describe it, please.

16 **DR. MAKHIJANI:** The -- the NIOSH report
17 describes the sample as being enriched uranium
18 of 2.16 percent enrichment, but that there was
19 no U-235 measurement and that there was no
20 uncertainty on the U-235. We found in looking
21 --

22 **DR. POSTON:** Wait, wait, I'm confused already.
23 You -- you said --

24 **DR. MAKHIJANI:** I'm just going through the
25 process.

1 **DR. POSTON:** Yeah, but you said there was no U-
2 235 present?

3 **DR. MAKHIJANI:** No, I'm just saying what --

4 **DR. POSTON:** Did you misstate or...

5 **DR. MAKHIJANI:** No, I just -- I'm just saying
6 what the NIOSH report said. That was our
7 starting point, the NIOSH report.

8 **DR. POSTON:** I'm sorry, I thought you were...

9 **DR. MAKHIJANI:** We then went to the original
10 Oak Ridge document and found that there was
11 additional information about the sample.
12 Uranium-238 was given at 120 picocuries per
13 gram, as Jim has stated. An uncertainty bound
14 was described, which we have cited. Since the
15 enrichment was provided, you can estimate a U-
16 235 concentration, which would be about 17
17 picocuries per gram. Radium was also described
18 in this particular sample, and that is a very
19 important point, as less than one picocurie per
20 gram, because then this allowed a comparison of
21 the 186 keV gamma emission from radium --
22 almost 186 -- with a similar line from U-235.
23 And given the various concentrations and the
24 relative probability of emission of the 186 keV
25 line, you could conclude that almost none of it

1 was due to radium. And in fact, the radium
2 intensity would be less than one -- the -- the
3 uranium intensity would be more than 280 times
4 the radium intensity.

5 **DR. POSTON:** I guess I don't understand. I
6 mean I would expect to find radium in normal
7 soil samples, whereas I wouldn't expect to find
8 uranium-235, so --

9 **DR. MAKHIJANI:** That's right, that's why this
10 was an enriched uranium sample of artificial
11 provenance. That's -- that's the reason for
12 the conclusion. If you had found radium at --
13 on --

14 **DR. POSTON:** Well, how can you tell if you --
15 if they have the same -- roughly the same
16 energies?

17 **DR. MAKHIJANI:** No --

18 **DR. POSTON:** I mean how can you conclude one
19 way or the other?

20 **DR. MAKHIJANI:** They have the same energy per
21 photon.

22 **DR. POSTON:** Yeah.

23 **DR. MAKHIJANI:** They're at least 280 photon
24 more from the U-235 than they are from the
25 radium, so you can tell that whatever you're

1 measuring would be --

2 **DR. POSTON:** Wait, wait, wait, the specific
3 activity of radium is much higher than the
4 specific activity of uranium-235.

5 **DR. MAKHIJANI:** Yes, but the number of -- num--
6 number of emissions of 186 keV photons is only
7 3.2 percent, whereas it is 54 percent from U-
8 235, and U-235 concentration was 17 picocuries
9 per gram, and it is not related to specific
10 activities because everything is in terms of
11 picocuries, so it's comparing radioactivity
12 with radioactivity and nothing to do with
13 weight.

14 **DR. POSTON:** But you're talking about activity.
15 Right?

16 **DR. MAKHIJANI:** Exactly. That's why it had
17 nothing to do with specific activity.

18 **DR. POSTON:** I guess I'm still not clear why
19 this -- you know, what -- what evaluation you
20 made that would make -- lead you to this
21 conclusion, other than --

22 **DR. MAKHIJANI:** I explained it in detail. The
23 -- the gamma -- the measurement protocol is
24 described in the Oak Ridge 1987 document.
25 Really, since the specific isotopes are

1 mentioned, there are only two measurement
2 protocols that are reasonable. The measurement
3 protocol that's actually described is -- is
4 gamma spectro-- spectroscopy. That's why we
5 actually compared the intensity of the line --
6 whether it was possible that you would confuse
7 what was measured between radium and uranium,
8 and we concluded that you could not confuse it
9 because a radium measurement was actually
10 provided as being less -- well, it was a upper
11 limit as being less than one picocurie per
12 gram. And when you look at the characteristics
13 of the emissions of photons from U-235 and
14 radium and their frequencies, and the described
15 concentrations, you come to the conclusion that
16 you could not mistake this for radium, that it
17 would have been associated with U-235. And if
18 you do the same with alpha spectroscopy, of
19 course, you would come to the same conclusion.

20 **DR. POSTON:** Did they use alpha spectroscopy --

21 **DR. MAKHIJANI:** (Off microphone)

22 (Unintelligible)

23 **DR. POSTON:** -- or just gamma?

24 **DR. MAKHIJANI:** It's not described.

25 **DR. POSTON:** Okay, I was just asking why you

1 brought that up.

2 **MR. PHILLIPS:** The reason we did the
3 calculation from the radium is if you had that
4 amount of radium in it, you would have
5 certainly seen that in the gamma analysis and
6 the lead and bismuth-214 (unintelligible), to
7 that extent. So you could -- you know, you --
8 it wasn't reported as that. It was reported as
9 less than one. So if there was sufficient
10 amount of radium in there to have sufficient
11 interference in the uranium-235
12 (unintelligible) to account for this amount of
13 uranium-235 that would be required for this
14 amount of enrichment, you would certainly have
15 detected that. And we -- was that 185
16 picocurie (unintelligible)?

17 **DR. MAKHIJANI:** Sir?

18 **MR. PHILLIPS:** How much radium (unintelligible)
19 have to have to --

20 **DR. MAKHIJANI:** Well, you have to have 280
21 times more radium (unintelligible). I didn't
22 measure (unintelligible).

23 **DR. NETON:** Can I speak for a second? This is
24 getting pretty technical, but I think it's
25 important to discuss this. My -- my reading of

1 the protocol that was used to measure the sam--
2 first of all, I don't think they ever said that
3 they used the 609 or the 239 keV
4 (unintelligible), that's not even covered.
5 What they do say is they recognize the fact
6 that uranium can -- higher levels of uranium
7 can interfere with measurements of radium-226.
8 That's what they say. Presumably when they say
9 that, that must be talking about the 185 keV
10 line.
11 Now what they did say is that if there were
12 higher levels of interference in that 185 keV
13 line, they would quote a detection limit above
14 that peak. So in other words, the higher the
15 U-235 peak that's there, the less ability they
16 would have to measure radium-226 because it
17 would essentially be there with an interfering
18 background. So that's -- that's what they did,
19 so I don't know -- I looked at SC&A's analysis
20 and it makes no sense to me when they say they
21 basically stripped out the 235 peak -- or they
22 -- they assumed that all the 185 keV was
23 primarily due to interference from -- from
24 uranium, and then calculated a detection limit
25 above that. So there's no -- I don't know how

1 you can make an inference from that about the
2 degree of enrichment. And in fact, the
3 protocol that was used in the manual said that
4 enriched -- enrichment of uranium was
5 established using neutron -- neutron analysis,
6 like measuring the proper fission neutrons in a
7 reactor. That was their standard protocol. I
8 have no idea what the uncertainty is of that
9 measurement, and that's what concerns me quite
10 a bit, how they would have done that and what
11 the total uncertainty is of the -- of the
12 neutron measurements that they -- that they
13 used, by their own method, to calculate the U-
14 235.

15 **DR. POSTON:** I have a -- I have another
16 question for Arjun. I'm -- Arjun, I'm 71 years
17 old and my memory sometimes fades, but as you
18 may remember, I attended those meetings at the
19 Chapman Valve and when we talked with the
20 folks, and I was there when we made the
21 interviews and I attended every interview that
22 you attended. My recollection is that we found
23 out about these manifolds from a woman who
24 worked primarily at the Dean Street facility,
25 and her recollection was she was sure that they

1 came from the Dean Street facility 'cause she
2 always typed the shipping orders. I do not
3 remember her saying that they were
4 contaminated. I do remember a discussion
5 between you and John Mauro and myself that says
6 maybe that explains the enriched uranium
7 sample, maybe they were processing contaminated
8 systems that came from Oak Ridge. But as Jim
9 stated in his -- there's no evidence that those
10 were shipped back to the -- the valve company
11 at all, so I -- I don't recall anyone
12 testifying or stating during the meeting that
13 we had that evening in that question and answer
14 session that these -- these manifolds were
15 contaminated.

16 **DR. MAKHIJANI:** Dr. Poston, the -- the record
17 of that interview of course was part of -- you
18 looked at it, and the interview, we looked at
19 it, and that is part of our original review,
20 and I also attached it for convenience --

21 **DR. POSTON:** Well, I'm --

22 **DR. MAKHIJANI:** -- with this report. The thing
23 that is stated in our report is that the
24 existence of an enriched uranium sample is
25 consistent with what she said, since she had

1 said that the manifolds were returned from the
2 elec-- from -- from Y-12.

3 **DR. POSTON:** I'm reacting to your statements
4 today when you said --

5 **DR. MAKHIJANI:** No --

6 **DR. POSTON:** -- they were contaminated. Yeah,
7 we -- we did agree, the three of us, that that
8 is a potential pathway and that was a potential
9 way that these were contaminated, that's all.

10 **DR. MAKHIJANI:** I believe -- I believe -- Dr.
11 Poston, our report is quite carefully written,
12 and what --

13 **DR. POSTON:** I'm sure of that.

14 **DR. MAKHIJANI:** -- (unintelligible) said --
15 yes. Well, I hope that you expect nothing
16 less. The -- what we've said that the
17 existence of the enriched uranium sample is
18 consistent with what she said. I didn't say
19 that she said that it was an enriched uranium
20 sample. This is obviously an inference, and
21 because it's only an inference, we also have to
22 leave open the possibility that it didn't come
23 from there, and I believe that we have also
24 done that. I mean I -- I believe -- if you
25 would like, I would -- I could read it again,

1 but I have already read it into the record.

