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convenes

MEETING FIFTY-EIGHT

ADVISORY BOARD ON
RADIATION AND WORKER HEALTH

VOL. II

DAY TWO

ABRWH BOARD MEETING

The verbatim transcript of the
Meeting of the Advisory Board on Radiation and
Worker Health held at the Crowne Plaza Hotel,
Redondo Beach, California, on Sept. 3, 2008.

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

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-- "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

(8:30 a.m.)

WELCOME AND OPENING COMMENTS**DR. PAUL ZIEMER, CHAIR****MR. TED KATZ, DFO**

1 **MR. KATZ:** Is -- is someone on the phone? Can
2 you tell me if you can hear?

3 **UNIDENTIFIED:** Yes, I can hear you.

4 **MR. KATZ:** Okay, great. And just let me, for
5 everyone on the phone line, please mute your
6 phones. If you don't have a mute button, use
7 star-6, and that'll keep the line clear so that
8 everybody can hear on the phone as well as here
9 at the meeting. Thank you very much.

10 **DR. ZIEMER:** Good morning, everyone. I'll call
11 the meeting back to order. This is the second
12 day of the -- meeting 58 of the Advisory Board
13 on Radiation and Worker Health, meeting in
14 Redondo Beach, California.

15 Before we get into our regular agenda items, we
16 have several housekeeping items. First I would
17 remind everyone to -- even if you did it
18 yesterday -- to again today register your
19 attendance in the registration book that's out
20 in the lobby.

1 Also I would like to announce that the Fernald
2 workgroup chaired by Brad Clawson will meet
3 this afternoon, 15 minutes after the recess
4 which on our agenda currently is at 4:00
5 o'clock. This is an open meeting, as are all
6 our workgroup meetings. For tho-- it will --
7 my understanding is it is being put on the web
8 site so that it will be available broadly for -
9 -

10 **DR. BRANCHE:** Yeah, it's already there.

11 **DR. ZIEMER:** It's already on the web site, I've
12 been told.

13 And additionally, interested members can -- or
14 members of the public can call in, I believe on
15 this same call-in number. Is that correct?

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

17 **DR. ZIEMER:** And what is that number, for --

18 **DR. BRANCHE:** It's on the top of the agenda
19 page.

20 **DR. ZIEMER:** It's on the agenda, 866-659-0537,
21 participant code 9933701.

22 I would further suggest to Mr. Clawson that
23 some effort be made to make sure that the
24 Fernald petitioners are aware of this recently-
25 announced meeting. We'll make sure that that

1 occurs so that they're not taken by surprise.
2 That meeting is expected to be somewhat brief,
3 and perhaps the order of half-hour, so it will
4 not be an extensive meeting. But nonetheless,
5 we do want to make that known.
6 Next, I want to distribute a document, Board
7 members, that will be on our -- part of our
8 working group discussion tomorrow. It is -- it
9 is a proposed -- a proposed change in status of
10 the -- the procedures review workgroup chaired
11 by Ms. Munn, to change its status to a
12 subcommittee. We will have that discussion
13 tomorrow. Here is a straw man document that is
14 similar to that which is used for our dose
15 reconstruction subcommittee, so I give you this
16 in advance so that when we are ready for that
17 discussion tomorrow, if the group does wish to
18 proceed in the change, that we have this as a -
19 - a document under which to make that formal
20 change because a subcommittee has a different
21 status in the system than does a workgroup.
22 It's a more formalized -- more permanent part
23 of the Board's operations.
24 One other item of business. We've learned that
25 after our public comment period at 5:00 where

1 we found no outside callers, following Murphy's
2 Law, as soon as we disconnected the line, a
3 number of callers did call in. Some of these,
4 or perhaps all of them, were associated with
5 California State Legislators, I believe. In
6 any event, we do want to accommodate them, but
7 there is a statement that I'm asking Jason to
8 read into the record this morning relative to
9 that matter that I just mentioned, that -- the
10 fact that we were not able to get the public
11 comment last evening.

12 **MR. BROEHM:** Can you hear me all right on this
13 microphone?

14 So this message came in shortly after 5:00 when
15 a staff person, Laura Plotkin from District --
16 she's District Director for State Senator
17 Sheila Kuehl, California 23rd District. Said
18 (reading) Hi, Jason. I just called in to read
19 a statement to the comment line scheduled from
20 5:00 to 6:00 p.m. on Tuesday, tonight, and it
21 was over at 5:04. Someone that was still on
22 the conference call said that someone had said
23 at about 5:00 p.m., quote, is there anyone on
24 the line who wants to make a comment, unquote,
25 and then said the comment period was canceled

1 until tomorrow night because no one said yes.
2 Well, I started to dial in at about 5:02 and I
3 think it is just ridiculous that there was no
4 one there to take Senator Kuehl's, or anyone
5 else's, comment. I'm very disturbed by this.
6 This seems typical of the way this whole
7 process has been handled. I will try again
8 tomorrow night and hope that someone with some
9 authority sees how important it is to take
10 public comment when they say they are going to
11 take it.

12 If you can pass along my frustration about this
13 to someone who gives a darn, I would appreciate
14 it very much.

15 Thank you. Please contact me at -- and her
16 phone number -- in the afternoon tomorrow. I
17 will be at meetings out of the office in the
18 morning, or call me on my cell.

19 That's it.

20 **DR. ZIEMER:** Thank you very much, and we are
21 indeed trying to make contact and will
22 accommodate that comment when we establish a
23 time, perhaps later this afternoon.

24 **DR. MELIUS:** Paul?

25 **DR. ZIEMER:** Yes, Dr. Melius.

1 **DR. MELIUS:** Can I make a suggestion, and this
2 may already be taking place, I don't -- didn't
3 look at the notices. It might be helpful that
4 when we send out the notice for our meetings
5 and the times and so forth to indicate that,
6 for people calling in, to call in ahead of time
7 and -- to the extent possible to let -- let us
8 know or let somebody know that -- that they
9 will be calling in 'cause I mean I -- it's --
10 it's hard for -- we have people sign up, but if
11 you're outside, which I think we should try to
12 accommodate, particular local people, when --
13 particularly an area as big as LA and so forth,
14 that they -- they (unintelligible), but it
15 would be helpful -- at least we notified them
16 that they should try to call in and let us
17 know. I mean we can accept others, but -- but
18 it might facilitate this kind of situation in
19 the future.

20 **DR. ZIEMER:** It was my understanding that this
21 individual did try to reach Jason but was
22 unable to, so there was an attempt to let us
23 know --

24 **DR. MELIUS:** Yeah, I realize that in this ca--

25 **DR. ZIEMER:** -- but in general you're talking -

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DR. MELIUS: I'm not trying to find fault with what happened here, but -- but just for the future, I think it would be helpful if -- for people -- we -- we 'cluded the notice that went out so people would sort of realize there's a -- a way of -- of contacting people and so forth.

DR. ZIEMER: And particularly in the case of state and federal congressional groups, Jason does in fact try to determine ahead of time --

DR. MELIUS: No, I --

DR. ZIEMER: -- who will be available and who does wish to make comment, so --

DR. MELIUS: Yeah.

DR. ZIEMER: -- it is not our intention, and I hope that the local group here does not feel that we're trying to avoid those comments, that the -- the intent is to receive those comments and we certainly will try to accommodate them. So please make that known and give our apologies for missing that last night. But the comment will still be good today, so we're -- we'll be prepared to hear it.

Now we're going to move -- oh, do we have any

1 other -- yes, I -- oh, let me also now remind
2 you that this is pass-the-baton time. We're
3 hopeful that the baton-passing is better than
4 that done by the U.S. Olympic racers who --
5 both men and women, who dropped the batons.

6 **DR. BRANCHE:** Of course it will be better.

7 **DR. ZIEMER:** I shouldn't say that on the
8 record, should I? Most of them did well. But
9 anyway, Christine is passing the baton --

10 **DR. MELIUS:** I can't wait till the next public
11 comment period.

12 **DR. ZIEMER:** Yeah, we'll have the Olympic team
13 calling in.

14 **DR. MELIUS:** Or their mothers.

15 **DR. ZIEMER:** Passing -- Ted Katz is the baton
16 recipient from Christine Branche. And Ted,
17 welcome, and you have some comments for us.

18 **MR. KATZ:** Thank you. And now I'm really
19 nervous, but -- no, I -- it's an honor to -- to
20 be staffing this Board. I really am looking
21 forward to this experience. I just have --
22 just a statement of redac-- redaction statement
23 to make for everyone calling in, as well as
24 everyone here. You need to know that there's a
25 verbatim transcript being made of this meeting

1 and it will be posted to the web as soon as
2 it's -- it's reviewed and cleared and cleaned
3 up. So you need to know, for one, that if you
4 state your name, your name will be included in
5 the transcript; there'll be no attempt to
6 redact it. If you -- if you state medical
7 information about yourself, that, too,
8 ordinarily would be included in the transcript,
9 although under the Freedom of Information Act
10 and the Privacy Act, that would be reviewed and
11 there's a possibility that it would be
12 redacted. But ordinarily it would also be
13 included.

14 On the other hand, if you make a statement
15 about a third party where you identify a third
16 party in one way or the other, that information
17 about the third party would be redacted to
18 protect that person's privacy.

19 There's a policy on redaction that's available
20 to the public. It's in the back of this room.
21 It's also posted on the web site with the
22 agenda for this meeting, and it was also
23 included with the *Federal Register* notice of
24 this meeting, so that's available to you all.
25 And finally, I would just like to say that if

1 there is an individual who would like to make -
2 - provide information to the Board but does not
3 want to be identified, does not want to do that
4 publicly, please contact me. So that's Ted
5 Katz. Please contact me and we'll make
6 arrangements so that that can be done.
7 Thank you very much.

8 **DEPARTMENT OF ENERGY UPDATE**

9 **DR. ZIEMER:** Thank you, Ted. We'll move now to
10 our first agenda item of this morning, and
11 that's a report and update from the Department
12 of Energy. We're pleased to have Dr. Patricia
13 Worthington with us again. And Pat, welcome,
14 be pleased to hear from you now.

15 **DR. WORTHINGTON:** Good morning. It's always a
16 pleasure to come before the Board and to
17 provide some information regarding DOE
18 activities. I'm joined today by three other
19 individuals from Department of Energy -- Regina
20 Cano, who I believe gave the update from the
21 St. -- in St. Louis meeting, and she was also
22 supported by Greg Lewis. We also have with us
23 today Steve Lerner from Congressional Affairs
24 office.

25 I want to talk about support to this program,

1 and it certainly is about support. It's
2 critical support and we want to give you a
3 status of the things that we've been doing.
4 There are three major responsibilities under
5 the EEOICPA program. There are three different
6 kinds of things that we do in terms of this
7 critical support to the organizations. We
8 respond to both DOL and NIOSH regarding
9 employment verification exposure records, and
10 we provide support and assistance to the
11 Department of Labor, to NIOSH, and the Advisory
12 Board and their contractors, with various kinds
13 of activities that involve research, retrieval,
14 and provision of relevant records from DOE
15 sites. And research issues related to the
16 EEOICPA covered facilities, the time frame
17 designations, and we again realize that DOE is
18 a critical juncture, it's very important
19 support and we take this very serious. And we
20 want to give you today some updates on the
21 things that we've done since the last meeting,
22 but also to talk about enhancements to the
23 program and to hear from you about areas that
24 we might improve.
25 Again, our responsibility is to make sure that

1 the important DOE information is delivered to
2 the right places, and part of that is funding
3 those activities. We provide the funds to make
4 sure that the records are retrieved. We had a
5 -- we anticipate about 8,000 requests for FY'08
6 based on where we're going today. We only have
7 a couple of months remaining in the end of the
8 year. And in terms of employment verification
9 for DOE, we've had about -- or expect about
10 6,500 this year. The dose documentation for
11 NIOSH, about 4,000. The documents -- our DAR
12 employee -- employee worker history, exposures
13 for DOL, about 7,500 for this year.
14 Our -- our requests received during FY'08, as
15 you can see, the numbers are not going down
16 dramatically. This gives you some insights.
17 There's some fluctuation from month to month
18 regarding the activities, but this is where we
19 stand for -- sort of a picture where we are for
20 2008.
21 SECs, certainly that's a big effort, quite
22 extensive in terms of resources and money and
23 time and planning for these efforts. We have a
24 number of them underway. Support for Hanford,
25 Mound, Savannah River, Pantex and -- and Los

1 Alamos. Again, this is one of -- of the most
2 extensive areas for us in terms of working with
3 the sites and the different contractors, past
4 and present, to get information and to make it
5 available.

6 A little bit about some of the specifics about
7 the Hanford one. That's certainly one that's -
8 - been a lot of interest, there's been a lot of
9 involvement from a lot of organizations, and
10 we've been doing quite a bit to accelerate
11 these efforts and to be able to deliver the
12 services a little bit better. Hanford staff
13 hosted a NIOSH/contractor staff data capture
14 visit in June, with a follow-up visit in July.
15 And these are critical visits, they're critical
16 interactions to make sure we bring the people
17 making the requests together with people at the
18 sites, that we understand the terminology and
19 the appropriate way to search for these
20 documents so that we can find a way to be able
21 to work through the issues and to get the
22 documents. Approximately 50,000 pages were
23 identified for production. That -- that really
24 is a huge effort; regardless of what site it
25 is, that's huge. It involves identifying, you

1 know, documents from many different sources and
2 then providing scanning and -- and trying to
3 get these records available. So we believe we
4 have been making progress at Hanford, and we're
5 working through processes that we can learn
6 from at Hanford and -- and make things better
7 at other sites as we move across the complex.
8 Keyword searches resulted in almost 300,000
9 potentially responsive documents identified,
10 and that's important for us to be able to make
11 sure that we're speaking the same language,
12 that the people who are making the requests for
13 the documents, that they were making them in
14 such a way that people can locate them and find
15 them and make them available so that we can be
16 responsive.

17 Hanford facilitated interviews with current and
18 former workers. You've heard through every one
19 of these meetings how important it is to hear
20 from the workers, and so they certainly were --
21 were very helpful in making those individuals
22 available for interviews.

23 NIOSH staff toured the Hanford PFP facility.
24 It's very important that the people that are
25 involved in terms of trying to retrieve records

1 and do reviews, that they get a chance to be on
2 the ground, even if they're facilities that are
3 -- are no longer active, but you get a better
4 sense for the lay of the land and you -- you're
5 much more engaged and you have a better
6 communication when you have an idea of what the
7 facility is and how it was laid out and what
8 kind of operations went on there.

9 In terms of Savannah River, that's another site
10 that we're working on. Again, we've conducted
11 preliminary planning meeting with the various
12 organizations. That was done in late May.
13 Again, what we're trying to do in this effort
14 is communicate, communicate, communicate so
15 that all the -- the organizations understand
16 the ground rules, we have the right people in
17 the right places. And again, that the
18 terminology is const-- that it's consistent,
19 that we're speaking the same language when
20 we're making the requests.

21 We hosted three additional site visits. You
22 have a big visit, you plan, but often you find
23 that when you get back that there's certain
24 things you need to clarify, and we want to con-
25 - to continue to facilitate these additional

1 visits and -- and ways of communicating as
2 required. So we had activities going on in
3 July and two activities in August. We
4 performed secure reviews on approximately
5 165,000 pages. There was a little over 1,500
6 documents and I want -- I'll talk a little bit
7 more on another slide about security reviews,
8 but they're critical. I mean we have many
9 things at the Department of Energy that we
10 juggle as we try to make sure that we make the
11 -- the information available. We want to go to
12 the right places and find the right documents
13 that can describe what happened with these
14 workers and the different activities, but we
15 also are -- have to be mindful and we have to
16 follow the security protocols, so we are
17 required to do security reviews before we
18 release documents, and also to make sure that
19 the people that are doing the reviews have the
20 appropriate clearances.

21 We transmitted 25 compact disks containing
22 documents requested by NIOSH. That's
23 significant. We are certainly -- I'm not the
24 most savvy one, but I understand that we need
25 to move more towards the electronic media, and

1 wherever we can do that, we will. And we
2 recognize that often when you make a request
3 that another request -- similar request for the
4 same kinds of documents may come up, and it's
5 easier to retrieve these electronic documents.
6 So we're trying to make sure that we do the
7 scanning and we do other things and that, where
8 we can, that we produce electronic media.
9 DOE SEC on Mound, we continue to work on that.
10 Again, it's critical to have the keyword search
11 going on and we had those activities in August
12 -- twice in August. I've always talked at
13 every one of these visits about the DOE Legacy
14 Management staff, and it certainly is a big
15 asset to the Department of Energy. You know,
16 there -- there are certain people that
17 certainly are very savvy with records
18 management, and we have individuals like that
19 in Legacy Management. And they have been
20 working with NIOSH and their contractor staff
21 to help make this process better.
22 During the first visit NIOSH reviewed 74 boxes
23 of records and selected responsive documents
24 for reproduction. They will be reviewing a
25 similar number of boxes during the second

1 visit. Again, communicate, communicate,
2 communicate, face to face interactions where
3 appropriate, and also reviewing boxes and going
4 through things to see if these are actually
5 relevant documents, are these the things that
6 you want to request. And then as you do that,
7 you certainly become more familiar with the
8 terminology, what are the right phrases to use
9 so that we get the right documents.

10 DOE staff facilitated interviews in July with
11 former Mound workers, and is currently
12 arranging another round of interviews for
13 September. Again, in terms of the data
14 gathering we want to use all the sources that
15 are available. And again, it's always critical
16 to hear from the workers.

17 The SEC at Los Alamos and Pantex, that work is
18 also ongoing. DOE and NIOSH are in the initial
19 stages of developing an action plan to gather
20 documents and information to support the SEC
21 evaluation.

22 I want to just take a moment to talk about that
23 action plan. Certainly we learn lessons as we
24 go to each one of these activities. And as we
25 do that, we want to pass it on to the next one.

1 And it's important up front to establish an
2 action plan, where you're going, what are the
3 ground rules. And I think that that's
4 certainly much better, and we can anticipate
5 some of those hurdles and resolve them, in some
6 case, before we even arrive at that point.
7 Pantex, we continue to provide NIOSH with
8 requested documents and we're awaiting further
9 contact from NIOSH and the Advisory Board on
10 additional requests.
11 Security procedures, here we are again. I'll
12 talk a little bit about that. Again, we're
13 committed to providing documents, but we are
14 under, you know -- you know, guidelines and
15 protocols and procedures that we must follow,
16 and we need to make the individuals that we
17 have to interface with -- that they're aware of
18 those requirements. And so we've had a number
19 of meetings and -- and discussions to make sure
20 that we all understand and that we have
21 protocols in place at DOE, at NIOSH and other
22 places to ensure that we can -- can meet those
23 requirements. And it's certainly done to
24 prevent any inadvertent release of materials or
25 dissemination of information to the wrong

1 places.

2 DOE reviews documents to ensure that the
3 sensitivity of the documents is consistent with
4 the clearance level the individuals in the
5 organizations and the protocols in the
6 facilities that they have, they were reviewing
7 these documents. And we will comply with
8 existing DOE and NIOSH security requirements.
9 Both organizations have security requirements,
10 and collectively -- you know, when we carry out
11 these requirements, we are ensuring that --
12 that we're doing the right things from a
13 security perspective. And any infractions
14 regarding security will delay our being able to
15 deliver the documents so that we can address
16 these workers' concerns and to get final
17 resolution on their requests. And that we
18 continue to refine our protocols.

19 Both organizations, both DOE and NIOSH, we have
20 had security requirements in place, and what
21 we're doing now is we're refining those and
22 making sure that -- that we're able to
23 implement the requirements in such a way that
24 we -- that -- that we carry out and we're
25 meeting everything that's expected of us, and

1 that we're able to do it in a timely manner.
2 DOE activities, I want to talk a little bit
3 more about these large-scale records retrieval
4 activities. One is the Department of Labor
5 site exposure matrix program. Major sites have
6 been completed as of 2008. I believe that was
7 a major accomplishment in this program in terms
8 of being able to request and receive documents
9 and to understand the operation and the
10 activities that went on at these various sites.
11 And so once you have a site exposure matrix and
12 you -- things come up, you're able to refine
13 that. If, for whatever reason, there's some
14 missing data, you have a great starting point.
15 So again, I believe that was a major
16 accomplishment. We have completed the majority
17 of them.

18 The President's Advisory Board on -- here are
19 some things that we've done with respect to the
20 Board -- technical reviews of NIOSH site
21 profile documents; we've had four over the past
22 years. Site exposure cohorts, we have four
23 large projects that are active right now and
24 we're -- we're working those with you and
25 trying to be responsive.

1 NIOSH activities, again, the NIOSH data capture
2 activities. These activities are ongoing and
3 NIOSH can be working with up to ten sites in a
4 single month. It's certainly a challenge for
5 us in terms of being able to fund those, to
6 provide direction and support, and to make
7 people available to review those. But again,
8 as requests come in, especially those that we
9 have advance warning and we certainly are
10 communicating with all the organizations and
11 we're aware of things that are coming up and we
12 try to set some priorities and work with the
13 sites in terms of doing that.

14 If I could talk just a moment about the
15 funding, again, we have some large sites, we
16 have small sites that are actually trying to do
17 the best they can to deliver the documents, and
18 staffing. In some cases, prior to this kind of
19 request they had either very little staff or
20 part-time staff. We try to do some advance
21 warning. We're aware of when we have larger
22 requests coming in and we can work with the
23 sites on a temporary basis and provide funding
24 so that they can have some increased staffing
25 to help facilitate these things.

1 So again, the role of DOE support, and we want
2 to communicate, communicate, communicate and be
3 aware in working to make this process better.
4 In terms of the Special Exposure Cohorts, there
5 are five active that are currently working at
6 this time.

7 Another responsibility of the Department of
8 Energy is to research and maintain the covered
9 facility database. We have 343 covered
10 facilities in that database at this time.
11 Current research in terms of the DOE AWE
12 facilities, we've had some inquiries on a
13 number of facilities, and as we get inquiries
14 in we try to address those and provide the
15 answers back.

16 Office of Legacy Management, again, I mentioned
17 that in an earlier slide. They're currently --
18 they have long-term stewardship responsibility
19 for 70-plus sites in over 20 states, and they
20 have a large number of records they have
21 responsibility for managing. At this point in
22 Department of Energy we're going through
23 various contract reform. We no longer have
24 single sites where we have an M&O that's been
25 there for 50 years and all the records are

1 there, so there is a need for an organization
2 like Legacy Management to kind of work those
3 legacy facilities. And they have -- it's a
4 real strength with the Department. They have a
5 lot of experts in that area and they help us in
6 many of the activities that we come to and
7 provide status to you here at these meetings.
8 Initiatives, here are some things that we're
9 doing that we believe will enhance or make the
10 process better. And then as I indicated, we
11 step back at the end of every one -- and in
12 some cases, mid-way through or at the beginning
13 and also at the end of these big activities and
14 see what can we learn and how can we deliver
15 the products better. We've named a POC within
16 our office to coordinate all record requests
17 from the Advisory Board and their contractors,
18 as well as from NIOSH and DOL. We think this
19 is important to have single-point
20 accountability, where do you go and who did you
21 talk to, and make sure that the protocols are
22 understood, and we believe that this is working
23 much better.

24 We've been holding conference calls -- again
25 this idea of communicating -- with the various

1 organizations in terms of how we deliver the
2 products and getting more information for them
3 and making sure that we're being responsive and
4 that we also have heads-up about schedules and
5 that we're able to plan for that.

6 And DOE has made arrangements with our Office
7 of Legacy Management to provide research in
8 support of facility questions and issues. Some
9 of the questions that are asked are questions
10 about many, many years ago, about areas where
11 we have few documents or areas that may have
12 been covered by documents that may not be
13 readily available for review. So again, they
14 serve a valuable role in helping us provide
15 this support.

16 Continuing with some of the initiatives, I've
17 talked about the site exposure matrix, we've
18 been working close with the Department of
19 Labor, both the POC from the federal and the
20 contractor side, and we're actively working the
21 Los Alamos pre-project conference call, getting
22 them ready for this activity.

23 DOE is committed to providing site experts to
24 participate and contribute to the Advisory
25 Board working groups and conference calls, and

1 please let us know where we might be of -- of
2 better service to the -- for these activities.
3 Another thing I want to talk about just briefly
4 is the Los Alamos medical records. We've been
5 working, you know, really very hard behind the
6 scenes, working with the Medical Center and
7 working with our folks in Washington regarding
8 legally what can we do. We certainly
9 understand the importance of those records and
10 we have a process to move forward for the pre-
11 1964 records, and we -- we hope to be able to -
12 - to finalize the contract with the hospital
13 and to be able to actually start that process
14 of decontaminating the records and doing the
15 sorting and bending and getting those records
16 in a place where they can be readily retrieved.
17 We also understand the importance of the post-
18 1964 records, that they are important, that
19 they may have important EEOICPA-related
20 information, and we're working with the
21 hospital to make sure that they maintain those
22 records in such a way that they can be
23 retrieved, if needed, to answer questions and
24 to support claims.
25 DOE has been collaborating with both NIOSH and

1 SC&A to streamline and improve the process of
2 record research and data-gathering process. We
3 think we've made significant progress in that
4 and will continue to work with those
5 organizations.

6 And this was a very brief overview. It's an
7 update on what Gina gave you in St. Louis, but
8 it was intended to -- you know, to tell you
9 that we remain committed, we're staying the
10 course and we just want to give you numbers.
11 We worked even late yesterday to kind of get
12 the updates on where we were with Hanford
13 'cause I know that we've been working that big
14 project for some time. But I'm happy to -- to
15 take any questions.