2 **DR. POSTON:** Well, no, I'm -- I'm -- again,
3 Arjun, I'm not talking about what's in the
4 record. I'm talking about what you're saying
5 orally when you stood up there. You -- you
6 emphasized that she was -- contaminated
7 manifolds. There --

8 **DR. MAKHIJANI:** I (unintelligible) --

9 **DR. POSTON:** -- is an inference. You didn't
10 indicate that these were inferences, one way or
11 the other. You indicated that these were --

12 **DR. MAKHIJANI:** Well --

13 **DR. POSTON:** -- contaminated, and that leaves
14 the thought in people's minds that they were
15 contaminated. That's why the gentleman is
16 reacting the way he is.

17 **DR. MAKHIJANI:** Well, in order to be accurate,
18 I actually decided that I was going to just
19 read what we had written, and I read that into
20 the record, and I'd like to say again, I don't
21 know -- I can't remember every single word that
22 I said and we'd certainly have to go back to
23 the record and look at that, but for the
24 record, what is written here I'd like to read
25 again since it seems to have engendered some

1 confusion. Let me read the -- perhaps caused
2 by me, I do not know.

3 The point number five that we wrote about this.
4 It is possible that the enriched uranium sample
5 may have been associated with these other
6 activities. However, there is no evidence of
7 this in the reviewed documentation. The only
8 piece of evidence as to the possible source of
9 the enriched uranium is the site expert
10 interview which described the return of
11 contaminated manifolds from the electromagnetic
12 separations plant at Oak Ridge that was
13 operated during the Manhattan Project and for a
14 short period thereafter.

15 Now I do see here that I think -- I think what
16 we have return-- written is not 100 percent in
17 conformity. You're quite right.

18 **DR. ZIEMER:** Uh-huh, it says --

19 **DR. MAKHIJANI:** It should have said potentially
20 -- return of manifolds from Y-12 which may have
21 been contaminated.

22 **DR. POSTON:** Yeah, that was --

23 **DR. MAKHIJANI:** You're quite right.

24 **DR. POSTON:** -- that was the contention between
25 you and John and me, and had nothing to do with

1 the site expert.

2 **DR. MAKHIJANI:** I'm -- you're quite right, Dr.
3 Poston. What we will do is we will issue a
4 page change to this report and -- and make that
5 correction so it's clear that it is an
6 inference that that could possibly be the
7 source. But the rest of it is very clear that
8 it may not -- it may not be the source.

9 **DR. POSTON:** You have made my point. Thank
10 you.

11 **DR. MAKHIJANI:** No, I did, I'm agreeing.

12 **DR. POSTON:** Yeah, like I say, you did very...

13 **DR. MAKHIJANI:** That's (unintelligible) --

14 **DR. ZIEMER:** I think the gentleman from Dow --
15 or from Chapman had an additional comment.

16 **MR. PETERSON:** (Off microphone)

17 (Unintelligible)

18 **DR. ZIEMER:** Use the mike, please.

19 **MR. PETERSON:** (Off microphone)

20 (Unintelligible) actually quite a number of
21 comments. One being a inference or being
22 proactive, it appears to me or what I just
23 heard is we're not sure. That -- I think
24 that's what we heard. Maybe I'm wrong, but
25 there's documents that were presented that say

1 one thing and I just heard this gentleman say
2 another thing. And again I would go back to
3 the premise that we have to be proactive. If
4 we think it might be possible, then we have to
5 go on the assumption that it did happen. You
6 know, we -- we're making -- we're making
7 judgment calls with people's lives and issues
8 that happened based on well, it could have
9 happened. I -- I think -- I think the approach
10 should be if you don't know for sure, you can't
11 act in the negative. You have to act in the
12 positive or do more tests. If in fact we found
13 uranium in the building, you -- I just heard an
14 assumption that the manifolds could not be in
15 the building. I'm a registered architect. I
16 could sit here and tell you that I don't care
17 what size they are, they make buildings and
18 they make doors and they move space shuttles in
19 and out of buildings. You cannot make a
20 statement that a particular item that you built
21 cannot be housed in a building, moved out of a
22 building and put on a loading deck. That's an
23 absurd assumption, as far as I'm concerned.
24 You know it and I know it. So we're -- we're
25 compounding our assumptions to come up with a

1 conclusion that are based on assumptions that
2 we have no right saying. And I guess -- I
3 guess that's my concern. Unfortunately, this
4 gentleman -- he's restricted as to his
5 investigation because he has to go on
6 information that originally by an agency that
7 we're -- we're supposed to be looking at in
8 terms of were their assumptions correct. And -
9 - and I guess that gives me a very bad feeling
10 that all I heard today was maybe, maybe not,
11 and no real conclusive evidence and we're
12 dealing with a lot of scientists here, a lot of
13 brain power here and I don't hear anything
14 conclusive. I hear people making assumptions.

15 **DR. ZIEMER:** Let me make two comments, somewhat
16 in reaction to that. Number one, the
17 restrictions on the contractor are set by this
18 Board, not by NIOSH.

19 **MR. PETERSON:** Okay, fine.

20 **DR. ZIEMER:** We -- we define the task for them,
21 so NIOSH did not restrict them in any way.
22 Number two, I think Dr. Poston described the
23 process that is used in terms of -- to handle
24 uncertainties. John, I think you described it
25 well, and that is to make the assumptions that

1 every worker got the highest exposure found,
2 every work day of their -- of their time. So
3 if there was contamination there, then that --
4 that -- those kind of assumptions, those worst-
5 case assumptions, are -- are intended to cover
6 that.

7 Now we -- we all -- we all know that if -- if
8 we make a worst-case assumption, I can always
9 think of something worse than the worst-case
10 assumption. But within reason, not just in
11 Chapman Valve but in many of these cases, the
12 bounding -- the bounding assumption or the
13 bounding calculations made by NIOSH are
14 intended to cover those uncertainties.

15 Actually we have found in -- in many cases the
16 better we know the data, the lower the
17 exposures tend to be. These bounding
18 assumptions are extremely user-friendly, if I
19 can use that term. They're not 100 percent
20 certain, but that -- that is the intent. We
21 recognize -- not just here, but in almost every
22 case -- there are uncertainties and that's
23 built into the system. So that -- that --
24 nonetheless, we understand the point you made.
25 We -- we don't know whether these -- these

1 manifolds were inside or outside, but --
2 although at this point the -- they -- they are
3 not there during -- during the time interval.
4 The contamination was. John's -- the
5 description of his calculation is intended to
6 cover that. Whether it does or not, the Board
7 members have to make that determination as to
8 whether that satisfies their concerns or not.

9 **MR. PETERSON:** I -- I guess the only point I
10 would make --

11 **DR. BRANCHE:** Please use the microphone.

12 **MR. PETERSON:** Oh. I guess the only point I
13 would make, and correct me if I'm wrong, they
14 were not put in the calculation to -- to reach
15 a level. If -- if the manifolds -- we're --
16 we're stating as far as coming up with the
17 criteria to gauge the amount of exposure, the
18 manifolds were looked at as being neutral.
19 Correct?

20 **UNIDENTIFIED:** Yes.

21 **MR. PETERSON:** They were looked at as not being
22 contaminated.

23 **DR. ZIEMER:** If the contamination -- in spite
24 of the manifolds, if the contamination is
25 present during that period, if it's

1 contributing -- for example, number one, to
2 external, that's covered. If it's con--

3 **MR. PETERSON:** No, but you -- you're doing a
4 reconstruction. You're doing an assumption.
5 You're creating a value level, and in creating
6 that value level the manifolds are not part of
7 that value level. Is that my understanding?

8 **DR. POSTON:** Well, fir-- let me see if I can
9 clarify this. First, we have no evidence that
10 they were contaminated or not contaminated.
11 Okay?

12 **MR. PETERSON:** (Unintelligible)

13 **DR. POSTON:** Now we had this one person, and
14 Arjun has correctly corrected his statement,
15 saying potentially contaminated because there
16 was a sample taken outside of the building that
17 in 19--

18 **UNIDENTIFIED:** Inside the building.

19 **DR. ZIEMER:** Inside the building.

20 **DR. POSTON:** -- inside the building that in
21 1992 or something that showed elevated levels
22 of uranium-235. That -- that -- that was not
23 taken into --

24 **MR. PETERSON:** Account.

25 **DR. POSTON:** -- account in the worst-case

1 bounding sort of calculation of the dose.

2 **MR. PETERSON:** We're saying the same thing. I
3 guess that's my point. That -- that has not
4 been factored into the level.

5 **DR. POSTON:** But that wa--

6 **MR. GRIFFON:** Right, but that's not it.

7 **MR. PETERSON:** Well, I -- I don't know, I'm not
8 a scientist or -- I'm -- I'm just saying --

9 **DR. POSTON:** Yeah, let --

10 **MR. PETERSON:** -- that's just one item.

11 **DR. NETON:** I don't want to engage in argument
12 or anything, but I just wanted to point out
13 that it was -- the activity that was found was
14 120 picocuries per gram, a fairly low level of
15 activity, the dose of which would be very minor
16 compared to what we've assigned to these
17 workers based on the measurement of uranium in
18 their urines, which were taken on-site. So --

19 **MR. PETERSON:** But it would be added to that.

20 **DR. NETON:** Well, it -- it depends. I mean we
21 do have contem-- we had contemporaneous urine
22 measurements on the people. If -- if -- worst
23 case scenario is if they were all exposed to
24 enriched uranium, it would essentially double
25 their dose. I mean if -- if we -- if we, for

1 some reason, had no knowledge that two percent
2 enriched uranium was processed at this site as
3 opposed to natural, which I don't believe is
4 the case, the net difference would be a factor
5 of two difference, approximately, in the dose
6 based on our calculations. So it -- it could
7 be factored in if we did find out that there
8 was indeed enriched uranium. And -- and that
9 certainly would be bounding and, again, we --
10 we could do that if -- if we did have
11 information to that effect.

12 **DR. ZIEMER:** Dr. Melius.