16 And with regard to ETEC, I didn't mention that
17 specifically, but we have provided I believe
18 all the information that's needed, but if there
19 are any additional, you know, data requests,
20 we'll be happy to take those so that we can
21 keep those -- keep that moving as well.

22 **DR. ZIEMER:** Okay, thank you very much, Dr.
23 Worthington. I -- I've been impressed this
24 past year, maybe a little more than a year
25 since you've been involved, at the increased

1 level of attention that DOE has given to the
2 records retrieval process. I think, compared
3 to the early days, we're -- we've seen --
4 really seen DOE step up to the plate on this
5 and we thank you very much for those efforts.
6 It has been very helpful.

7 I want to ask a question about the technical
8 reviews that you mentioned. I guess I wasn't
9 fully aware of the extent of those. You
10 mentioned four technical reviews. I'm assuming
11 you feed those back to NIOSH, and at what point
12 do those reviews go to NIOSH? Is that after
13 they have published a site profile or do you
14 get earlier drafts or...

15 **DR. WORTHINGTON:** You want to talk a little
16 about that, Greg?

17 **MR. LEWIS:** Sure, this is Greg Lewis from DOE.
18 Those technical reviews are the ones that SC&A
19 are conducting on the site profile documents,
20 so those we just facilitate the data-gathering
21 proj-- the process. So I believe the ones
22 active this year were the -- the ETEC facility,
23 the Weldon Spring plant -- two others, off-hand
24 I can't remember, but --

25 **DR. ZIEMER:** Oh, okay, I thought --

1 **MR. LEWIS:** -- those -- those are the four --

2 **DR. ZIEMER:** I may have misunderstood. I
3 thought you were saying that DOE was doing
4 technical reviews also on the site profile --

5 **MR. LEWIS:** Oh, no, no, but we're facilitating
6 the data-gathering project --

7 **DR. ZIEMER:** Thank you.

8 **MR. LEWIS:** -- much the same way we do with the
9 SEC process.

10 **DR. ZIEMER:** Larry, you have a comment?

11 **MR. ELLIOTT:** I think -- I think, just to be
12 clear here, we're not talking technical
13 reviews. We're talking reviews for sensitive
14 information.

15 **DR. WORTHINGTON:** That's correct.

16 **MR. ELLIOTT:** So --

17 **DR. WORTHINGTON:** It may be --

18 **DR. ZIEMER:** Okay, I th--

19 **DR. WORTHINGTON:** -- some technical topic, but
20 --

21 **DR. ZIEMER:** -- I see what --

22 **DR. WORTHINGTON:** -- no, it's not a technical
23 review.

24 **DR. ZIEMER:** I thought there was some other ac-
25 - activity going on that I wasn't aware of.

1 Yeah, okay.

2 **MR. ELLIOTT:** No.

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

4 **MR. ELLIOTT:** We want to make sure that we
5 abide by DOE's responsibilities and stewardship
6 of --

7 **DR. ZIEMER:** Right.

8 **MR. ELLIOTT:** -- sensitive information, and so
9 as we or as SC&A create a document from that --
10 that evolves from information that we've
11 collected from DOE --

12 **DR. ZIEMER:** Right.

13 **MR. ELLIOTT:** -- we have to share that with DOE
14 to make sure there's no sensitive information
15 that was captured in our write-ups. They've
16 done a very good job, in my estimation, of
17 turning those reviews around very quickly. I
18 think -- in a matter of a few days now, it
19 looks like to us. And so it's not -- it's not
20 a time-consuming effort, but we're making sure
21 that we don't release information that is -- is
22 of national security concerns.

23 **DR. WORTHINGTON:** In terms of the lessons
24 learned as we move through these different
25 activities, and we've certainly -- you've seen

1 the volume of records, and then of course the
2 kind of reports that are coming out, one of the
3 lessons learned is that we -- we need to be
4 more mindful of security requirements. We need
5 to have periodic reviews of the documents to
6 make sure that they don't inadvertently release
7 some information that shouldn't be released.

8 **DR. ZIEMER:** Also yesterday during the
9 discussion of the Connecticut Aircraft
10 facility, there was an issue about the -- the
11 designated period, and I think -- I think Dr.
12 Melius asked the question at that time about
13 what DOE was doing, and I --

14 **DR. WORTHINGTON:** I believe that Greg gave kind
15 of a quick overview of what we're doing
16 regarding that facility yesterday.

17 **DR. ZIEMER:** Anything further on that or --
18 maybe I'll ask -- ask Dr. Melius to clarify his
19 question, and I think you were seeking some
20 additional input.

21 **DR. MELIUS:** Correct, from both DOE and DOL.
22 Do -- Jeff Kotsch from DOL said that he would
23 check back. I -- I can't remember what the
24 other response was from DOE. I think you were
25 going to check back also, but I'm just trying

1 to get a status of -- we understand the
2 information about the time period and the
3 cleanup had been transmitted from NIOSH to --
4 to your agency and to -- to DOL, I believe, if
5 I have that correct, and -- trying to get an
6 update on where that stands in terms of re-
7 looking at the covered period.

8 **MR. LEWIS:** I believe from our standpoint the
9 Department of Labor designates the -- the
10 actual DOE covered time period, so we had
11 helped facilitate some -- some research, some
12 data-gathering. We pointed them in the
13 direction of a number of boxes, some of which
14 Sam talked about the other day in terms of
15 records. But I don't believe we had been asked
16 to review the covered time period ourselves. I
17 think we were just helping the records research
18 process.

19 **DR. WORTHINGTON:** Yeah, at this point --

20 **DR. MELIUS:** (Unintelligible) understand each
21 other.

22 **MR. LEWIS:** Yeah.

23 **DR. MELIUS:** It's mostly a question for
24 Department of Labor --

25 **DR. WORTHINGTON:** Yeah, at this point we

1 pointed them in the right direction and, if
2 there are additional questions or requests, we
3 -- we would answer them, but we don't believe
4 we have any on the table at this point.

5 **DR. ZIEMER:** As far as you know, you've
6 provided them with the information they need to
7 make --

8 **DR. WORTHINGTON:** At this time.

9 **DR. ZIEMER:** -- any determination or change in
10 the period. Thank you.

11 **MR. LEWIS:** Yeah, we believe so.

12 **DR. ZIEMER:** Thank you. Okay, let's let -- Dr.
13 Melius and then Wanda Munn.

14 **DR. MELIUS:** Yeah, I have two questions. One,
15 on the Hanford site, we've been waiting now I
16 think six months or more, maybe even longer,
17 trying to get access to records there. It --
18 it's holding up any further action that we can
19 do on the Special Exposure Cohort petition
20 there, as well as I think what NIOSH is trying
21 to do in terms of modifying the -- the site --
22 site profile, and I'm -- my last understanding
23 is that there've been a number of meetings, as
24 you reported. But I guess I'm trying to get --
25 get a sense of when will NIOSH actually get the

1 information that -- that it -- it requested
2 because --

3 **DR. WORTHINGTON:** I understand what you're
4 asking, and I believe that some information has
5 been made available. The slide that I talked
6 about here are the things that we've done, that
7 so many thousands of documents have been
8 scanned, we're right at that point now that
9 we've -- that we've done almost all the legwork
10 and we've gone through all the security hoops
11 and we've scanned the documents, and I -- I
12 would say that documents now will start coming
13 out in huge volumes because we've -- we've
14 overcome, I -- I believe, all of the hurdles to
15 do that.

16 **DR. MELIUS:** Okay. And just related to that,
17 is the -- we also had budgetary problems last
18 year with this -- there. Has that been taken
19 care of for Hanford?

20 **DR. WORTHINGTON:** I believe it was -- was taken
21 care of. I think what I would describe as
22 almost immediately upon becoming aware that we
23 had a shortfall, we went out and identified
24 funds, made them available, Hanford was pretty
25 much on the top of the list, and we -- we've

1 worked with them and we've made some
2 projections regarding next year. I don't
3 believe that, from anything that we're aware
4 of, that we have any reason to be concerned
5 about budget unless, for whatever reason,
6 there's some massive increase that none of us
7 are aware of and none of us have planned for or
8 budgeted for, whether in -- yes, I -- I
9 understand that we have -- that we could have a
10 continuing resolution, and we would certainly
11 make money available according to those
12 requirements, but --

13 **DR. MELIUS:** Yeah, and -- and I -- I understand
14 there's --

15 **DR. WORTHINGTON:** -- so there wouldn't be a
16 period there wouldn't be any monies, yes.

17 **DR. MELIUS:** -- everyone will live through
18 there, so I -- I guess my que-- question is,
19 given the scope of what NIOSH has requested to
20 date, the budget appears to be adequate to --

21 **DR. WORTHINGTON:** And Greg's been -- been
22 working with them --

23 **DR. MELIUS:** Okay, that's --

24 **DR. WORTHINGTON:** -- very active, you know,
25 very engaged with them on -- on what we believe

1 to be the -- the needs. And I'm not aware of a
2 huge disconnect regarding budget, with the
3 understanding that we may be on continuing
4 resolution and that money will be sent in
5 certain increments, but we think we're okay.

6 **DR. MELIUS:** So instead of --

7 **DR. WORTHINGTON:** We'll -- we certainly will
8 watch that one very carefully.

9 **DR. MELIUS:** -- by October 1st, that's --

10 **DR. WORTHINGTON:** Yeah, we will keep an eye on
11 that, but we want to -- we're so close now to
12 getting those documents out and so we'll give
13 that certainly high priority.

14 **DR. MELIUS:** Thank you. And -- and my second
15 question, I -- I'm not sure this -- who needs
16 to answer this or can answer this -- is so with
17 -- is -- I'm trying to get a handle on what are
18 the protocols for security review, and I think
19 this is -- may be more of a question for -- for
20 NIOSH. I'm just trying to -- the Board, we're
21 -- we're faced with a number of reviews now
22 that -- that appear to be able to delay, or
23 potentially delay, documents that -- that we
24 received -- the documents we receive, either
25 directly from NIOSH, from SC&A or somehow

1 otherwise accesses as par-- part of our
2 reviews, and I was trying to get a handle on
3 what the -- the overall protocol and -- and --
4 and policies are. We -- we hear-- hearing this
5 piecemeal and -- and so forth, and it may be
6 that the turnaround can be quick from one type
7 review and not the other, but is there some
8 sort of comprehensive listing or protocol that
9 will describe how these various reviews'll take
10 place and -- and what is that specifically
11 being reviewed?

12 **DR. WORTHINGTON:** There is a --

13 **DR. ZIEMER:** Let -- let me answer it here
14 first.

15 **DR. WORTHINGTON:** Sure.

16 **DR. ZIEMER:** It may be that our next item on
17 the agenda will -- which is the -- the next one
18 is the data access issue -- may answer some of
19 that, but this -- go ahead, Pat.

20 **DR. MELIUS:** I was actually hoping that that's
21 what Larry would tell me, but it may not, so
22 that's why --

23 **DR. ZIEMER:** May not answer it, okay. He's
24 shaking his head, so let's hear Pat's answer.

25 **DR. WORTHINGTON:** I do want to engage in a

1 little bit of discussion with you, in
2 particular about delay of documents. We
3 believe that the process that we've established
4 to ensure that we are meeting the security
5 requirements would not result in a delay, but
6 it would -- at various junctures the documents
7 would be reviewed so that there is an
8 inadvertent release and then information
9 wouldn't be made available, so we believe it's
10 -- facilitate getting the reports out. And so
11 once reports are generated, before they are --
12 are released in any public forum, there's a
13 process that it would come for review through
14 the security organization to ensure that it is
15 appropriate for release. And we believe -- I
16 think that Larry's mentioned that we've tested
17 this out, and we believe that we have the right
18 people that we're able, in terms of numbers of
19 individuals as well, that we're able to
20 facilitate those and that it's only a matter of
21 days to prevent a long delay if there's
22 something wrong with the document. I don't
23 know if you want to add more, Larry.

24 **MR. ELLIOTT:** Let me -- let me give you an
25 outline, if I may, of how things are working

1 right now. And I'll start with either NIOSH or
2 SC&A needing to access information at a DOE
3 site. And so what we've done is we have
4 established a Point of Contact -- DOE has
5 established a Point of Contact at that site for
6 us to interact with. We've established at
7 NIOSH/OCAS a Point of Contact to serve to
8 coordinate and prioritize all of the requests
9 relative to that site. And this is not a
10 gatekeeper position. This -- if SC&A has a
11 request, they work with this OCAS person to get
12 that request put in front of DOE's Point of
13 Contact, and jointly they talk about where it
14 fits in the scheme of prioritization. That
15 seems to have helped quite a bit, I believe.
16 Secondly on that, regarding that kind of
17 access, we have -- well, DOE would then respond
18 to those -- those kinds of requests, and we've
19 assured DOE that we have the proper safeguards
20 and security policies at HHS, CDC and NIOSH to
21 protect different kinds of sensitive type of
22 information. And so we have to also give them
23 assurances that the people who are working on a
24 given task, whether it's an SCA person or a
25 NIOSH/OCAS person, has the need to know and has

1 the right to review that kind of information
2 and will protect it accordingly. So we've --
3 we've had discussions about that. We're
4 working to shore that up in some areas.
5 Now once we have retrieved the information that
6 we feel is important for a given task, and we
7 start writing about that, whether it's --
8 whoever, SC&A staff or NIOSH/OCAS staff, or the
9 Board, if your working group decides they're
10 going to write their own kind of document -- we
11 have committed to give those original draft
12 documents to DOE for this security review.
13 They return them to us with a -- either a
14 thumbs-up or a thumbs-down -- I've not seen a
15 thumbs-down yet so I'm not sure how that's
16 going to work, but I -- I doubt we're going to
17 know, unless we're properly cleared, what's
18 going on with a document if it's -- if it's
19 compromised in any way. But we'll be told --
20 the right individuals will be told, I'm sure.
21 Once that draft document has gone through
22 further editing and becomes -- and Privacy Act
23 reviewed, if necessary, before it is thrown
24 into any form of public dissemination, it is
25 once again reviewed by DOE to make sure that

1 through the editing process something hasn't
2 occurred that would prevent -- or would reveal
3 sensitive information.

4 So there's two -- essentially two review steps
5 that DOE has now in this process to make sure
6 that sensitive information is protected.

7 Does that help answer your -- answer your
8 question?

9 **DR. WORTHINGTON:** I do want to tell you,
10 though, that in terms of individuals, DOE's
11 been working with NIOSH, been working with the
12 sites to make sure that Q-cleared individuals
13 are available to work on these projects. And
14 where appropriate, if we needed to, you know,
15 work security clearance, we -- we've done that,
16 you know, with the site and with -- and with
17 NIOSH. And so we have the right people in the
18 right places. We have, as -- as Larry's
19 indicated, protocols that they had in place
20 already that interface with the DOE protocols
21 and we feel are appropriate now, and we have
22 these reviews and we think it will facilitate
23 rather than -- than delay getting reports out.

24 **DR. MELIUS:** Two comments. One is that I think
25 it would be -- be helpful, certainly for the

1 Board members and also for our dealings with
2 the public, to -- to understand what the -- the
3 process is and to see it in writing 'cause it -
4 - it -- this --

5 **MR. ELLIOTT:** We're working up a flow chart.
6 We haven't got that far --

7 **DR. WORTHINGTON:** It's not quite yet available
8 --

9 **MR. ELLIOTT:** It's not -- it's not prime time
10 yet.

11 **DR. WORTHINGTON:** -- yet but Larry did a great
12 job in -- in describing it, but we'll --

13 **DR. MELIUS:** Okay.

14 **DR. WORTHINGTON:** -- we'll have it ready for
15 you.

16 **DR. MELIUS:** And -- 'cause there's also Privacy
17 Act reviews --

18 **MR. ELLIOTT:** Sure.

19 **DR. WORTHINGTON:** Yes.

20 **DR. MELIUS:** -- and -- and so forth, and -- and
21 these all, you know, sequentially can add up to
22 --

23 **MR. ELLIOTT:** Yeah.

24 **DR. MELIUS:** -- to time and -- and -- and
25 problems, so the second is -- is more of a

1 comment and, no matter how well-intentioned
2 this is, and I'm not doubting anybody's
3 intention-- 'tentions, this is, you know, a
4 particular issu-- particularly security issues
5 regarding the credibility of this program. The
6 cla-- many of the claimants are very skeptical
7 or suspicious of DOE's motives and -- and long
8 history of -- of using security issues as a way
9 of not informing people about the risks and
10 about the potential health problems that they
11 may be incurring, fighting workers compensation
12 claims and -- and so forth, so no matter how
13 well-intentioned this is, there's always going
14 to be suspicion and -- and concerns. And I
15 think it can significantly affect the -- the
16 credibility of -- of this program, and so what
17 you talk about as a prioritization of documents
18 may be something that other people view as
19 well, we're not getting these documents,
20 therefore they're trying to cover something or
21 what-- I mean you can twist all these -- no
22 matter how well -- well-intentioned it is, and
23 I think it's very important that we keep this
24 process as open as possible so people -- we ha--
25 - so we have a written flow charts and -- and

1 so forth so people can understand what --
2 what's going on with documents and that we be -
3 - be very careful that -- that we -- with all
4 due respect for what needs to be done in terms
5 of security, we don't want to undermine that in
6 any way, but we also make sure that -- that
7 that is not used as a way of undermining the
8 credibility of the program, so --

9 **DR. WORTHINGTON:** And -- and --

10 **DR. MELIUS:** -- we need to tread very -- very
11 carefully here and -- and I think there'll be
12 continued concerns about that and -- and it's a
13 hard area to even discuss sometimes, so I
14 recognize that and so forth, but I would hope
15 you keep that in mind, that we don't get into a
16 proc-- or a process that bogs us down so much
17 'cause the longer these reviews take, the more
18 suspicions there are -- well, we don't have
19 this doc-- I mean even the Privacy Act reviews
20 you can see from other situ-- other sites that
21 don't involve security issues cause problems in
22 terms of the Board dealing with -- with some of
23 these sites and --

24 **DR. WORTHINGTON:** And we understand that and
25 when we're talking with workers -- I mean many

1 of the workers -- I mean all of the workers
2 that we've encountered, they're also very
3 sensitive to the fact of releasing information
4 that should not be released, and so I think
5 that the workers also realize that we have to -
6 - to balance, you know, making reports
7 available that in fact do meet the security
8 requirements. But your comment about being as
9 transparent as we can so that people will --
10 will understand that we're not hiding behind
11 security, because DOE is committed, HSS is
12 committed to making the -- the information
13 available, and we believe that ensuring that we
14 aren't having any security infractions will
15 make the process faster and will not cause
16 delays, and so we're trying to work with all
17 the organizations, and I think we've made
18 tremendous progress and we'll continue to
19 refine things as we go along, and to make sure
20 that we can be as timely as possible.

21 **MR. ELLIOTT:** I echo that, that we do
22 understand the concern. No matter what we do,
23 no matter how transparent we are, we will be
24 fighting this specter of something's going on
25 that we -- you know, we can't talk about, we

1 won't talk about, so it must be important to --
2 to the claimant or the petitioner.

3 **DR. MELIUS:** Yeah.

4 **MR. ELLIOTT:** We will have a security plan in
5 place in OCAS, I hope within the next 30 days.
6 I know DOE is also providing -- or preparing a
7 security plan on their side which will guide
8 and direct and inform the various site records
9 managers. And so once we have -- NIOSH has its
10 security plan in place, we'll be happy to share
11 that with you and I think that'll provide more
12 insight into the process. It'll also show this
13 flow diagram, as we understand it. So point
14 well taken, Dr. Melius.

15 **DR. ZIEMER:** Thank you. Ms. Munn?

16 **MS. MUNN:** Dr. Worthington, you alluded to
17 ETEC, and that site is a particularly
18 complicated one and we realize that none of us
19 are in position to have full information
20 available with respect to ETEC and the other
21 contractors there. But if you could give us
22 any information about status at this time, it
23 would be appreciated.

24 **DR. WORTHINGTON:** Yesterday I think that some
25 of my staff had an opportunity to actually go

1 to the facility and -- and do a tour, kind of
2 be on the ground, get more insights. We have I
3 believe provided all the documents that have
4 been requested and we thought that were -- were
5 needed in support of this and so we're just
6 actually waiting for new requests from us in
7 this area -- Greg, I know you've been working
8 this personally. Are there any new insights
9 that you might have that -- anything you want
10 to add about where we are with this -- or Gina?

11 **MS. CANO:** I think also I just want to
12 introduce -- we have two individuals from
13 Boeing with us. We have Judy McLaughlin and
14 Phil Rutherford, and so they are here and we
15 offer -- I know there's a working group on
16 ETEC, and we want to make them available so if
17 you have any questions of them in regard to the
18 data that's available, I would encourage you to
19 -- to work with them, and at the same time
20 would encourage you -- the working group to set
21 up a tour of the facility, if possible. I
22 think that was very insightful for us. But at
23 this time we are waiting on additional requests
24 to support the SEC.

25 **MS. MUNN:** Good. Thank you.

1 **MR. KATZ:** One moment, Larry. Can you just
2 spell out ETEC for the court reporter?

3 **MR. ELLIOTT:** That's Santa Susana. ETEC is --
4 I can't spell it out.

5 **MS. MUNN:** Energy --

6 **MR. KATZ:** Energy Technology Engineering
7 Center.

8 **MS. KLEA:** Santa Susana.

9 **MR. KATZ:** Santa Susana.

10 **MR. ELLIOTT:** Santa Susana, Area IV.

11 **MR. KATZ:** Thank you.

12 **DR. MELIUS:** Just get the Italian.

13 **MR. ELLIOTT:** Yes, right now DOE owes us
14 nothing on ETEC. We do know that your working
15 group may request additional information. One
16 thing I want to point out is that in -- that I
17 didn't mention earlier in my remarks about our
18 coordination with DOE is that -- well, two
19 things. I've asked my Q-cleared staff to make
20 sure that they go to the site and actually look
21 at sensitive documents and identify which
22 documents are actually needed for our work, and
23 I think that has streamlined the process.
24 The other thing that I didn't mention is that
25 we -- we made sure that we talked about sharing

1 of information, so whatever information NIOSH
2 has already collected, SC&A should not have to
3 request that information from DOE. DOE should
4 not have to provide it. It's already in our
5 holdings and it's available and accessible to
6 you or the -- or your contractor. So that was
7 an important step forward 'cause that's helped
8 streamline some of the impact that was -- DOE
9 was facing.

10 On -- on Santa Susana, I would again plea --
11 make a plea to you all to consider the NIOSH
12 recommendation to add this class. Again, we
13 have a number of claims that are so affected.
14 No matter what you decide in your deliberations
15 about Santa Susana later, we can attend to that
16 in an 83.14 situation where we can add more
17 later. But right now there are a number of
18 claims from Santa Susana that are in that class
19 definition that are not going anywhere. So
20 again I would ask you to consider moving
21 forward with the Santa Susana class.

22 **DR. ZIEMER:** Thank you. Mike Gibson.

23 **MR. GIBSON:** As far as the workgroup activities
24 and scheduling, and especially to be fairer to
25 the claimants and the petitioners, this flow

1 chart, will it have some kind of time
2 commitments on getting documents turned around
3 such as the site profile reviews and the SEC
4 petition reviews? You know, that's -- that's a
5 concern in general and specifically for Santa
6 Susana. We scheduled a workgroup meeting last
7 week and found out at the last minute basically
8 that petitioners would not have access to the
9 information, and that really puts a damper on
10 things.

11 And secondly, just a follow-up, Larry, you just
12 said that DOE owes us no documents. Unless I
13 missed them in the last few days, I still
14 haven't seen the cleared version of the site
15 profile or the SEC petition to the claimants --
16 or the matrix, yeah.

17 **MR. ELLIOTT:** Well, I don't believe that DOE
18 has an involvement in those two last actions.
19 I believe that's sitting in front of Privacy
20 Act review folks right now. That's -- that's
21 where I understand it to be, so DOE has no
22 action.

23 As far as time frames in this flow chart or in
24 the security plan, you'll have to look at that,
25 because each request and situation may be

1 different. You take the Hanford example, I
2 think it's important that as DOE works through
3 a batch, like they have with the Savannah
4 River, they give us 25 CDs, that's not all of
5 what we've requested, but that's what they've
6 got done so far so they provided that as soon
7 as they possibly could. So that's another
8 agreement that we have struck, not to hold up
9 everything until the request is fully complete
10 but to provide us with what they have as they
11 complete their -- their review of it. So as --
12 as we develop the security plan and we develop
13 the flow chart, we certainly will consider when
14 and where we think it's appropriate to put in a
15 time deadline.

16 **DR. ZIEMER:** Go ahead, Michael.

17 **MR. GIBSON:** Just -- I was told last week at
18 the meeting that after you guys cleared the
19 Privacy Act review of the information, it had
20 to go back to DOE for a second time and it was
21 in their hands.

22 **MR. ELLIOTT:** Well, I believe -- I believe it--
23 I don't know if it was in their hands at that
24 point in time. I don't know that to be true,
25 but if it was, I don't know where it's at right

1 now. If they've got it -- the history right
2 now shows me that within five to seven days we
3 see these things come back from DOE, especially
4 -- I think the shorter turnaround time is on a
5 Privacy Act review. They've already seen it
6 once and it -- so it's a quicker read for them.