13 **DR. MELIUS:** Yeah. I mean -- but isn't the
14 real point about the potentially enriched
15 uranium sample -- hopefully I'm correct on that
16 -- is whether or not we have -- whether or not
17 we are aware of all the activities that have
18 gone on at that site. If there were additional
19 activities, then the question is what were
20 they, what time period, and would they further
21 contribute to dose. And I'll remind you that
22 originally the Dean Street facility was not
23 part of this because DOE had not designated --
24 in fact, DOE came and tried to tell us that the
25 building had disappeared, et cetera, and lo and

1 behold, we found that there were -- you know,
2 operations there that's now part of the
3 facility. So I think the question is do we
4 have -- what do we make of this -- this sample
5 and -- as well as the information from this one
6 person who's reported, and how do we resolve
7 that and has there been sort of due diligence -
8 - you know, again, not on the part of NIOSH but
9 on the part of DOE -- in terms of -- of
10 evaluating the operations that were on the site
11 and -- and designating the site.
12 Also remind you that as we -- looking at other
13 older industrial facilities of this type,
14 general type, I think some of them that we've
15 looked at -- in fact, one we looked at earlier
16 today where we're lacking information we are
17 des-- basically designating the whole site as a
18 -- everybody working there as being part of the
19 SEC because there's so much uncertainty about
20 operations and so forth so -- at those sites
21 that NIOSH is not able to describe those
22 operations in a way that's sufficient to
23 develop appropriate individual dose
24 reconstruction. So I think there's also an
25 issue of how are we being consistent with --

1 with what we're doing in -- in other instances.
2 Now not to say there isn't other information on
3 Chapman that may indicate otherwise, but -- but
4 I think -- you know, some of us are very
5 concerned and suspicious about trying to
6 understand this site better and understand the
7 operations there and -- and trying to
8 understand this -- this sample and, again, it's
9 not the situation were we can go back and
10 recreate or resample or whatever. It's -- we
11 have limited information and I think we're
12 trying to understand it and what its
13 implications are in terms of operations at that
14 facility as opposed to particularly exposures
15 at that facility. Go ahead, Jim.

16 **DR. NETON:** Yeah, I just -- just a couple of
17 comments on that. I think this is somewhat
18 different than some of the other facilities
19 we've looked at because indeed the exposure
20 that was discussed in those facilities was part
21 of the certified covered exposure period by the
22 Department of Energy. Right now we have no
23 covered period in 1943 to 1944 to even
24 evaluate. We would do that if the Department
25 of Energy said yes, there were covered

1 activities there. They've exercised a lot of
2 due diligence, in my mind. In fact, a lot of
3 things had to happen to make this sample a
4 problem. One is it has to be enriched uranium,
5 which I'm still not convinced it is, that it's
6 -- it's -- delayed neutron measurement to
7 establish enriched uranium, which is what their
8 procedure says, is a fairly uncertain
9 measurement technique. Secondly, there are
10 FUSRAP data in '92 and '97, none of which
11 recovered any evidence of additional enriched
12 uranium samples at the site at all. Third,
13 were manifolds shipped back that were
14 contaminated -- were they shipped back at all,
15 or were they actually factory acceptance test
16 pumps. And if they were shipped back, were the
17 contaminated. A lot of things have to happen
18 for that scenario to play out, and it just
19 seems to me the weight of the evidence right
20 now is not there.

21 **DR. ZIEMER:** Any other comments or questions.
22 Yeah, Mark.

23 **MR. GRIFFON:** Yeah, just a -- a call out to Jim
24 on that. When you were up here at the podium
25 before you mentioned that there were -- you

1 mentioned the radium issue or -- or the --
2 someone had raised early on in the --

3 **DR. NETON:** Yeah.

4 **MR. GRIFFON:** -- and you followed up by saying,
5 which -- which -- this is where I stand, is
6 there's a lot of unknowns here, even if -- you
7 know, is this an enriched sample, you know, and
8 -- and you said --

9 **DR. NETON:** Yeah, I agree.

10 **MR. GRIFFON:** -- right up here, there's a lot
11 of unknowns here. That's the question, I
12 think. If it was radium interference, maybe
13 they were working on radium beads, I don't
14 know, but that's another operation that we
15 don't know about, so I guess that's the
16 question, going back to the operations
17 question.

18 **DR. NETON:** That -- that activity, to my
19 knowledge, was not -- not carried out in
20 Building 23 during 1948-'49 --

21 **MR. GRIFFON:** Well, not to mine, either, based
22 on what we're seeing --

23 **DR. NETON:** -- but remember --

24 **MR. GRIFFON:** -- yeah.

25 **DR. NETON:** -- this is 1048-'49, Building 23

1 and Dean Street are the covered facilities.

2 **MR. GRIFFON:** Right.

3 **DR. NETON:** The other buildings are not part of
4 the class definition. And those radium
5 activities were carried out elsewhere, if there
6 were indeed, I mean --

7 **MR. GRIFFON:** Oh, but I thought you were
8 referring to those, that they might have been
9 in-- the reason --

10 **DR. NETON:** Well --

11 **MR. GRIFFON:** -- for interference with that
12 enriched uranium sample.

13 **DR. NETON:** It could have been near the loading
14 dock --

15 **MR. GRIFFON:** That's Building 23.

16 **DR. NETON:** It could have ended up there
17 because there was a pile -- if you look at
18 pictures in the H. K. Ferguson report, there's
19 a pile of material laying over where -- where
20 that sample may have been taken. In fact, this
21 was not -- this was sort of a dust sample.
22 They had to --

23 **MR. GRIFFON:** Yeah.

24 **DR. NETON:** -- the way they described it, they
25 almost like kind of scooped it up and got a

1 sample of some contaminated dust, if you will,
2 so -- so I -- I'm not sure, but it's -- the
3 radium sources were asserted to have been used
4 by one of -- one of the site experts.

5 **DR. ZIEMER:** Okay, any other comments?

6 (No responses)

7 Board members, are you at a position where
8 you're prepared to take action on this? We're
9 late in the day. We have -- we need a break
10 before public comment period. We can continue
11 the discussion further or if you've heard as
12 much as you wish, we -- we -- it would be also
13 in order to have a motion, so -- one way or the
14 other.

15 **MS. MUNN:** (Off microphone) (Unintelligible)

16 **DR. POSTON:** Is that true?

17 **MS. MUNN:** Could we prepare the motion for
18 tomorrow morning?

19 **DR. ZIEMER:** We can have a motion.

20 **DR. POSTON:** We already had a motion and
21 (unintelligible).

22 **DR. ZIEMER:** Well, one of the options is to do
23 nothing. I guess that's an option. We've had
24 a motion on this, als-- and we -- we ha-- the
25 vote was split.

1 **MR. GRIFFON:** Right.

2 **DR. ZIEMER:** It was a -- we had a 6-6 split on
3 Chapman the last time. The effect of a -- of a
4 6-6 vote is that there is no recommendation
5 sent forward. It has the same effect as a
6 motion to deny the petition. I'm asking if
7 there's a motion -- we've had some additional
8 information that's been looked at and so on.
9 If the Board wishes to make a motion, you're
10 entitled to do that.

11 **DR. BRANCHE:** You would first need to vote to
12 take the motion off the table.

13 **DR. POSTON:** It's not on the table.

14 **DR. ZIEMER:** There's no motion on the table.

15 **DR. BRANCHE:** No, to put it back on the table.
16 You've tabled this issue --

17 **DR. POSTON:** No, we have not.

18 **DR. ZIEMER:** No, no --

19 **DR. POSTON:** That was incorrect.

20 **DR. ZIEMER:** -- the motion has never been
21 tabled, we --

22 **DR. BRANCHE:** Okay.

23 **MS. HOWELL:** I think the split --

24 **DR. ZIEMER:** -- had a vo-- huh?

25 **DR. POSTON:** The vote --

1 DR. BRANCHE: I -- I gotcha. The split
2 effectively tabled it.

3 MS. HOWELL: Yes.

4 DR. POSTON: No.

5 MS. HOWELL: You -- you would be voting -- you
6 would be picking that back up because as a
7 split vote there was no Board decision so this
8 issue has never been --

9 DR. BRANCHE: Officially tabled.

10 MS. HOWELL: -- officially determined.

11 DR. ZIEMER: Well, okay, if -- if we're going
12 to be -- do it parliamentary-wise, this has not
13 been tabled, but you can always vote to
14 reconsider.

15 MS. HOWELL: Right.

16 DR. ZIEMER: A vote to reconsider would put it
17 back on the table.

18 MS. HOWELL: I'm not saying it was tabled. I'm
19 saying you're bringing it back --

20 DR. ZIEMER: Right.

21 MS. HOWELL: -- up for a vote.

22 DR. ZIEMER: We can vote to reconsid--

23 DR. BRANCHE: So the motion as it was is what
24 you're --

25 MS. HOWELL: Yes.

1 **DR. ZIEMER:** Yeah. A motion to reconsider
2 would be in order, and -- and you have to vote
3 to reconsider, and then you have the motion to
4 deal with if you -- if reconsideration is -- is
5 approved.

6 **DR. MELIUS:** Perhaps we should refer this to a
7 workgroup on *Roberts' Rules of Order* to...

8 **DR. ZIEMER:** Wanda Munn.

9 **MS. MUNN:** If a vote -- if -- if a motion to
10 reconsider is in order, I so move.

11 **DR. ZIEMER:** Okay, there's a motion to
12 reconsider. Is there a second to the motion to
13 reconsider? If -- if there is --

14 **MR. PRESLEY:** Bob Presley, and I'll second that
15 motion.

16 **DR. ZIEMER:** Okay, I hear a -- hear a second.
17 Let me instruct you, if the motion to
18 reconsider comes before us, then we will be
19 considering the motion that we had before. My
20 recollection is that that was a motion to deny
21 the petition.

22 **MS. MUNN:** I believe that's correct.

23 **DR. POSTON:** That's correct.

24 **DR. ZIEMER:** But what I'm going to suggest to
25 you that if we pass the motion to reconsider --

1 **UNIDENTIFIED:** (Unintelligible)

2 **DR. ZIEMER:** -- if we pass the motion to
3 reconsider, then I'm going to suggest that we
4 do the reconsideration tomorrow after we have a
5 chance to confirm the nature of the original
6 motion. Is that a -- would that be -- well --

7 **MR. CLAWSON:** That'd be agreeable with me.

8 **DR. ZIEMER:** Okay. All in favor of
9 reconsidering, say aye.

10 (Affirmative responses)

11 Any opposed?

12 (No responses)

13 Mr. Presley, did you vote?

14 **DR. BRANCHE:** He seconded the motion.

15 **MR. PRESLEY:** Bob Presley.