7 **DR. WORTHINGTON:** These documents are given
8 extremely high priority in terms of turning
9 them around in Department of Energy. We're
10 committed to, as fast as we can, review them.
11 We have made people available and they're aware
12 that we expect a, you know, quick turnaround.
13 I do -- do want to comment on some -- some
14 earlier discussion about access. DOE has not
15 denied access on any of the requests for people
16 coming to the sites, regardless of the
17 organization. They have cleared individuals.
18 We work with them and there've been no -- no
19 cases of where people have not been given
20 access -- organizations not been given access
21 to the site and to get the -- what they needed
22 to get done.

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

24 **MS. BEACH:** I was just wondering if we could
25 get an electronic copy of your presentation

1 here this morning?

2 **DR. WORTHINGTON:** Yes, it's loaded on the
3 system now and I think that will be made
4 available -- yes.

5 **DR. ZIEMER:** Thank you. Other questions or
6 comments? If not -- oh, Michael, additional
7 comment?

8 **MR. GIBSON:** Could someone, just either from
9 NIOSH or DOE, let me know exactly, you know,
10 where these two documents -- specifically the
11 site profile review and SEC review -- you know,
12 are they available and cleared for public --
13 public viewing?

14 **MR. ELLIOTT:** Just to correct, my comment
15 earlier was to say that we have no outstanding
16 requests with DOE. We -- we may have these two
17 documents, but that's not, in my -- my
18 phraseology, a request of information from
19 them. You may be right that they have the two
20 documents for review, and I'll find out where
21 they're at and I'll get back to you.

22 **DR. WORTHINGTON:** Okay.

23 **DR. ZIEMER:** Okay, thank you. Yes, Phillip.

24 **MR. SCHOFIELD:** This is for Dr. Worthington. I
25 just want to say that in behalf of a lot of the

1 claimants in the Los Alamos area, they want to
2 thank you for the effort that you have put
3 forth on the medical records issue.

4 **DR. WORTHINGTON:** Thank you.

5 **DR. ZIEMER:** Thank you, Phil. Any other
6 questions or comments?

7 **DR. WORTHINGTON:** Gina, do you have a -- Gina
8 has one clarification she wanted to provide.

9 **DR. ZIEMER:** Yes, Regina.

10 **MS. CANO:** Larry, we do have four documents
11 right now that are being currently reviewed by
12 our office.

13 **MR. ELLIOTT:** Santa Susana?

14 **MS. CANO:** Well --

15 **MR. ELLIOTT:** Who requested them?

16 **MS. CANO:** They were just --

17 **MR. ELLIOTT:** NIOSH or SC&A?

18 **MS. CANO:** NIOSH, it was -- they were recent,
19 but -- I would say within the past week, but I
20 just want to make that correction so, you know,
21 we will provide that information to you and I
22 did check on status this morning, so -- at
23 least left a message. I apologize.

24 **MR. ELLIOTT:** My apologies, Mike. I didn't
25 know about these four documents.

1 **DR. WORTHINGTON:** We checked just this morning
2 just to see if there was anything outstanding,
3 and we will make them available.

4 **DR. ZIEMER:** Okay. Thank you very much, Dr.
5 Worthington. Thank you again for your -- not
6 only your presentation, but your attention to
7 this whole program. Appreciate it.

8 **DR. WORTHINGTON:** Thank you.

9 **DR. ZIEMER:** I think if -- if Ed Dacey is here
10 -- oh, before we proceed --

11 **MR. ELLIOTT:** Let's get this --

12 **DR. ZIEMER:** -- additional comment now.

13 **MR. ELLIOTT:** -- let's get this correct. I'm
14 just now told that the four documents are not
15 Santa Susana, they're Atomics International, so
16 it goes to a different site. So we have
17 document requests in front of DOE we're waiting
18 on, but they're not Santa Susana, and I will
19 find out where we're at with the two Privacy
20 Act review documents that you need for your
21 workgroup. So I'm happy to be able to get that
22 correct.

23 **DR. ZIEMER:** It may be that -- that one of your
24 staff members -- your staff is so fast they
25 already have the answer. Here's Stu Hinnefeld.

1 **MR. HINNEFELD:** It's -- it's not -- wasn't
2 Atomics International. It's General Atomics.
3 Atomics International is at Santa Susana.
4 General Atomics is one of the four.

5 **DR. ZIEMER:** Okay. Well, that didn't answer
6 Mike's question, but -- Mike, I think you have
7 a commitment that we will follow up and give
8 you that information very -- very soon.

9 **MS. MUNN:** It's all in California.

10 **DR. MELIUS:** Whatever -- whatever site it is,
11 we'll let you know.

12 **MS. MUNN:** It's in California.

13 **DATA ACCESS AND DATA SECURITY ISSUES**

14 **DR. ZIEMER:** Okay. I think we can proceed.
15 You recall that the Department of Labor update
16 was given yesterday so we can proceed to the
17 next item, which is data access and data
18 security -- might be appropriate sin-- in light
19 of our discussion a few moments ago. Ed Dacey
20 from NIOSH -- Ed, welcome.

21 **DR. BRANCHE:** Dr. Ziemer, as Mr. Dacey comes to
22 the microphone to prepare, there -- there are
23 some issues that will be affecting the Board
24 members and their access to the firewall. And
25 so given that we're not -- Mr. Dacey can

1 certainly give us a sense of the timing, but
2 he'll be coming up probably sooner than any of
3 us are comfortable. It's better to have given
4 you some information to help you understand the
5 potential for changes if we can't necessarily
6 tell you when those changes will be
7 implemented. But certainly the ability of
8 Board members who are not full-time federal
9 employees to have access to the firewall is
10 going to be an issue that will essentially
11 affect you ability to access the share drive at
12 some point in the future. So I wanted Mr.
13 Dacey to comment and begin to share some of
14 that information with us and talk about, in
15 advance of that, whenever that will be in the
16 future, how we might be able to talk about how
17 your access to data can -- can be -- can be
18 effectively altered and what will be a
19 reasonable way for us to be able to manip--
20 maneuver around these potential changes. Thank
21 you, Mr. Dacey.

22 **MR. DACEY:** Thank you, Dr. Branche. I'm Ed
23 Dacey. I'm the NIOSH information system
24 security officer, and the focus on this will be
25 pretty much IT security, address of the other

1 general security or -- or access issues that we
2 talked about earlier.

3 A lot of the requirements that we're operating
4 under came out of FISMA, Federal Information
5 Security Management Act, passed in 2002.

6 Initial deployment of FISMA was somewhat slow,
7 but it's been wrapping up and we're seeing
8 numerous changes happening quickly.

9 Within CDC here's our general hardware overview
10 -- 20,000 PCs, over 8,000 laptops. The number
11 of servers is rapidly declining and the -- the
12 mainframe is heading out the door within the
13 next year. The 11,000 remote access users that
14 -- primarily CDC staff, telecommuting, working
15 evenings, weekends, but also staff deployed
16 throughout the world.

17 IT trends in general, the general industry
18 trends, collaboration, mobile devices, telework
19 -- all wonderful things that allow us to do all
20 kinds of fantastic things and create all kinds
21 of security nightmares.

22 Increasing threats, the Veterans Administration
23 laptop theft, as well as the NIH laptop,
24 created monumental problems for those
25 organizations.

1 VA --

2 **DR. ZIEMER:** Can you tell us what -- what those
3 were? I mean NIH laptop, what was that?

4 **MR. DACEY:** Sure. In the NIH situation there
5 was a researcher had study data that contained
6 personal information on his laptop and he had
7 it in his car and -- in a parking lot and his
8 car was broken into. That laptop was stolen.
9 Now the -- you know, the initial thinking was
10 how could anybody leave a laptop laying in
11 their back seat -- broken into, but apparently
12 he had it in the trunk and it was stolen in a
13 fairly sophisticated way, so there are serious
14 threats out there in terms of losing laptops.
15 The VA situation, that was the theft from the
16 individual's home. In that case, you know, in
17 addition to the, you know, political and press
18 exposure, the problems with constituents, the
19 estimates are that it cost VA in excess of \$100
20 million to deal with that situation -- costs
21 for credit monitoring, all the internal steps
22 they had to go through. It was a hugely
23 expensive proposition that -- that took a
24 tremendous amount of resources.
25 Some of the other threats we're seeing that --

1 **MR. KATZ:** Ed, sorry to interrupt, but can you
2 just try to talk into the mike so that the --

3 **DR. ZIEMER:** Maybe raise it up.

4 **MR. KATZ:** -- recorder can catch this? Thanks.

5 **THE COURT REPORTER:** Ed, you can kind of turn
6 that podium toward here if you want to, if
7 that's good for you.

8 **MR. DACEY:** So in -- in addition to the various
9 viruses and worms, we're starting to see fairly
10 sophisticated attacks, the -- the malware, the
11 general worms, Trojan viruses, other things
12 that can download data from PCs instead of just
13 blasting them out the way that they used to
14 with the Nigerian e-mails, which are almost
15 comical. Now they're using a fair bit of
16 social engineering, and so depending upon the
17 time of year -- I mean at Valentine's Day we
18 saw a lot of e-mails -- click on this valentine
19 -- we'll see a lot more of those on Halloween.
20 And so they're -- they're really cluing into
21 personal behavior and so they're being somewhat
22 more effective in terms of infecting PCs.
23 And then there's some very sophisticated
24 threats going on, data exfiltration, and this
25 can be somewhat hard to detect, but they will

1 load Trojan viruses, other things that will
2 export data undetected out to external sources.
3 SQL injection attacks are -- are another semi-
4 sophisticated approach that can be used to
5 access databases remotely. And wireless hacks,
6 the TJ Maxx hack where they stole hundreds of
7 thousands of credit card information was done
8 by accessing a wireless network.
9 So there -- there's increasing threats across
10 the board and those have elicited increased
11 tension up and down the government. OMB's been
12 very active coming out with requirements. The
13 National Institute of Standards and Technology
14 is promulgating lots of regulations that we
15 need to follow. And within HHS they've
16 developed a Secure One HHS program that
17 outlines numerous steps that CDC and NIOSH has
18 to follow.
19 There -- there are a number of systems that
20 they're looking at. They're called the
21 financial transaction and procurement system,
22 and critical operation systems that are needed
23 for day to day operation. And then sensitive
24 data, which is what we're talking about within
25 this framework.

1 This is the standard OMB definition on
2 sensitive data. A variety of options here in
3 terms of what falls under the sensitive data.
4 Personally identifiable information is -- is
5 the big one, but there's numerous other ones
6 that can fall in there, too.

7 PII can be sensitive or non-sensitive,
8 depending upon the situation and context. If
9 you've got, you know, someone's name and he's
10 the employee of the month, non-sensitive
11 situation. And employee on probation would
12 def-- fall into the sensitive context, so a lot
13 of this is situational in terms of what steps
14 need to be taken.

15 Microdata is becoming an increasing issue.
16 When you're dealing with small populations,
17 it's becoming easier, even if you don't have a
18 unique personal identifier, to reconstruct who
19 that individual might be. It's amazing what
20 you can do going into Google and, with a number
21 of searches, quickly reconstruct who an
22 individual might be if you've got a few items
23 to search on. So you sometimes are not as safe
24 as you think you might be.

25 In protecting sensitive information we need to

1 identify our holdings, reduce to the maximum
2 extent possible the collection of that data,
3 limit need to know, and then also limit
4 sensitive data accessed remotely, in transit
5 and on portable systems.

6 In terms of strategies -- and I think, you
7 know, a lot of these issues -- I know that
8 everybody involved in this is already, you
9 know, well versed in the game, but just to
10 reiterate, you know, people are key to this
11 process. Encryption I think is absolutely
12 essential. I think, you know, if we have a
13 data loss of laptop, thumb drive, other
14 removable media, even if it's encrypted there's
15 still going to be significant fallout in terms
16 of, you know, reporting of that information in
17 the press, but if it's encrypted we're in
18 infinitely better shape that if it were not.
19 Know where it is and two factor authentication.
20 What I mean by two factor authentication is if
21 you're doing remote access, not only do you
22 have the user ID and password, you have a
23 second secure way to validate who you are, be
24 it RSA key fob or some other device that can
25 provide a reasonable degree of guarantee that

1 that individual says -- is who they say they
2 are.

3 Within CDC the general approach that they're
4 taking now in terms of systems security is to
5 create standard centralized hardware and
6 software platforms. In the past there have
7 been a wide number of servers distributed
8 throughout the agency. Those are going --
9 being consolidated down into the minimal number
10 of servers so you've got tight control over
11 what those boxes are, being sure that they're
12 patched, that they meet standards and are under
13 good physical control.