16 **DR. ZIEMER:** Thank you. So the motion to
17 reconsider has been approved and we will
18 reconsider then -- is it agreeable with the
19 assembly that we do this tomorrow, in view of
20 both the time and the need to get the wording
21 of the original motion that we handled before?

22 **MS. MUNN:** Yes, please.

23 **DR. ZIEMER:** I hear no objections. I think
24 with that I'm going to postpone anything on the
25 Mound issue till the public comment period

1 because it's simply reading a letter into the
2 record.

3 It's now 5:30, this -- this assembly is going
4 to come back together at 7:30 for a public
5 comment period.

6 **DR. BRANCHE:** Only, strictly.

7 **DR. ZIEMER:** Strictly public comment at 7:30.
8 We will not be debating any motions at that
9 time.

10 Thank you very much, everyone, for your
11 attention. We will see you all in two hours.
12 (Whereupon, a recess was taken from 5:35 p.m.
13 to 7:30 p.m.)

14 **PUBLIC COMMENT**

15 **DR. ZIEMER:** Good evening, everyone. If you
16 would take your seats, we're going to begin the
17 public comment session of our Board meeting
18 this evening.

19 I should tell you in advance that we do not
20 have a large number of individuals who have
21 indicated that they wish to speak. But
22 nonetheless, we will hear from several.

23 Before we call on our speakers, I'm going to
24 ask our Designated Federal Official, Dr.

25 Christine Branche, to give us some ground rules

1 as far as the policies are concerned on
2 redaction and related things. And I will also
3 tell you that we have an operating Board rule
4 that the individual comments are limited to ten
5 minutes. So Dr. Branche.

6 **DR. BRANCHE:** Thank you. I want to make sure
7 people are -- Mr. Presley, can you hear me?

8 **MR. PRESLEY:** Yes, I can.

9 **DR. BRANCHE:** Okay, thank you. I just want to
10 make sure the line is open.

11 Our policy on redaction of Board meeting
12 transcripts are as follows: If a person making
13 a comment gives his or her name, no attempt
14 will be made to redact that name. NIOSH will
15 take responsible steps to ensure that
16 individuals making public comment are aware of
17 the fact that their comments, including their
18 name, if provided, will appear in a transcript
19 of the meeting posted on a public web site.
20 Such reasonable steps include the statement
21 that I'm reading now at the start of this
22 meeting. When people signed up today and
23 yesterday, a printed copy of the -- of this
24 redaction policy was available on display at
25 the table where they signed up. A statement of

1 our redaction policy was appended to the NIOSH
2 web site along with the agenda for this
3 meeting. And also our redaction statement was
4 also included with the *Federal Register* notice
5 for this meeting.

6 If an individual in making a statement this
7 evening reveals personal information, such as
8 medical information about themselves, that
9 information will not usually be redacted. The
10 NIOSH Federal -- sorry -- Freedom of
11 Information Act coordinator will, however,
12 review such revelations in accordance with the
13 Freedom of Information Act and the Federal
14 Advisory Act -- excuse me -- the Federal
15 Advisory Committee Act and, if deemed
16 appropriate, will redact such information. All
17 disclosures of information concerning third
18 parties will be redacted.

19 And if you'd like to make a statement but not
20 reveal your name, I would ask that you come to
21 see me -- well, now.

22 And for those persons participating by phone,
23 if you could please mute your phone. And if
24 you do not have a mute button, please dial
25 star-6. And then when you are ready to speak,

1 you may still either use your mute button or
2 use that same star-6 to unmute your phone when
3 you're ready to speak. It is important that
4 everyone use the mute button or the star-6
5 feature because the people participating by
6 phone will end up with a very unclear
7 transmission of this portion of our meeting,
8 and they will not be able to hear everything.
9 I'm concerned that I still hear some background
10 noise, so that person, if you could please mute
11 your phone. Oh, there's still some background
12 noise. Somebody has a radio.

13 **MR. PRESLEY:** Christine?

14 **DR. BRANCHE:** Yes?

15 **MR. PRESLEY:** Somebody's -- somebody's (break
16 in transmission) their telephone on a (break in
17 transmission) that's got (break in
18 transmission) signal on.

19 **DR. BRANCHE:** Will that -- and here's a case in
20 point. I only got every other word and only
21 part of those words, Mr. Presley, so I think we
22 just need to go ahead and get started. Thank
23 you for muting.

24 **UNIDENTIFIED:** It appears that someone put
25 their phone on hold.

1 **AV TECH:** I can -- I can turn it off and you
2 won't hear, but only when (unintelligible)
3 you're going to have a problem.

4 **DR. ZIEMER:** The people on the line may not be
5 able to hear -- hear the presentations since
6 somebody on the line apparently is causing
7 noise through their "hold" system instead of a
8 mute system. So if your phone is on "hold"
9 rather than "mute" -- although if it's on
10 "hold," you're probably not around to take care
11 of this. I don't know the answer to that,
12 but...

13 **MR. CLAWSON:** We could call and have that
14 disconnected.

15 **UNIDENTIFIED:** Dr. Branche, I think you can get
16 (break in transmission).

17 **DR. ZIEMER:** Say it again.

18 **DR. BRANCHE:** Ms. Bon-- Ms. Bonsignore, what
19 were you saying? Someone was trying to get my
20 attention?

21 **MS. BONSIGNORE:** I wasn't speaking.

22 **DR. ZIEMER:** It was someone else.

23 **DR. BRANCHE:** Okay, it was someone else.
24 Forgive me.

25 **DR. ZIEMER:** Okay, we're going to proceed.

1 First of all, we have two Congressional letters
2 that we want to enter into the record. One's
3 from I believe Senator Kennedy's office and I
4 forget -- the other one was perhaps from the
5 Ohio -- was it a Mound letter?

6 **MR. BROEHM:** Yeah, the second one's a Mound
7 letter.

8 **DR. ZIEMER:** Okay. So Jason's going to read
9 those letters into the record for us first.

10 **MR. BROEHM:** Okay. So the first letter was
11 addressed to Dr. John Howard, Dr. Lewis Wade
12 and Dr. Paul Ziemer, dated April 2nd, 2008.
13 This was cosigned by Senator Edward M. Kennedy,
14 Senator John F. Kerry and Representative
15 Richard E. Neal about the Chapman Valve site.
16 And we were going to read this in later, but
17 the discussion kind of got ahead of us.

18 (Reading) Dear Dr. Howard, Dr. Wade and Dr.
19 Ziemer, we're writing to bring your attention
20 to the Special Exposure Cohort petition filed
21 by former employees of the Chapman Valve
22 Manufacturing Company of Indian Orchard,
23 Massachusetts, pursuant to the Energy Employees
24 Occupational Illness Compensation Program Act.
25 The company was involved in the nation's

1 nuclear weapons program in the 1940s, and its
2 employees were exposed to radioactive materials
3 in their work. Cleanup activities took place
4 from 1991 to 1995 under the Formerly Utilized
5 Sites Remedial Action Program of the Department
6 of Energy.

7 The Chapman Valve petition was filed on August
8 18, 2005. It was qualified on November 9th,
9 2005, and was submitted to the Advisory Board
10 on August 8th, 2006, nearly six months after
11 the statutory deadline for completion.

12 Petitioners have been waiting for a
13 determination from the Advisory Board for more
14 than two and a half years.

15 Last month Sanford Cohen and Associates, the
16 Advisory Board's experts, issued a new report
17 on Chapman Valve in which they conclusively
18 determined that enriched uranium was present in
19 the Chapman Valve facility. The report
20 concludes, however, that we are still no closer
21 to determining exactly when and how the uranium
22 came to be at the facility.

23 It is now seven years since Congress enacted
24 EEOICPA. A primary motivation for this
25 legislation was the need to expeditiously

1 compensate workers and their surviving family
2 members. The statute specifically states that
3 the purpose of the program is to provide,
4 quote, timely compensation, unquote, for these
5 Cold War victims. The Special Exposure Cohort
6 is Congress's acknowledgement that, because
7 these were programs carried out in secret more
8 than 50 years ago, many workers would not have
9 the records they need to prove their claims.
10 The Special Exposure Cohort process was
11 specifically designed to ensure compensation
12 for workers whose records are not available.
13 Congress clearly did not intend them to get
14 trapped in an endless search for records that
15 no longer exist.
16 Yet the Chapman Valve petitioners have been
17 forced into just such an endless search. Over
18 the past two and a half years their petition
19 has been debated and discussed repeatedly at
20 Advisory Board meetings, without conclusion.
21 The Advisory Board has asked the Department of
22 Energy to go back time and again to review its
23 records, and yet the latest report by Sanford
24 Cohen and Associates makes clear that NIOSH
25 still lacks the information needed to make an

1 accurate dose reconstruction for the Chapman
2 Valve petitioners and their families, the
3 program has obviously failed to fulfill its
4 promise.

5 It is unfair to ask these petitioners to wait
6 any longer while the Department of energy
7 endeavors to pursue even more avenues of
8 possible evidence raised by the latest report.
9 We ask the Advisory Board to fulfill its duty
10 and grant the Chapman Valve petition as soon as
11 possible. The hard-working men and women of
12 Chapman Valve have waited too long for the
13 compensation they deserve from our country for
14 their sacrifices.

15 Thank you for your consideration of this issue.
16 If you have any questions or additional
17 information to provide, please contact Sharon
18 Block in Senator Kennedy's office at 202-224-
19 5441.

20 With respect and appreciation, sincerely,
21 Edward M. Kennedy, John F. Kerry, Richard E.
22 Neal.

23 Then the second letter is addressed to Dr.
24 Ziemer, and really to the whole Board, by
25 Representative Michael R. Turner from Ohio.

1 This is about Mound.

2 (Reading) Dear Dr. Ziemer, I am writing in
3 support of the Special Exposure Cohort petition
4 0090 and 0091 for former Mound employees whose
5 dates of employment are between 1959 and the
6 plant's closure. Granting these petitions in
7 full would assist workers who could be victims
8 of a magnitude of potential exposures to
9 radiation and other toxins used and handled at
10 the Mound facility.

11 It is my understanding that Mound employees who
12 were employed between the dates of 1949 and
13 1959 have recently been granted SEC status. I
14 thank the Advisory Board for their efforts in
15 ensuring those workers were granted this
16 special status.