14 Streamlining the certification and
15 accreditation process for the systems on these
16 platforms, the C&A process is part of the FISMA
17 mandates that requires you to do a
18 comprehensive review of your application
19 systems to be sure that they are secure. CDC
20 is structuring it so that if you run these core
21 consolidated systems, the process is relatively
22 straightforward and can be done with a minimal
23 amount of trouble. If you diverge and run this
24 on a system operated outside the CDC
25 environment, be it by contractor or some other

1 mechanism, then the approach is infinitely more
2 difficult and infinitely more expensive. Up
3 until now, CDC has not been rigidly enforcing
4 that as the general approaches didn't get
5 systems C&A secured in a timely manner, but now
6 we're getting to the point where the ones that
7 are not will not be allowed to continue to
8 operate.

9 In terms of remote access to systems and data,
10 data is definitely most secure when it's stored
11 centrally. Way back when, in the good ol' days
12 of the -- when there was a CDC mainframe
13 located in the sub-basement of building one in
14 Atlanta and there were no PCs, the data was
15 just as secure as could be. You know, it's a -
16 - it's a completely different world that we
17 operate now and there are inherent tradeoffs
18 between functionality and security.

19 The -- the particular issue in terms of remote
20 access has been bouncing around for some time,
21 but it was triggered internally within CDC
22 'cause we worked through some issues on
23 teleworking implications for remote access.
24 CDC, along with the rest of the government, is
25 actively pursuing telework, and the question

1 becomes how are you going to let the employees
2 access systems and data when they're working
3 from home.

4 If you read through some of the OMB and FISMA
5 guidance, they're fairly clear in terms of
6 access to government systems and government
7 data has to be through government computers.
8 Now the CDC's remote access gateway, which we
9 call CITGO 2, could currently differentiate
10 whether a computer is a CDC computer or a
11 person-- personally-owned computer. I mean
12 it's currently not making any differentiation
13 in terms of the rights of those computers in
14 terms of what they can access, what they can
15 do, but there are discussions currently that
16 may result in limiting non-government computers
17 to access any of our internal systems and data.
18 So I think it's reasonable to expect that at
19 some point we may well see changes that will
20 apply across the board, not only for CDC
21 employees teleworking, but for anyone accessing
22 CDC network and systems remotely. The -- the
23 timing on this is unclear. It will be a huge
24 undertaking within CDC. With 11,000 remote
25 users, it is neither a quick and easy decision,

1 but I think, you know, we're likely to see that
2 decision in the not-too-distant future and then
3 phase in those changes in a semi-aggressive
4 time frame.

5 Now I've been talking about the CDC network in
6 -- in our current structure with ORAU and --
7 and data residing there and accessing that
8 data, it may seem that, you know, it's not an
9 immediate concern. But everything we're
10 talking about will apply to any CDC government
11 owned and operated system. And the fact that
12 we have contractor, you know, doing it
13 externally does not, you know, alleviate the
14 requirements to go through the steps. So I --
15 you know, we don't know the timing or exactly
16 how this is going to play out, but I did want
17 to broach the issue, let you know that, you
18 know, it's a possibility and it may -- you
19 know, once the decision is made, it may happen
20 quickly.

21 **DR. ZIEMER:** Thank you very much. Christine,
22 you have a comment?

23 **DR. BRANCHE:** Just a couple of comments and I
24 just want to underscore something that Mr.
25 Dacey said, and that is a -- a couple of

1 things. First of all, when -- essentially when
2 the -- when the signal comes, NIOSH will have
3 to be compliant and we won't be necessarily the
4 ones who decide when that time frame comes, but
5 we certainly need to prepare.

6 The other thing that Mr. Dacey said is that
7 this change would be -- would affect not only
8 those of you who are Board members, but all of
9 the contractors, both those working with NIOSH
10 and one -- the contractor working with the
11 Board, would be affected. So we're going to
12 have to think through access to NIOSH's -- the
13 data that NIOSH currently provides to you by
14 your access through the firewall. Currently we
15 are -- we certainly have -- so that's what's
16 going to happen. These are the kind of issues
17 that are going to have to happen.

18 Certainly anyone can come to NIOSH -- a NIOSH
19 building and have access without any
20 difficulty, but that's not usually how you all
21 work. And so this really does open the issue
22 of how you have access to our data and we want
23 you to be aware of it and we want to start
24 thinking through practical ways to overcome
25 what is certainly to be a major change in the

1 way you access information that's currently
2 housed on the O drive.

3 Dr. Ziemer?

4 **DR. ZIEMER:** Thank you. Certainly the access
5 to the O drive appears to me to be the -- the
6 biggest impact. Almost everything we -- else
7 that we deal with is already on the web site
8 and is public information, so the O drive is --
9 is where there is restricted information and
10 information that may not be redacted and so on.
11 It certainly seems impractical for this Board
12 to have to go to Cincinnati to access the O
13 drive, and so I guess we need to be thinking
14 about what the real implications are in terms
15 of use of personal computers. Some -- some of
16 the Board members -- I think most of these
17 Board members are currently using personal
18 computers, several have government computers,
19 but certainly that's a -- would be a
20 significant issue for us.

21 Let's get comments. Wanda Munn.

22 **MS. MUNN:** Well, this raises so many potential
23 problems for us that it's certainly appreciated
24 to be -- have it laid out early so that one can
25 think it through. I can imagine that

1 government laptops dedicated solely to this use
2 would not be so much of a problem as wireless
3 access. Wireless access would appear to be a
4 serious issue in terms of long-term security.
5 And -- the procedures workgroup, for example,
6 has just gone through a major exercise to try
7 to get our -- what started out to be a complex
8 matrix into now an individual documentary form
9 so that we can track them quickly and easily by
10 wireless. And I'm not asking that you provide
11 any answers to that, I'm just actually thinking
12 out loud in terms of some of the major problems
13 that this kind of concern with security is
14 going to make for us here. The wireless issue
15 is one that would appear to be overwhelming in
16 terms of what we can accomplish at -- in group
17 meetings. I can understand if we are at home
18 or in someplace where it's possible for our
19 government computer to have a land line
20 connection, then that might eliminate some of
21 the concerns. But wireless connectivity, for
22 most of us, is sort of a way of life now.

23 **DR. ZIEMER:** Well, certainly you could protect
24 the wireless system, but if you're at a place
25 like this hotel, sitting in this room where we

1 can access the O drive, this wireless system is
2 not protected, as I understand it. In fact,
3 when we sign onto it, it says that it is --

4 **MS. MUNN:** Right, it's unsecure.

5 **DR. ZIEMER:** -- unprotected and unsecure, so I
6 -- I assume that that means that a hacker could
7 easily access what you're looking at --

8 **MS. MUNN:** Yes.

9 **DR. ZIEMER:** -- if you're looking at the O
10 drive. Is that correct?

11 **MR. DACEY:** That's true, I mean the -- wireless
12 wi-fis is difficult to secure and -- and
13 frequently you -- you can't fully trust
14 whosever set that network up. Now broadband
15 wireless where -- I mean you have a sprint
16 broadband card that works similar to a cell
17 phone is relatively secure and that's -- you
18 know, if you've got good cell phone coverage
19 where your residence or your meeting place,
20 that's a very reasonable secure solution.

21 **DR. ZIEMER:** So in principle, if these
22 regulations went into effect, a place like a
23 hotel where a workgroup may wish to meet, such
24 as your workgroup --

25 **MS. MUNN:** Exactly.

1 **DR. ZIEMER:** -- meeting later today, could in
2 fact have a secure wireless system under what
3 you just described if you had the appropriate
4 cards or whatever it is.

5 **MR. DACEY:** Tech-- it would be --

6 **DR. ZIEMER:** You'd have to arrange it in
7 advance, I assume.

8 **MR. DACEY:** -- tech-- yeah, technically
9 possible.

10 **MS. MUNN:** Is it technically possible by card
11 or by cable connection or what -- I mean I'm
12 thinking --

13 **MR. DACEY:** Sure.

14 **MS. MUNN:** -- do I just need a card in my
15 government computer to enable me, or -- a
16 little technical help there would assist.

17 **MR. DACEY:** You know, I think that -- you know,
18 there may be, you know, issues in terms of, you
19 know, hardware and hardware distribution and --
20 and, you know, what the policy's going to be in
21 terms of how we implement it. But just from a
22 standpoint in terms of what's technically
23 possible, a government laptop running the
24 encryption software and using a broadband
25 wireless card from Sprint or AT&T, the carrier

1 of your choice, is a -- can be a secure
2 solution.

3 **MS. MUNN:** Good.

4 **DR. ZIEMER:** Brad?

5 **MR. CLAWSON:** Well, I still work in the
6 industry so I work in a DOE site and do you
7 realize that your security doesn't match with
8 DOE's security and it gets me in all sorts of
9 problems. All these government agencies have
10 their own individual little security issues and
11 they're -- it's a massive problem. And I can't
12 -- I can't access -- from a DOE site, I can't
13 access the O drive because it recognizes it as
14 a threat. And that -- and -- you know, I know
15 that we're all trying to work a little bit
16 together here, but we all need to get on the
17 same page somehow, too.

18 **MR. DACEY:** I -- I mean that -- that is im--
19 absolutely, you know, valid issue. I mean I
20 think -- you know, within CDC -- I mean we're
21 happy that -- we're not happy, we're pleased to
22 have made some progress where now we have some
23 internal consistency, but I wouldn't for a
24 second suggest that, you know, we are a secure
25 level, you know, government-wide, not that I've

1 seen any government-wide definitions, but there
2 are huge hurdles that still need to resolve in
3 terms of interagency.

4 **DR. ZIEMER:** Yes, Christine.

5 **DR. BRANCHE:** Ms. Munn mentioned the idea of a
6 government -- being able to access from a
7 government-issued computer, a laptop, and I
8 would say that certainly there is the option to
9 issue all of you government property, to all of
10 the Board members. We'd have to balance that
11 consideration, however, with a couple of
12 things. First of all, the expense of issuing
13 them all -- them all to you, and then making
14 certain that you all adhere to a number of
15 responsible actions that you would incur as the
16 holder of this government property. And I
17 somewhat jokingly had talked to Mr. Elliott
18 about, you know, I don't want the DFO position
19 to become the laptop police for -- for the
20 Board and that that -- that role does come on.

21 **DR. MELIUS:** That's Ted's job.

22 **DR. BRANCHE:** But I -- but I do think it would
23 be important, if -- if -- Dr. Ziemer, if you
24 would allow it, a few other concerns or -- or
25 expressions of how the Board members -- how

1 rapidly they would need information that's on
2 the O drive. As we explore different options,
3 we -- if you recall, Dr. Wade did begin to
4 issue -- or to work with the thumb drives. And
5 currently the thumb drives are used only for
6 materials that you are allowed to -- we ask
7 that you download the information so that we
8 have fewer pieces of paper passing around and
9 make it convenient for you. But if we were to
10 use these thumb drives more frequently, if we
11 were to mail them to you with information that
12 had already -- it's either encrypted or has
13 been purged of personal identifiers, would that
14 be a viable option to consider as we look at
15 the various options that we will want to be
16 able to propose to you from an agency -- from
17 -- from our agency to you as a Board. Is that
18 a practical -- I mean given the frequency with
19 which -- within which and the kind of
20 information that you access from the O drive,
21 is a more frequent mailing of an exchange of
22 these thumb drives a practical option? I mean
23 of course we would bear the expense of mailing
24 things back and forth and make certain that you
25 have all the right envelopes, et cetera.

1 **DR. ZIEMER:** Well, let -- let me comment, and
2 others will have comments, but take a site --
3 let's take Fernald as an example. There's a
4 lot of Fernald data on the O drive, and what I
5 find is that you often go there and you look
6 down through a list of documents and you may
7 say well, this one looks interesting, and you
8 look at it and say well, that didn't give me
9 much information and -- and so you're sort of
10 scanning through to find documents that are
11 useful. But if you have to identify everything
12 in advance and then ask that it be downloaded
13 and sent, it would become very inefficient, I
14 think. The access is a way of streamlining
15 things. I -- I think it certainly makes sense
16 if -- if there are specific documents that you
17 know that you need, and this includes -- it's
18 what we do with the dose reconstruction cases.
19 I know I have three cases that I have to review
20 and I can get those on a disk or on a -- on a
21 flash drive and -- and I'm responsible to care
22 for that information while I have it. But just
23 in the general sense, for workgroups that want
24 to sort of look at all the different documents,
25 it seems to me it's very impractical, just a

1 top of the head impression.

2 Brad.

3 **MR. CLAWSON:** I'd echo what you just said
4 because like -- well, just take Fernald for
5 example. I've gone into Fernald into the O
6 drive and been going through some of the
7 process, and then I have to be able to go back
8 out and go over to a Mound site, because all
9 these sites are interconnected and so forth
10 like that. I may go through three or four
11 different sites because this product went to
12 here or this is what they did with this, and
13 it's -- it's kind of connecting the dots and,
14 you know, I may sit there for two or three
15 hours going from site to site, gaining this
16 information that I need to be able to glean
17 from this and for me to be able to say yeah, I
18 just need this document and this document, I
19 have never been able to really do that. It's --
20 - it's always led me into something else or to
21 go someplace else.

22 **DR. ZIEMER:** Other comments?

23 **MS. MUNN:** Yeah, I have another question then.
24 This --

25 **DR. ZIEMER:** Wanda?

1 **MS. MUNN:** We were speaking in terms of thumb
2 drives. Is it possible that we might have
3 encrypted cards rather than thumb drives with
4 which -- through which we could access the data
5 that we wanted and onto which the data that we
6 wanted could be recorded. Sometimes it seems -
7 - maybe it's an erroneous impression that cards
8 are certainly easier to handle and transport,
9 and maybe -- I don't know whether they're
10 capable of being encrypted, though. Are they?

11 **MR. DACEY:** I -- I'm not -- when you say cards,
12 I'm not sure I under...

13 **MS. MUNN:** Memory cards. Memory cards.

14 **MR. DACEY:** Well, I guess I would -- memory
15 stick, I don't -- I -- maybe I -- I generally
16 think of them as interchangeable.

17 **MS. MUNN:** No, I'm not talking about -- I'm not
18 talking about a USB port. I'm talking about a
19 data card port.

20 **MR. DACEY:** I -- I have to check on that. I'm
21 not sure.

22 **MS. MUNN:** It just would seem that it might be
23 more easily encrypted than --

24 **DR. ZIEMER:** Well, certainly the technology
25 issues have to be faced once we know what the

1 rules are, and whatever we thought was true
2 today, about ten minutes later the technology's
3 going to change. So I think at the time this
4 goes into effect we'll have to see what's
5 available and what can be done. Let me ask a
6 question then we'll follow with John. My --
7 mine has two parts.

8 When you ta-- you indicated sort of uncertainty
9 as to what the status of this is. Can you give
10 us your best estimate, what's the probability
11 this is going to go into effect, is A -- is it
12 100 percent and -- or is it like 50-50, and B,
13 if it is going to go into effect, can you
14 venture a -- an early -- sort of what's the
15 earliest possible date it might?

16 **MR. DACEY:** This is --

17 **DR. ZIEMER:** Are you free to do that?

18 **MR. DACEY:** Well, see, I -- I'm not involved in
19 the internal CDC discussions, so I will venture
20 my personal guess, 'cause I have no concept of
21 what the real probabilities are. My guess
22 would be greater than 50 percent that will
23 happen. I mean beyond that, I -- I just -- I
24 can't put a number whether it's 60 or 80, but I
25 -- I'd say greater than 50 percent chance we'll

1 see it.

2 **DR. ZIEMER:** Probability of causation's greater
3 than 50 percent here, is it? Okay.

4 **MR. DACEY:** And in terms of implementation time
5 line -- again, this is just my own personal
6 opinion, without any insights or involvement in
7 discussions -- six to 12-month time frame,
8 but...

9 **DR. ZIEMER:** Okay, thank you. Larry, you have
10 any further insight?

11 **MR. DACEY:** Yeah, I think we -- you know, the -
12 -

13 **DR. ZIEMER:** Put you on the spot.

14 **MR. DACEY:** Having said that, you know, if
15 there's laptops stolen tomorrow or, you know,
16 it -- it could be next week.

17 **MR. ELLIOTT:** Well, let's hope no laptops are
18 stolen tomorrow -- or next week. The only
19 input I can provide you in the tea leaves that
20 I'm trying to read as well is that we see this
21 in -- in NIOSH/OCAS as being tied to the award
22 of our new technical support contract. And no
23 matter who gets that, we'll have -- we've
24 purchased two new servers already that will --
25 will serve as -- gives an ability to encrypt.

1 And whoever gets the new contract, the current
2 situation that ORAU provides -- you don't go
3 through our firewall right now, so you go to
4 ORAU --

5 **DR. ZIEMER:** Right.

6 **MR. ELLIOTT:** -- site. That's where the O
7 drive's at for you, but that'll -- that'll be
8 going away. Now when, I can't say. I think
9 Ed's estimation of six months to a year is
10 probably fair on and -- but -- but we see it
11 tied to certain events that will happen. One
12 of those events is new contract award and
13 knowing that new hardware has to be put in
14 place that's going to speak to this HHS/CDC
15 security policies and our efforts to be
16 compliant.

17 **DR. ZIEMER:** John Poston?

18 **DR. POSTON:** Well, Dr. Ziemer, you probably --
19 you may not remember since you've retired, but
20 this sounds like a faculty meeting, faculty
21 commi-- meeting trying to solve a problem that
22 they don't understand all the parameters but
23 they haven't pulled back from trying to solve
24 it anyway. I would point out, however, that
25 those of us who've worked in the DOE complex

1 and who still work in the DOE complex, we have
2 secure ID cards that allow us to sign-on to
3 secure servers, like Sandia Lab and so forth,
4 from wherever in the world. And if we don't
5 have the right ID, we can't get on it. And the
6 ID is generated randomly by a card that's given
7 us. It's called a secure ID. This is a
8 problem easy to sign -- to solve, and I think
9 we ought to move on with the other things on
10 the agenda.

11 **DR. ZIEMER:** Okay. Thank you. Well, let --
12 let me, though, give an opportunity for any
13 additional comments. Larry?

14 **MR. ELLIOTT:** I would just like to speak to the
15 -- the concept of the flash drive option.
16 Certainly NIOSH/OCAS is going to stand up and
17 try to provide whatever decisions you all make,
18 but in a flash drive situation my initial
19 thoughts are that I look around the table, I
20 see 12 individual members who have different
21 levels of interest and need. And so this is
22 going to impact -- if we go that route, it'll
23 impact the staff at -- at NIOSH/OCAS 'cause
24 we're going to have to serve each one of you
25 individually, make sure your flash drive has

1 what you want on it, and then there are going
2 to have to be some business rules established
3 about that. You know, if you're going to share
4 the information because you think it's
5 important, you need to have the other Board
6 member see it as well. We'll have to set up
7 some business rules on how that can be shared.
8 So it's not a straightforward simple process.
9 This is -- it's good that we're starting to
10 think through this now rather than react when
11 we're told you need to be compliant next week.

12 **DR. ZIEMER:** Thank you. Okay, any further
13 comments?

14 **MS. KLEA:** Could I make a comment?

15 **DR. ZIEMER:** Well --

16 **MS. KLEA:** About claimant's security?

17 **DR. ZIEMER:** Sure, we'll allow it.

18 **MS. KLEA:** Bonnie Klea --

19 **MR. KATZ:** Just one -- Bonnie, just hold one
20 second. Please, someone on the phone has a
21 beeping sound. I don't know if it's a hold
22 button or whatever, but if you could mute your
23 phone.

24 **MS. KLEA:** Yes, I'm Bonnie Klea from the Santa
25 Susana Field Lab and I have a question why the

1 program has gone from using a tracking number
2 to now using our Social Security number on
3 every single piece of correspondence.

4 **DR. ZIEMER:** I don't know that that's the case,
5 but let's hear from Larry.

6 **MR. ELLIOTT:** I don't know what you're
7 referring to, Ms. Klea. The NIOSH
8 correspondence you receive does not use Social
9 Security numbers. DOL correspondence uses the
10 last four digits. NIOSH only uses the tracking
11 number that we assign to you.

12 **MS. KLEA:** That's not true. I have hundreds of
13 pieces of correspondence with my name, address
14 and Social Security number. I have claims from
15 a lot of the other workers. Every single piece
16 of paper has their Social Security number on
17 it, and mail theft is a big problem.

18 **MS. BLAZE:** (Off microphone) (Unintelligible)

19 **DR. ZIEMER:** Are these DOE or DOL -- DOL or
20 NIOSH?

21 **MS. KLEA:** NIOSH. I'll bring them tomorrow.
22 Every piece of paper --

23 **MS. BLAZE:** I was asked to include our file
24 number on every single sheet of paper that --

25 **DR. ZIEMER:** File number or --

1 **MS. BLAZE:** Which was the Social Security
2 number for my father. That's the file number
3 that they assigned him. Otherwise it would not
4 be submittable evidence.

5 **DR. ZIEMER:** Thank you. Okay, Larry, if --

6 **MR. ELLIOTT:** Let me refine that. The -- if
7 you're talking about the correspondence letter,
8 and the correspondence letter that NIOSH sends
9 out has a tracking number at the top as part of
10 the subject line. If you're talking about
11 individual documents that are attached to that
12 correspondence letter, like a dose
13 reconstruction report, yes, it does have a
14 Social Security number in it. If it's an
15 activity report, yes, it does have a Social
16 Security number in it, because we're asking you
17 to verify certain information to be accurate.
18 Okay? So we use a tracking number on our
19 letter correspondence. We do provide Social
20 Security number in -- in attached information
21 that's relevant to the claim to make sure that
22 we have all the relevant information and it's
23 correct.

24 **DR. ZIEMER:** Thank you. We're going to -- and
25 also thank you, Mr. Darcy, for your

1 presentation -- Dacey. We're going to take our
2 break now and we'll mute the phones as well.
3 Break till 10:35 -- or 10:30, I'm sorry.
4 (Whereupon, a recess was taken from 10:10 a.m.
5 to 10:30 a.m.)

6 **MR. KATZ:** Can someone on the phone let me know
7 that you can hear?

8 (No responses)

9 Anybody on the phone?

10 **UNIDENTIFIED:** Yes, I can hear you.

11 **MR. KATZ:** Okay, great. And just let me remind
12 everyone on the phone -- two things. One,
13 please keep your phones on mute. Press star-6
14 if you don't have a mute button. And secondly,
15 please, please don't put us on hold. We had a
16 situation just before the break where someone
17 put us on hold and it was -- it was interfering
18 with discussion, so if you -- if you need to
19 leave your phones, please disconnect and dial
20 back in, but don't put us on hold. Much
21 thanks.

22 **SCIENCE UPDATE**

23 **DR. ZIEMER:** Okay, thank you. We're ready to
24 resume our agenda. The next item on the
25 agenda, which originally shows up after lunch

1 but since we have modified the agenda this
2 morning we now come to the science update and
3 science issues. The keeper of the science
4 issues, Dr. Jim Neton from NIOSH. Jim,
5 welcome.

6 **DR. NETON:** Thank you, Dr. Ziemer. I'm happy
7 to present today what's become sort of a semi-
8 regular portion of the Advisory Board meetings,
9 and that is the status of the science issues
10 that NIOSH is tracking. And not -- not the day
11 to day issues, but sort of what goes on behind
12 the scenes to keep our program current with
13 either the current science or fixing some of
14 the issues that may have been resolved either
15 internally within NIOSH or as part of the
16 deliberative process with Sanford Cohen &
17 Associates.

18 I spoke last Board meeting, if you recall,
19 about the special edition of the *Health Physics*
20 *Journal* that went out, and we had a nice
21 discussion of what was included in that issue.
22 And I think the meeting before I presented
23 largely on what was going on with dose
24 reconstruction science issues. So today I
25 thought I might take a little time to spend a

1 little time discussing what's been going on
2 with the issues related to the risk models.
3 That is, the care and feeding of the IREP
4 program that is our main driver for the
5 Department of Labor to estimate probability of
6 causation.

7 If you recall, there were seven issues
8 identified some time ago by the Advisory Board
9 in -- in consultation with NIOSH, that really
10 needed to be looked at over the long term to
11 make sure that IREP was up to snuff, so to
12 speak, with the current science. And I've
13 listed those on -- on this particular slide.
14 You can't see it real well, but there's three
15 of them highlighted in light blue; that would
16 be the first, the sixth and the seventh issues,
17 and those are the ones that I intend to address
18 today. That is the incorporation of nuclear
19 worker epi studies in the IREP risk models.
20 There was a lot of interest up front, in the
21 beginning of this program, that the
22 Hiroshima/Nagasaki cohort was not necessarily
23 the best one to use for developing risk models,
24 although it was the best at the time. And so a
25 little bit of what we've done to look at worker

1 studies and see how they might inform us as to
2 what the risk is in the occupational setting.
3 And number six, which is the evaluation of
4 Chronic Lymphocytic Leukemia as a covered
5 cancer under EEOICPA. I'd like to discuss some
6 of the progress we've made there.
7 And finally, I'll talk a bit about what's known
8 as the DDREF, that's the dose and dose rate
9 effectiveness factor, and what we've done to
10 look at that in light of what's come out in the
11 -- in the literature over the last five years.
12 The other issues I'll just go over briefly.
13 Smoking adjustment for lung cancer, if you
14 recall, we completed that some time ago. That
15 was the adjustment based on the Radiation
16 Effects Research Foundation reanalysis of a --
17 Hiroshima/Nagasaki survivors where the smoking
18 adjustment was treated somewhat differently.
19 We've completed that. We've done a PER. That
20 one is closed.
21 And then the other ones, grouping of rare and
22 miscellaneous cancers, that is the situation
23 where the IREP program lumped together only
24 cancers that -- 50 or more cancers -- if there
25 were less than 50 cancers, some of them were

1 combined into one single risk model to give
2 statistical power.