17 Former Mound workers have dedicated years of
18 service to this facility, and many have
19 incurred health problems as a result of the
20 dangerous nature of their employment.

21 Additionally, in order to properly assess
22 benefits, workers must attempt to reconstruct
23 old employment records that may no longer exist
24 or are otherwise incomplete. It is my hope the
25 Advisory Board will help alleviate the health

1 issue affecting these workers by recommending
2 them SEC status for workers from 1959 until the
3 facility's closure.

4 Sincerely, Michael R. Turner, Member of
5 Congress.

6 **DR. ZIEMER:** Thank you very much. Next we'll
7 hear from Donna Hand, who represents the
8 Nuclear Workers of Florida, Pinellas. Donna,
9 welcome.

10 Just push that down a little bit, or tilt it
11 down will be fine.

12 **MS. HAND:** I want to thank you very much for,
13 you know, coming to Florida and giving me the
14 opportunity to be educated and where do I get
15 my certificate on 101 Advisory Board meetings?
16 All right?

17 And then as a same token, I want to thank you
18 and as a claimant, as a private citizen and as
19 a worker advocacy for all your time and energy,
20 because I have seen first-hand how much time
21 and energy you have spent on all these claims,
22 and I really, really appreciate that you are
23 really, really looking after the worker, as
24 well as making sure that the law is fulfilled.
25 Myself and a introduction to Pinellas plant,

1 I'm going to -- I don't have enough but we --
2 you can share.

3 **DR. BRANCHE:** Can I help you? I'll hand these
4 out.

5 **MS. HAND:** Okay. The Pinellas plant, as you
6 know, was a neutron device facility. I got
7 these facts not only from the site description
8 that NIOSH has, as well as the baseline report
9 that you can get from the Department of
10 Environment Protection on the decontamination,
11 but also there's Pinellas flat -- plant facts
12 that you can get when you Google GE ND into the
13 DOE OSTI web site.

14 As you can see from the Pinellas plant pro--
15 site profile, there was ion silirators (sic),
16 pneumatic seals, high voltage generation,
17 lightning arresters, special decapacitors,
18 vacuum systems -- now these were glass vacuum
19 systems -- crystal resonators, active and
20 reserve batteries and radioisotopically-powered
21 thermoelectric generators.

22 This facility, especially Building 100, was a
23 warehouse-type facility. That means that it --
24 that there were partitions, that the ceiling
25 did not -- you know, and the walls did not go

1 up to the wall -- the ceiling in this
2 warehouse, and therefore all the radionuclides
3 was exposed everywhere. In fact, when they did
4 the decontamination, one of the cement walls
5 that was supposed to have had a lead panel in
6 it did not have the lead panel in it.
7 The only monitoring that was done was a finger,
8 a wrist and two whole badges, dosimeters (sic).
9 These whole badge dosimeters were sensitive to
10 some radionuclides and insensitive to others.
11 From 1954 to 1980 only 27 percent of the
12 employees were monitored. From 1980 to 1996
13 when they closed, only 14 percent were
14 monitored. And again, these monitors were not
15 adequate. Some of the reports that you would
16 find would have zero, some of them just said
17 that they met the minimum detection, that's it.
18 So therefore they weren't really accurate
19 because, as you know and you have done --
20 excuse me -- in other facility sites that a
21 zero is not adequate at all on a radiation
22 dosimeter (sic).
23 If you go next to the next page, you'll see a
24 list of 28 radionuclides. The list of these 28
25 radionuclides was confirmed by DOE to be

1 present at the Pinellas plant. Also, because
2 they are -- according to the definition of the
3 40 CFR (unintelligible) also the Atomic Energy
4 Act, and 20 CFR 1910, there's already been
5 determined a significant health effect,
6 according to the (unintelligible) Supreme Court
7 requirement before these substances could be
8 added to this list.

9 Besides the radionuclides are other 733 toxic
10 substances. The sitometrics* that DOL has only
11 lists 433.

12 Anyway, your concern is the 28 radionuclides,
13 because you're concerned with ionizing
14 radiation.

15 Again, that came from the Pinellas plant
16 environment baseline report. I need a podium.
17 Okay, the next page you'll see is a chronicle
18 list of unusual events. These are all the
19 unusual events that happened at the facility,
20 so therefore these are all incidents. Even
21 though the employee may not have been right
22 there, because this warehouse-type effect and
23 the residual contamination afterwards, they
24 were still exposed to that ionizing radiation.
25 Also which is not on this list but was

1 confirmed when we received a file from DOL,
2 there was a plutonium fire in 1973 at this
3 facility in Building 200.

4 Again you'll see the radio-producing equipment.
5 There's a list of a whole bunch of equipment
6 that would have radiation-producing on it as
7 well. These radio equipment was cleaned by
8 people that were not monitored. They were also
9 worked and maintained on by people, again, that
10 were not monitored. And several -- several
11 reports we've been finding out, when we get the
12 entire file from DOL or DOE, that these people
13 were injured while working on these equipment.
14 If they're injured, they're required to, in
15 your dose reconstruction, to have a wound
16 guidance bulletin and to have run multiple
17 myeloma and/or other ill-defined sites. None
18 of the dose reconstructions have attempted to
19 do this.

20 You'll see a report from the health physics
21 Pinellas plant. It (unintelligible) tritium,
22 krypton, radiation generators, neutron
23 generators and calibration sources. It goes on
24 to explain the badges, the -- the neutrons, et
25 cetera, et cetera, and the -- like I said, the

1 finger and the rings.

2 I have requested, under the Freedom of
3 Information Act, a copy of the dosometer (sic)
4 readings from the fingers, wrist and the two
5 whole bodies from NIOSH, because this is what
6 they're supposed to use when they determine an
7 unmonitored -- so far, to date, I have not
8 received it.

9 You'll see a dose reconstruction view -- review
10 -- overreview (sic). Some of the lettering or
11 wording of this is very confusing. For
12 example, claimant favorable assumptions are in
13 addition to this report, but even under these
14 assumptions NIOSH has determined that further
15 research and analysis will not produce a level
16 of radiation. How do they know, they haven't
17 con-- taken all in relevant factors. They
18 haven't taken (sic) in the injuries. They
19 haven't took in neutron doses. And you've
20 already done several, several facilities
21 regarding neutron doses. You've also regarded
22 several industries or sites regarding tritium.
23 And as you know that the tritium
24 radiocobiological (sic) effect when it hits
25 water, where does it go to? In the body. This

1 is a human area. This was a pretty hot area so
2 people would sweat, so therefore absorption
3 through the skin was very, very high.
4 Again on the next page, dose estimate, as you
5 can see, they confirm that this was classified
6 waste that this person got injured on, that he
7 may have been exposed to photon, electron and
8 neutron radiation, but they were not considered
9 in the external dose. Why weren't they?
10 Wasn't this part of your guidelines? They had
11 the potential of the exposure and that's all
12 that is required by the law.
13 There was an insignificant amount of dose
14 received so therefore they ignored that. It
15 doesn't matter what type of dose or level of
16 dose, these are not standards. These are
17 potential exposures, period. That's what your
18 methods say. That's what your guideline says,
19 and that's what your law says 'cause it says
20 radiation-related illnesses.
21 And again they said incidental exposures may
22 have included neutron doses, but the only
23 unmonitored dose assigned was photon. Why not
24 the other? Aren't you supposed to include all
25 the ionizing radiation in your external and

1 your internal? Are you not required to use
2 inhalation, ingestion, absorption and
3 injection, and the injection is all the
4 injuries.

5 Some of these areas were unconfined radioaction
6 -- radioactive areas, so then therefore these
7 workers could be exposed because just walking
8 by it or what-- and also their cafeteria. In
9 order to get to the cafeteria, he had to walk
10 through the machine shop or right by the
11 machine shop area. The machine shop area was a
12 high radioactive area because of the oil and et
13 cetera, et cetera.

14 No unmonitored neutron doses were assigned
15 again. The internal doses, as you can see,
16 they've -- confirm and they state the rems, and
17 then they go to the uncertainties. Since this
18 was a high uncertainty because the person was
19 unmonitored, he was a janitor that worked in
20 decontamination. He was noted in a file that
21 he was cut on his left wrist with classified
22 radioactive waste but none of these relative
23 facts were taken into account. You can see
24 that the IREP input program over in -- they ran
25 it all constant, and then they put in the

1 perimeter (sic) one, .129? Point one, when
2 your technical information document, June 2002,
3 says this would be a hybrid of 30 to 250 keVs
4 with the perimeters (sic) of being lognormal
5 and one to five. If you're going to do the
6 constant, then you should look at every single
7 area, who had the highest dosimeter (sic)
8 reading in that area, and the 95th percentile
9 of that person's reading. So that means for
10 every year and every location that every worker
11 went to, they would have had to calculate that,
12 and that is very time-consuming and I think
13 that's why you passed that June 2002 NIOSH
14 technical information document.
15 Again, I enlarged it so you could see, because
16 what the claimants get is that smaller version.
17 You're talking about elderly people. They
18 can't read it, so...
19 Again I put into the guidance on wound
20 modeling, even though it addresses plutonium,
21 at the very end it says this can go for all
22 radionuclides.
23 Pinellas plant is one of the ten that's been
24 put on the shelf. It was done in 2006 by SC&A.
25 Certain questions were asked. To this date,

1 nothing's been addressed by NIOSH or anyone
2 else. Because they have not been addressed,
3 the health physicist for NIOSH will not comment
4 on a draft. Because they have not been
5 addressed, these workers are being denied the
6 law by really getting to all the external,
7 internal and environmental radiation exposures
8 from all ionizing radiation because even an
9 environmental report done by Oak Ridge at this
10 facility, if a claimant sat out on that north
11 porch overlooking the pond, they could get over
12 2,000 bcqs. Now I'm just a country farmer
13 girl. I don't know what bcqs are, but I know
14 it's a lot for just a person just sitting out
15 there looking at the scenery.

16 Really in conclusion is that why does NIOSH not
17 include things according to your own guidelines
18 in the dose reconstruction? Why does DOL not
19 abide by your guidelines for probability of
20 causation? 42 CFR 81.21 says all cancers, even
21 precancers, neoplasms unknown or uncertainty
22 shall be considered as malignant neoplasms.
23 DOL refuses to send over precancers. In fact,
24 DOL has a bulletin, 614, that lists cancers in
25 that that is not radiogenic cancers, no known

1 medical significance. That's not what the law
2 says. That is not their authority nor the
3 responsibility. By law, that was given to
4 NIOSH, HHS. They are the ones to determine all
5 the cancers by the probability of causation
6 guidelines. NIOSH was supposed to require to
7 do the dose reconstruction as methods that this
8 Board has determined, and I haven't seen any
9 Code of Federal Regulations where this Board
10 has changed any of those methods yet. Some of
11 them I think you have addressed as far as
12 technical bulletins and have through Oak Ridge,
13 but you -- the basic method you have not
14 changed. The only one that I'm still confusing
15 of and I'm still having a lesson on is your
16 Monte Carlo simulation, and I'm sure some of
17 you know what I'm talking about, others do not.
18 But what basic line is is that in order to be
19 claimant friendly, your photons are supposed to
20 be acute. We don't care if they got exposed to
21 chronically, they're supposed to be acute.
22 That's claimant friendly.
23 Your neutrons is supposed to be chronic. We
24 don't care if they got it at an acute exposure,
25 it's supposed to be chronic because that's

1 claimant friendly.

2 And that's all we're asking is that the
3 guidelines and the dose reconstruction methods
4 be ascertained as per as in the law for all the
5 Pinellas workers. If it cannot be done, then
6 please inform us. If it's just that they're
7 forgetting it, then, you know, they -- that
8 needs to be addressed because this is really
9 negligence of the law.

10 Thank you.

11 **DR. ZIEMER:** Okay. Thank you very much, Donna.
12 The next person I have on the list I think is
13 here by phone. That's Antoinette Bonsignore.
14 Antoinette, are you on the line?

15 **MS. BONSIGNORE:** Yes. Thank you, Dr. Ziemer.
16 My name is Antoinette Bonsignore and I'm
17 speaking tonight on behalf of the former Linde
18 workers and their families who, despite
19 repeated efforts to get basic information from
20 the Department of Labor regarding a request for
21 appeal for redesignation of the Linde facility
22 that eliminated residual radiation workers from
23 (unintelligible), the Linde workers have been
24 unable to get any response from the Department
25 of Labor to requests -- a letter that was

1 submitted to Peter Turcic on February 6th
2 requesting information about revisitation of
3 the decision and an opportunity to appeal that
4 decision.

5 Additionally, I would like to address two
6 issues that are related to the Department of
7 Label -- Labor's decision to redesignate the
8 Linde facility.

9 First, on February 20 Jeff Kotsch addressed the
10 Advisory Board regarding the redesignation
11 issue at Linde and a request was made by the
12 Board at that time for a written statement from
13 the Department of Labor explaining the reason
14 (unintelligible) the decision. That statement
15 was provided to the Board, but I have been
16 unable to get a copy of the statement 'cause
17 the Department of Labor designated the document
18 for Board use only. My question is, why are
19 the Linde workers being denied access to this
20 document, and what do the Linde workers need to
21 do at this point to get the Department of Labor
22 to respond to their February 6th letter?

23 Finally, I submitted an SEC petition covering
24 the residual radiation time period
25 (unintelligible) Linde last month and the

1 petition is currently under qualification
2 review. Our ability to pursue this petition is
3 directly affected by the Department of Labor's
4 decision about the redesignation and whether we
5 will be provided with an opportunity to appeal
6 that decision. It is imperative that the
7 Department of Labor provide an answer to the
8 request to appeal the redesignation decision
9 and stop denying the Linde workers access to
10 the basic (unintelligible) that directly
11 affects their rights under the Part B program.
12 Thank you.

13 **DR. ZIEMER:** Thank you, Antoinette. And
14 although, as you know, the Department of Labor
15 issues are not directly the responsibility of
16 this Board, I can tell you that Jeff Kotsch, as
17 well as some other Labor colleagues, are with
18 us today and they have heard your concerns, so
19 -- in fact, maybe Jeff is -- is actually
20 approaching the mike so he may have some
21 comments for you. Thank you.

22 **MS. BONSIGNORE:** Great, thank you.

23 **MR. KOTSCH:** Antoinette, we -- I know Labor ha-
24 - is in receipt of your -- what date is it --
25 February 6th, 2008 letter. I know they're

1 working on a response, I just don't know where
2 it -- it is. I know it's close to the end of
3 the process of getting out.

4 I did mention to the Board today that on Friday
5 I was informed that, as far as the residual
6 period, the decision was made, after review of
7 the 2004 amendments to the Act, that the
8 workers in Buildings 30, 31, 37 and 38, which
9 are the buildings that changed designation from
10 AWE status to DOE status, who worked -- so
11 people in those four buildings who worked only
12 during the residual radiation period are also
13 eligible for Part B benefits as atomic weapons
14 employees, even though they changed the status
15 of those buildings to a DOE facility. So that
16 -- you'll be seeing that -- that decision in
17 your letter whenever it -- when it arrives.

18 **MS. BONSIGNORE:** I'm -- I'm sorry -- I'm sorry,
19 Jeff, I -- I didn't quite understand what you
20 just (unintelligible).

21 **MR. KOTSCH:** Well, first of all, let me say
22 that this decision was made -- and only applies
23 to Linde Ceramics, but Buildings 30, 31, 37 and
24 38, which are the ones that changed status,
25 workers who worked only during the residual

1 radiation period will now be eligible for Part
2 B benefits as AWE employees.

3 **MS. BONSIGNORE:** Okay. So essentially the
4 decision (unintelligible) coverage has been
5 rescinded?

6 **MR. KOTSCH:** Yes, for -- as far as the review
7 for Linde Cer-- this is only applicable to
8 Linde Ceramics.

9 **MS. BONSIGNORE:** Right. Okay. I was not aware
10 that that decision had been made.

11 **MR. KOTSCH:** Oh, that was -- it's very recent.
12 Like I said, I got it con-- not going out the
13 door, but in a meeting on late Friday.

14 **MS. BONSIGNORE:** Okay. And so are -- has
15 Senator Schumer's office or Senator Clinton's
16 office been advised of this?

17 **MR. KOTSCH:** They will be. That -- that
18 information is also in letters that -- that
19 will be going to them.

20 **MS. BONSIGNORE:** Okay.

21 **DR. ZIEMER:** Okay, you may be the first to
22 know, Antoinette, so --

23 **MR. KOTSCH:** I -- I have to --

24 **DR. ZIEMER:** -- but you will be hearing this in
25 writing, is my understanding.

1 There appear to be none. Are there any
2 individuals on the phone who wish to make
3 public comment?

4 **MR. FUNKE:** Dr. Zimmer (sic)?

5 **DR. ZIEMER:** Yes.

6 **MR. FUNKE:** This is John Funke.

7 **DR. ZIEMER:** Yes, John, do you have some
8 comments for us?

9 **MR. FUNKE:** Yes, I do, I --

10 **DR. ZIEMER:** Okay.

11 **MR. FUNKE:** -- (unintelligible) on the agenda
12 (unintelligible) --

13 **DR. ZIEMER:** No, that's fine. You're quite
14 welcome to make comments. Remember the ten-
15 minute time limit.

16 **MR. FUNKE:** I do.

17 **DR. ZIEMER:** Okay.

18 **MR. FUNKE:** I sent the Board -- the entire
19 Board a packet of information --

20 **DR. ZIEMER:** Yes, we have received that.

21 **MR. FUNKE:** -- (unintelligible) got it?

22 **DR. ZIEMER:** Yes.

23 **MR. FUNKE:** Okay. There were three very
24 important points to that information. One was
25 the -- the job classification was -- was post-

1 1992 on the site profile. They are no good.
2 We're not concerned about what happened after
3 '92 (unintelligible) the test was over. We're
4 concerned only with the job classifications
5 when the tests was going on. In 1992 there was
6 a major change in the job classification at
7 Nevada Test Site.
8 Number two, there was a -- in the site profile
9 made a comment that all the radioactive areas
10 were fenced in and posted with
11 (unintelligible). I sent you a document that
12 tells you as late as 1996 there still was no
13 (unintelligible) and no (unintelligible).
14 There was also a question about area
15 (unintelligible) as I have Fred Dunham on the
16 line is going to comment after me. There was a
17 -- it shows this -- that area -- I know you
18 don't want to talk about Area 51, but it was a
19 part of Nevada Test Site, and up until the
20 realignment in 1999 it was part of the Nevada
21 Test Site. All the employees who worked there
22 came and went through the Mercury gate. All
23 the employees who worked there (unintelligible)
24 paychecks with DOE allocated funds. All the
25 equipment used over there was part of

1 (unintelligible). The general manager of Area
2 51 was [name redacted] (unintelligible), a
3 REECo area manager. We cannot ignore that area
4 any longer. It has to be considered. It was
5 part of Nevada Test Site and it should be -- if
6 nothing else, we're not interested in the
7 secrets that are out there. We're only
8 concerned about the contamination that the
9 people who worked there would have gotten.
10 That has to be considered and can no longer be
11 ignored.

12 There's another problem that surfaced. NIOSH -
13 - recently there's been some claims that's been
14 reopened on super S plutonium (sic), and a
15 couple of other items. And NIOSH has been
16 sending out arbitrarial (sic) denials with a
17 single form letter. They're all the same.
18 I've looked at a dozen of them already, they
19 just change the names on them. They're not
20 running the programs through an IREP, they're
21 simply saying the changes on the site profile
22 doesn't make any difference, therefore it was
23 changed by original denial. Your claim is
24 still being denied. I don't see how they can
25 do this considering the amount of

1 (unintelligible) as we found in the site
2 profile. I don't even want to begin naming
3 them off. I've already named them off to you a
4 dozen times and they're not considering this
5 and this is not allegations. We've provided
6 documentation. I have more coming. And I -- I
7 would like you to address the issues I sent you
8 in the packet, if you would, and also I'd like
9 to find out why NIOSH is just sending out these
10 arbitrarial (sic) denial letters to these
11 people when there is a lot more than just the
12 one issue. They are not rerunning the claims
13 like they're supposed to and I'm -- I'm
14 wondering whether that's even the -- the -- the
15 procedure that Congress laid out.
16 So I'll (unintelligible) over to Fred Dunham.
17 He's (unintelligible) the next man behind me.
18 He's one of the people that worked over in that
19 area and he's got some concerns. He's got some
20 more information (unintelligible) to you
21 tomorrow.

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

23 **MR. FUNKE:** Thank you, Dr. Zimmer (sic).

24 **DR. ZIEMER:** So Fred Miller, are you there
25 then?

1 **MR. FUNKE:** Fred Dunham.

2 **MR. DUNHAM:** My name's Fred Dunham.

3 **DR. ZIEMER:** Oh.

4 **DR. BRANCHE:** Could you please say your last
5 name again?

6 **DR. ZIEMER:** What's your last name again?

7 **MR. DUNHAM:** Dunham, D-u-n-h-a-m.

8 **DR. ZIEMER:** Thank you. Proceed.

9 (Pause)

10 Go ahead, Fred.

11 **MR. DUNHAM:** Okay. I was an employee out at
12 the Nevada Test Site in the area commonly known
13 as Area 51. I came down with chronic
14 obstructive pulmonary disease after being
15 exposed to chemical fumes from the byproducts
16 of open pit burning of material that was used
17 in a classified aircraft. And through the
18 Department of Labor, my claim has been refused
19 on the basis that Area 51 was out of the
20 boundary of the Nevada Test Site.

21 Now on October 23, 1999 President Clinton did a
22 realignment of the property, transferring the
23 ownership and control of the property known as
24 Area 51 to the Department of the Air Force in a
25 trade for a piece of property that the

1 Department of the Air Force had that was
2 contaminated with nuclear material
3 (unintelligible) Department of Energy. So the
4 Department of Labor clearly erred based upon
5 the information on the site alignment that
6 occurred in the 23 October 1999. Like I say, I
7 worked there from 1981 to 1991.
8 I would like to have some clarification on
9 that. Also they indicated that the contractor
10 that I worked for, EG&G Special Projects, was
11 not a Department of Energy subcontractor.
12 Well, at the time, EG&G Special Projects was a
13 contractor for both the Department of Energy
14 and the Department of Defense. I worked for --
15 part of the things that I did was the rad safe
16 badge exchange. I traveled to and from across
17 the Nevada Test Site, exchanged the dosimeter
18 badges for that location, manned a post at the
19 700 gate which was clearly out of the bounds of
20 Area 51 directly across from a (unintelligible)
21 guard. So I can't understand how the
22 Department of Labor can suggest that Area 51,
23 between October -- I mean from 1980 to '92 was
24 not part of the Nevada Test Site. The prime
25 contractor for that particular area was

1 Reynolds Electric. All the contracts went --
2 for the subcontractors went through Reynolds
3 Electric and the site manager was [name
4 redacted] (unintelligible), as Mr.
5 (unintelligible) said, and he was an employee
6 of Reynolds Electric, who was the prime
7 contractor for the Nevada Test Site. And with
8 that, I -- I'd like to have some clarification.
9 Either the President knowingly signed a bogus
10 document or there's a mistake in the Department
11 of Labor when they looked at my claim.

12 **DR. ZIEMER:** Okay, thank you, Fred. Again,
13 this is an area -- it appeared to me, an area
14 that is outside the jurisdiction of this Board.
15 However, I will -- since there are some
16 Department of Labor folks here with us tonight,
17 I don't know if they're in a position to answer
18 that at all but at least they've heard your
19 comments and will follow up as they may deem
20 necessary. Jeff Kotsch, you probably don't
21 know the answer to that at the moment -- but he
22 has heard your comment, so --

23 **MR. DUNHAM:** I -- I do have the --

24 **DR. BRANCHE:** Who is this?

25 **DR. ZIEMER:** Is this Fred?

1 **MR. DUNHAM:** Yeah, this is Fred again. I do
2 have the particular information on the site
3 realignment that occurred in October -- 23
4 October '99 that I could fax to you --

5 **DR. BRANCHE:** Not to us.

6 **DR. ZIEMER:** Well, again, this Board is not the
7 one involved with those decisions by Labor. I
8 think you would need to provide that directly
9 to a Labor representative, and I'm going to
10 pause here a minute. Maybe -- Jeff, can you
11 advise me on --

12 **MR. DUNHAM:** Yeah, I -- I have done that --

13 **DR. ZIEMER:** Oh, okay. You have done that
14 already?

15 **MR. DUNHAM:** Yes, and --

16 **DR. ZIEMER:** Okay, that's what you need to do.

17 **MR. DUNHAM:** I sent them to the lady here and
18 her name is --

19 **DR. ZIEMER:** Well, she --

20 **MR. DUNHAM:** -- [name redacted], I believe, and
21 --

22 **DR. ZIEMER:** Yes, well, she can channel that to
23 the proper person then. Thank you very much.

24 **MR. FUNKE:** Dr. Zimmer (sic), one --

25 **DR. ZIEMER:** Yes.

1 **MR. FUNKE:** -- one comment, please.

2 **DR. ZIEMER:** Sure.

3 **MR. FUNKE:** We are concerned with the
4 boundaries at Nevada Test Site during the
5 period of testing --

6 **DR. ZIEMER:** Yes, I understand --

7 **MR. FUNKE:** -- (unintelligible) 1992.

8 **DR. ZIEMER:** Yes, and -- and that could -- that
9 could impact indeed on the rest of the program.
10 Again, a determination that Labor would have to
11 make on our behalf.

12 **MR. FUNKE:** Well, one -- one thing I'd like to
13 remind them of, though, like I said, the
14 general manager was (unintelligible), he was
15 the REECo general manager. All the employees
16 worked over there were REECo employees. They
17 all came and left the site through the Mercury
18 gate. They all wore Department of Energy
19 badges. All their paychecks was the same as
20 mine. They were all REECo paychecks, and they
21 was all paid for through the appropriations
22 fund of Department of Energy.

23 **DR. ZIEMER:** Understood.

24 **MR. FUNKE:** And this cannot be ignored longer.

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

1 **MR. FUNKE:** (Unintelligible)

2 **DR. ZIEMER:** Is there anyone else on the line
3 that wishes to make public comment?

4 (No responses)

5 Again I'll ask, is there anyone else who wishes
6 to make public comment?

7 **UNIDENTIFIED:** Hello?

8 **DR. ZIEMER:** Yes? We hear you. Do you wish to
9 make comment?

10 **UNIDENTIFIED:** Well, yes, I must have gotten in
11 the wrong conversation here 'cause I was -- my
12 concern is relative to the Pinellas plant.

13 **DR. ZIEMER:** Yes, the Pinellas -- this is
14 dealing with the Energy Employees Occupational
15 Illness Act. Pinellas plant is one of the
16 facilities of interest. Do you have a comment
17 relative to Pinellas?

18 **UNIDENTIFIED:** Yes, only (unintelligible) --

19 **DR. ZIEMER:** Give us your name and then we'll
20 hear what you say.

21 **MR. FLYNN:** All right. Name is Jim Flynn, F-l-
22 y-n-n.

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

24 **MR. FLYNN:** I live out in Oakland, California.

25 **DR. ZIEMER:** Okay, what is your comment, Jim?

1 **MR. FLYNN:** I guess it's more of a question,
2 and that is -- I -- I've been diagnosed now
3 with chemical (unintelligible), and as I look
4 back over my career and the only place that I
5 was exposed to that type of thing would have
6 been at that location working -- I spent my
7 time out there, approximately four years -- on
8 the floor. And that would be making sure that
9 (unintelligible) was in control or
10 (unintelligible), that type thing. So is that
11 (unintelligible) doctors explored this thing,
12 who do I contact relative to information
13 regarding (unintelligible) and, you know, that
14 type of thing?

15 **DR. ZIEMER:** I believe you're going to have to
16 make contact with Labor, too. And if he's in
17 California, can we give him a contact? Who
18 would he contact in California for the proper
19 information? We have some Labor folks here.

20 **UNIDENTIFIED:** He can contact --

21 **UNIDENTIFIED:** You have to go to the
22 microphone.

23 **DR. BRANCHE:** There's a Labor (unintelligible).

24 **DR. ZIEMER:** We're going to try to get you a
25 name here 'cause you have to go through the

1 Department of Labor on this.

2 **MR. FLYNN:** Okay.

3 **DR. ZIEMER:** Okay.

4 **MR. MILLER:** Yeah, this is David Miller from
5 the Jacksonville office. We would handle a
6 claim for the Pinellas plant, and you would
7 need to contact our office here in
8 Jacksonville. If you could, if you could give
9 us a telephone number, we can call you back and
10 get that information from you personally.
11 Would you mind doing that?

12 **MR. FLYNN:** Sure, [redacted].

13 **MR. MILLER:** Okay, sir, we'll call you first
14 thing tomorrow. Is that fine with you?

15 **MR. FLYNN:** That's fine. Now who would be
16 calling me?

17 **MR. MILLER:** I'll call you myself. My name is
18 David Miller.

19 **MR. FLYNN:** Okay, Dave. All right, sir, look
20 forward to the call.

21 **MR. MILLER:** Thank you.

22 **DR. ZIEMER:** And thank you, Jim. Hang on.
23 We're going to repeat the phone number to make
24 sure we have it right. It's [redacted]. Is
25 that correct?

1 (No responses)

2 He may -- we may have lost him.

3 **UNIDENTIFIED:** I got it on tape.

4 **DR. ZIEMER:** We have it on tape if we need it,
5 very good.

6 Any -- is there anyone else on the line that
7 wishes to make comment?

8 **UNIDENTIFIED:** Is there -- can you make comment
9 on Chapman Valve?

10 **DR. ZIEMER:** Yes, you may.

11 **UNIDENTIFIED:** Okay.

12 **DR. ZIEMER:** Identify yourself and make your
13 comment.

14 **MR. DUARTE:** My name is Robert Duarte. I'm
15 from Springfield, Massachusetts.

16 **DR. ZIEMER:** Could you spell your last name?

17 **MR. DUARTE:** D-u-a-r-t-e.

18 **DR. ZIEMER:** Thank you.

19 **MR. DUARTE:** I'm hoping [redacted] in the
20 audience there. I don't know if she is, but
21 she lives in [redacted]. I'm calling
22 concerning [redacted]. We had a -- appeals two
23 years ago in [redacted] case. [redacted]
24 worked for Chapman Valve as a foreman in
25 Building 23 and he died at the age of 36. He

1 was the second-youngest one to die there.
2 Chapman Valve destroyed all his records and we
3 have to prove that to the people that we went
4 to the -- went to the tax people, we -- all his
5 records prove that he worked there for 12 -- 12
6 -- from '47 to '59 and that the appeals from
7 Washington said they would give us a decision
8 in 90 days. Now we're two years later waiting
9 on this. I've spoken to Mark Rolfes on many
10 occasions with no -- no -- no results.
11 (Unintelligible) got a reading, they said they
12 were going to send it back to Cincinnati so he
13 could get another reading, and we're still
14 waiting on that. And I asked them before the
15 meeting, at the end of the meeting, if he was
16 going to make the final decision and this
17 gentleman, [name redacted] (unintelligible),
18 said that he was. And now, two years later,
19 [redacted] going to be 85 now. She's still
20 waiting, still getting the same results.
21 I understand they're supposed to have a -- a
22 recount somehow or some kind of
23 (unintelligible) again. You know anything
24 about when that's going to be?
25 **DR. ZIEMER:** We'll give you a timetable here.

1 Chapman Valve will be on our agenda tomorrow
2 morning, --

3 **DR. BRANCHE:** I'd say after 10:00 a.m., Eastern
4 Standard Time.

5 **DR. ZIEMER:** -- approximately 10:00 a.m.
6 Eastern time. You can -- again, you can call
7 in and listen in if you wish.

8 **MR. DUARTE:** On that vote, doing a re-vote
9 again. They had a 6-6 vote the last time, I
10 guess.

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

12 **MR. DUARTE:** Probably nothing transpired again,
13 which they just keep prolonging this thing
14 here, but nobody's getting results from Chapman
15 Valve. You know, you don't just die at 36.
16 The autopsy showed everything he had
17 (unintelligible) -- slow everything down with
18 [redacted], who's going -- like I said, she's
19 going to be 85 and we still haven't got any
20 results from the people there. I'm sure Mark
21 Rolfes may be there, I don't know.

22 **DR. ZIEMER:** Mark is not here at this meeting,
23 but as I say, we will be discussing Chapman
24 tomorrow morning, approximately 10:00 o'clock,
25 so you're -- you're welcome to join at that

1 time, if you wish.

2 **MR. DUARTE:** Has there been any other comments
3 from Chapman Valve tonight? I don't know, I
4 didn't get in at the beginning of this meeting,
5 but --

6 **MR. CLAWSON:** Yes.

7 **DR. ZIEMER:** Yes. There has been.

8 **MR. DUARTE:** Okay.

9 **DR. ZIEMER:** Thank you.

10 **MR. DUARTE:** Very good.

11 **DR. ZIEMER:** Anyone else on the line that
12 wishes to comment?

13 **MS. RYAN:** Yes, my name is Darlene Ryan.

14 **DR. ZIEMER:** Ryan, is it, R-y-a-n?

15 **MS. RYAN:** Yes, it is.

16 **DR. ZIEMER:** Thank you. Proceed.

17 **MS. RYAN:** You've had many calls from my
18 friends and I who are in (unintelligible) and
19 the contentions of most of the people is that
20 they're spending more time and money denying us
21 and having these meetings -- and one time it's
22 in Vegas, the next time it's in Tampa or
23 wherever -- that these people, day by day, are
24 dying off and we keep getting the same results.
25 They're not finding any new information.

1 They're not coming up with anything that is
2 positive for them but they're still putting us
3 off like they are again tomorrow for the
4 (unintelligible). And I was a little upset
5 when today Dr. Poston said that he was really
6 on (unintelligible) came up to Chapman Valve
7 (unintelligible) without any (unintelligible)
8 to him. I was there and he sat in the back of
9 the room and at one point one of the girls hit
10 me because he was snoozing. Well, I know
11 (unintelligible) be over (unintelligible) we
12 don't feel anybody is really listening to us
13 and listening -- this -- we didn't ask for
14 this. We did not ask you. You came to us.
15 You opened up a part of my heart that I never
16 knew the suffering and what my father went
17 through and how he did it for his country. He
18 took that (unintelligible), he probably, like
19 most of them say, didn't even know how
20 dangerous this job was, but he died for his
21 country. He had a long, four-year death from
22 cancer, and six months later my mother was
23 dead, who took care of him. And finally in the
24 back of our heads, we were going on, and you
25 get a letter telling us that you're looking out

1 for us to give us people something -- you're
2 helping us, when you haven't helped us. You've
3 hurt us. We have many people.

4 (Unintelligible) paper I picked up a woman from
5 Chapman Valve died. Are they just going to
6 (unintelligible) until there won't be anybody
7 left to pay? We're very hurt here and I feel
8 very (unintelligible) when I get a call from
9 someone who may say to me do you have any
10 answers for me, and I say no.

11 **DR. ZIEMER:** Okay. Thank you, Bev (sic), for
12 those comments. Let me ask if there's anyone
13 else on the line who wishes to comment?

14 (No responses)

15 No further comments?

16 (No responses)

17 Okay. Again, anyone here in the assembly that
18 has comments? Yes --

19 **MS. HAND:** (Off microphone) (Unintelligible)
20 second chance?

21 **DR. ZIEMER:** You bet.

22 **MS. HAND:** Thank you.

23 **DR. ZIEMER:** Now you don't get another full ten
24 minutes now, remember.

25 **MS. HAND:** What was my remainder of time, did

1 anybody notice?

2 **DR. ZIEMER:** No, you're -- I'm just kidding.
3 Go ahead.

4 **MS. HAND:** My question is, is that the
5 radionuclides, do they change, as far as
6 factors go, to their distribution or their
7 assumptions, depending on their geographic
8 locations, such as in the dry areas where
9 you've got sites that are in the dry area, does
10 that energy distribution change as compared to
11 Florida? (Unintelligible) has no effect on it,
12 but it does have effect on the soluble and
13 insoluble, does it not?
14 Also, at the Pinellas plant was phosphoric
15 acid. The phosphoric acid, if it came from
16 central Florida, had a higher degree of uranium
17 inside that phosphoric acid. Because it is
18 mixed with acid, it is soluble, so therefore
19 these workers were exposed to insoluble and
20 soluble. There are eight sites in the state of
21 Florida. Pinellas plant is the only ones
22 having claims. Five of these sites are in the
23 phosphate industry. And if you'll look at
24 those, there's only two or three claims. Some
25 of the sites have zero claims -- everything.

1 We would request that you have a resource
2 center or tell us how to go about getting a
3 resource center for the state of Florida.
4 These people are elderly. The survivors don't
5 know anything, don't know how the program --
6 and the phone interviews are not working.
7 For example, one of my clients was going to do
8 a update on his employment history. I
9 requested that the form be sent, because I'm
10 his authorized representative, to him and me.
11 I went to his house. We went over it. Again
12 we find out that he was a janitor, but he
13 worked as a decontamination area (sic) -- or
14 that he did this, he did that. Okay, in what
15 area did you work? We did this, we did that.
16 We looked in the Pinellas baseline report, oh,
17 this area -- you've -- exposed to this, this
18 and this. You did this, this and this. You
19 did this, this and this. By the time when we
20 came to the interview, we had everything down
21 pat. We knew exactly where you're exposed to
22 beryllium instead of no, don't know, yes, we
23 were exposed to beryllium. Were you exposed to
24 cobalt? Yes, we were exposed to cobalt. Were
25 you exposed to explosives such as boron? Yes,

1 we were exposed to boron. We were exposed to
2 all those incidents, besides the personal
3 incidents. We had all that documented (sic).
4 Also in the form they are not claimant
5 friendly. The NIOSH form that there was
6 required for the people to sign at the end of
7 the interview that I do not know anymore
8 information is very, very intimidated and not
9 claimant friendly at all. And in the hearing
10 officers -- in their final decisions, use it
11 against the claimants. The -- going back to
12 the employment history, you have a frequency
13 that you have to list. It's one to five in the
14 very center, but over in the column it has one
15 to three, five meaning every day, one meaning
16 hardly ever. So if a -- over the phone you're
17 saying answer me one to three, they're not
18 getting the adequate picture because some of
19 these people it happened every day, but -- and
20 I asked the -- the hearing case person that was
21 taking the interview, did you know that there's
22 a clerical error? Yes, we know it's a
23 technical error but we can't change it because
24 DOL did it. It's a technical error that
25 affects not only the claimant's dose

1 reconstruction, but their entire claim. You
2 know, these are just two issues that are very,
3 very confusing. I called up the resource
4 center as -- and suggested -- I said 'specially
5 since these claims are elderly, whenever you
6 call up and you make the appointment for a
7 phone interview, why don't you send that
8 employment history ahead of time to them so
9 they can look over it, start refreshing their
10 memory and et cetera, et cetera? We can't do
11 that unless they ask for it.
12 Again, these are issues that pertain to the
13 law, the regulations, which is in your purview,
14 that is in your job responsibility descriptions
15 to help that part, to tell legislative these
16 things are happening, not just the SEC group
17 and everything, but dose reconstruction, the
18 probability of causation and the problems these
19 people are having with this. We want
20 consistency, which means that if the guy next
21 to me got paid for skin cancer, I did the same
22 job, I worked the same way, how come I'm being
23 denied skin cancer? I had the same dose. I
24 had the same distribution. I had the same
25 exposure to ionizing radiation. Why am I being

1 denied? And again, we need a resource center
2 here because we do have eight sites. We do
3 have a lot of claimants that are not even aware
4 of this program.

5 **DR. ZIEMER:** Thank you very much. And last
6 call for anyone else here who wishes to
7 comment.

8 (No responses)

9 If not, I thank you all for your time this
10 evening. This Board will reconvene in the
11 morning to complete our business, and we will
12 hope to see many of you then. Thank you and
13 good night.

14 (Whereupon, the day's business was concluded at
15 8:35 p.m.)
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CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Apr. 8, 2008; 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 10th day of May, 2008.

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