3 And age at exposure analysis is the issue
4 related to the fact that there are some
5 indications in the literature that when a
6 person is exposed at an older age, the risk of
7 developing cancer may be greater, presumably
8 because of a -- the status of the immunology --
9 immulogic (sic) system or something to that
10 effect. We're intending to look into that.
11 And then the other one is the interaction with
12 other workplace exposures. That is, you know,
13 how do these risk models that are purely based
14 on radiation exposure fair -- fair when you
15 compare them with other expo-- concomitant
16 exposures in the workplace such as benzene and
17 asbestos; are there confounders modifying
18 synergisms, that sort of thing, that would be
19 there to -- to warrant modifying the model.
20 But I -- I -- again, today I just want to focus
21 on the first, sixth and seventh bullets. Of
22 course we'd be happy to entertain any questions
23 on the other ones at the end of the
24 presentation.

25 In the area of incorporation of nuclear worker

1 studies, I'm kind of excited to report that
2 we've collaborated with another division within
3 NIOSH, that's the Division of Hazard,
4 Evaluations and Field Studies, under a National
5 Occupational Research Agenda -- that's a NORA
6 intermural research award. NIOSH every year
7 offers internal comparis-- internal competition
8 within NIOSH researchers to -- to fund certain
9 studies that -- that are of inter-- the broad
10 interest to the nation. And DSHEFS has an
11 Office of Energy Research Programs that
12 completed a NORA letter of intent and we serve
13 as a collaborator -- I'm a co-investigator on
14 this project. And like I say, it has been
15 funded.

16 The intent of this project is to evaluate the
17 adequacy of risk models used in setting ra--
18 setting radiation protection standards. Of
19 course for the OCAS part of it, we're not that
20 much interested in how adequate the radiation
21 protection standards are, but certainly the
22 risk models that are applied are of -- of
23 importance to us. And they had a unique
24 concept -- DSHEFS had a unique concept to use
25 two large worker epi studies that are out

1 there. One was a NIOSH leukemia study, it was
2 huge NIOSH case-controlled study of leukemia --
3 95,000, I think -- leuke-- workers at various
4 DOE sites, and they intend to expand that to a
5 cohort of about 150,000. With that size of a
6 cohort, it is believed that one can get enough
7 statistical power to have some degree of
8 information that might be useful to -- to
9 inform on what at least the risk of leukemia is
10 in the occupational setting, compare that to
11 what our models predict based on the
12 Hiroshima/Nagasaki survivors.

13 The second part of this study is to use the
14 data for solid tumors from the Inter-- Interag--
15 - International Agency for Research on Cancer -
16 - that's IARC -- who recently published a 15-
17 country study examining the cancer incidence of
18 workers from 15 countries. I think there was
19 something on the order of a half a million
20 workers involved in this study. And they've
21 come out with some risk models -- risk values
22 that could be used to be informative as to what
23 the exposure is -- the risk is in the
24 occupational setting.

25 So we're -- we're pleased to be participating

1 with this and we hope some -- some good
2 information will come out of this. The
3 interesting concept is I don't think either of
4 these studies, in and of themselves, will be
5 sufficient to stand alone. But I think if one
6 weights the uncertainty -- and this is the
7 concept that's part of the study -- if one
8 weights the uncertainty -- the relative
9 uncertainty of the study and combines them into
10 a total picture, one might be able to -- to use
11 the data in such a way as to incorporate the
12 worker studies.

13 I've talked about this before, the leukemia
14 evaluation is based on about 160,000 workers,
15 and this project is currently at the research
16 protocol stage. It's been -- the research
17 protocol has been drafted. It's out for
18 external review right now.

19 Okay, the next project I'd like to talk about
20 is our evaluation of the Chronic Lymphocytic
21 Leukemia situation. As you know, our
22 regulation specifically designates that the
23 probability of causation for radi-- the risk
24 for -- of developing chronic lymphocytic
25 leukemia from radiation exposure should be

1 equal to zero, and that was consistent with
2 what the knowledge base that was known at the
3 time. But we are -- we also committed to
4 keeping abreast of current advances in the
5 literature and are -- have made some -- I think
6 some good headway in this area, although
7 admittedly it's slow and probably not as fast
8 as some would like, as -- as we've heard very
9 clearly in a public comment session yesterday.
10 Back up just a little bit. Since 2005 we've
11 been looking at this -- NIOSH actually hosted,
12 in collaboration with the Agency for Toxic
13 Substances and Disease Registry, another part
14 of CDC, a workshop that -- that collected a
15 number of experts on leukemia, and specifically
16 chronic lymphocytic leukemia. They assembled
17 in Washington, met. A report came out of that
18 meeting, and in fact a large portion of the
19 *British Journal of Hematology* that was
20 mentioned yesterday was devoted to the -- the
21 progress that was made in that meeting, the
22 findings and the observations.

23 Out of that, it is pretty clear that there is
24 compelling evidence, at least to our know-- our
25 way of thinking, that chronic lymphocytic

1 leukemia should not be excluded. We also went
2 out independently and solicited expert opinion
3 from five experts on chronic lymphocytic
4 leukemia, and I would say that the -- the
5 response was not unanimous, although I would
6 say that it was highly skewed towards the idea
7 that CLL should be considered radiogenic,
8 although we did get a mixed -- mixed input.
9 So given that -- that chronic lymphocytic
10 leukemia could potentially be radiogenic, or
11 cannot be not considered radiogenic, there's
12 two things that need to happen. One is you
13 need to have a risk model, and second is you
14 need to have a method to be able to do the dose
15 reconstruction. The risk model is a little
16 tricky, because chronic lymphocytic leukemia
17 doesn't express itself until much later on in
18 development. People go for years with chronic
19 lymphocytic leukemia and oftentimes it's
20 diagnosed at a routine physical. It's also
21 been misdiagnosed quite a bit because, as was
22 mentioned yesterday, there are a number of
23 similar type blood -- blood abnormalities that
24 -- that it could be mistaken for. In fact, it
25 is correct that now small lymphocytic lymphoma

1 and chronic lymphocytic leukemia have been
2 considered to be one disease by the World
3 Health Organization.

4 I'm sorry, is --

5 **MS. BLAZE:** Can I just ask a question?

6 **DR. NETON:** Sure.

7 **MS. BLAZE:** If they are considered
8 (unintelligible) --

9 **MR. KATZ:** Excuse me -- excuse me, could you
10 please come to the mike? Thanks.

11 **DR. ZIEMER:** Who's asking the question?

12 **MS. BLAZE:** If they are considered the same,
13 SLL and CLL, what would be prohibitive in using
14 the risk models already established for SLL, in
15 the best interests of time?

16 **DR. NETON:** We'd have to look at both -- the
17 problem is that they both have not been studied
18 epidemiologically very well. The information
19 is not out there. But it would be -- well, let
20 me -- let me get to our -- our risk model and
21 you'll see. That's basically what we're going
22 to do.

23 The risk model that we've been developed is
24 similar to a lymphoma model. Even though CLL
25 is considered leukemia, it behaves more like a

1 lymphoma. The difference is that chronic
2 lymphocy-- I don't want to get too technical
3 here, but chronic lymphocytic leukemia is a
4 disease where the blood that -- the B
5 lymphocytes in the blood system just -- don't
6 die like they would in a normal population.
7 They don't undergo what's call apoptosis. So
8 since they have a much longer life span than a
9 normal cell, they tend to accumulate.
10 Well, it's much different than a -- say a
11 leukemia where you have a proliferation of
12 cells that just swamp the system. This is a
13 situation where there's a normal rate of
14 production, but they just don't die and so they
15 build up in the system, which is slightly
16 different than small lymphocytic lymphoma,
17 which is a nodular agglomeration of cells in
18 different parts of the body. So they -- they
19 have somewhat different diagnoses. In fact,
20 it's probably considered now that they're
21 different stages of the same disease, more than
22 likely, although that's not universally
23 accepted. There's still some debate going on.
24 Nonetheless, the risk model that we picked is
25 similar to a lymphoma model, except that we

1 have an extended latency period. CLL takes
2 some time to exhibit its -- its
3 characteristics, sometimes out to 20 years. So
4 to be real quick and not get too technical,
5 suffice it to say that we would use a lymphoma
6 model with an extended latency period, with
7 some -- some adjustments.

8 What's become a more difficult issue, though,
9 is the dose reconstruction method. One has to
10 know what tissue to reconstruct to come up with
11 a dose and a probability of causation. The
12 target organ for CLL could be either the cells
13 in the bone marrow or any cell throughout the
14 entire lymph system. So, you know, what to do?
15 What do you -- what do you pick (electronic
16 interference) (unintelligible) claimant
17 favorable and pick the highest organ. But what
18 happens in that particular case is if one
19 selects the tracheobronchial lymph nodes, one
20 ends up with huge -- and by huge, I mean
21 800,000-rem doses to the tracheobronchial lymph
22 nodes -- which virtually then says that every
23 CLL that we would encounter was 80, 90 percent
24 probability of causation, virtually all
25 compensable, which is inconsistent with all the

1 epidemiologic evidence that's out there.
2 So we're working right now to resolve that
3 issue. That's taken some time. The current --
4 I just got the draft report on this last week
5 about the proposed -- draft methodology now --
6 that was -- was based on extensive review of
7 the literature, and (unintelligible)
8 probabilistic model that would use the
9 inventory of the weighted average of potential
10 CLL precursor cells in the body -- that is,
11 knowing the trans-- knowing the residence time
12 of the B-cell lymphocytes throughout the body,
13 and there is a lot of information on this;
14 there's a -- we've reviewed dozens of studies
15 on this -- we would do the weighted average of
16 the cell and then incorporate the uncertainty
17 of that weighted average into -- into the dose
18 distribution.
19 And that's where we are right now. It's taken
20 some time to assemble that body of literature,
21 but I'm optimistic that this is going to move
22 forward. We need to do some -- some more
23 calculations, but we're as close -- closer than
24 ever, I guess -- so I'll -- I'll leave it at
25 that.

1 Of course, once we do decide this as -- this as
2 part of our regulation, then it will involve
3 rule-making and having to go back out and
4 public comment and all that sort of -- or
5 formal -- formal things that accompany rule-
6 making.

7 Okay, the other -- the other issue I'd just
8 like to touch on briefly is the evaluation of
9 the dose and dose rate effectiveness factor.
10 Just to remind everyone, the DDREF reduces the
11 risk value models for low dose and low dose
12 rate radiation, which accounts for the possible
13 curvature in the dose response model at lower
14 doses and at chronic exposure situations. This
15 is sort of -- even though one says that it's a
16 linear no-threshold hypothesis, in reality it's
17 generally accepted that there is -- it is more
18 of a linear quadratic model which
19 mechanistically can be accounted for by damage
20 of DNA and double-strand breaks and repair,
21 that sort of thing.

22 It only applies, though, to low LET radiation.
23 That is photons and X-rays, and in this
24 particular case it's applied as an uncertainty
25 distribution to the risk model. Now because of

1 that, it's a direct multiplier on the risk
2 model, it can have a huge impact on the
3 relative risk of any type of cancer that we --
4 that we model.

5 Just to give you an example and as a reminder,
6 this is right out of the IREP documentation,
7 this is what's currently in IREP for solid
8 cancers other than the breast and thyroid. And
9 you see we have sort of a histogram type
10 distribution that assigns a DDREF of the
11 highest frequency of .3 at 1.5 and a value of
12 2. And remember, these would be -- you divide
13 the risk model value by this value, so
14 essentially if you have a DDREF of 2, the risk
15 model goes down by half.

16 We allow for possibility that the DDREF can be
17 as high as 5 -- a one percent chance, as you
18 see on the far right -- and as low as .5, which
19 means it would actually -- the risk is -- which
20 implies that the risk is higher at -- at low
21 doses and dose rates. The mean value of this
22 distribution, if one calculated it, would be at
23 1.8.

24 So we're -- we're re-looking at this, and
25 partly this has been prompted by the release of

1 the BIER VII report that indicated that the
2 DDREF in their model would have a central
3 estimate of 1.5 with a 95 percent confidence
4 interval -- is what you see on the screen --
5 between .8 and 2.7. It's slightly different
6 than -- than what we're currently using.
7 However, we want to exercise caution. This
8 would -- this would affect virtually every case
9 that was exposed to low LET radiation, so we
10 want to be sure if we -- if we change anything,
11 we've got -- we've got it right and we've got
12 the best science in play.
13 So to get to that, again, we've done a
14 comprehensive review of the literature and have
15 reviewed over 300 references that are out there
16 available to inform us on DDREF. We looked at
17 a number of studies, including radiobiology,
18 microdosimetry and epidemiology. There's a --
19 there's virtually a boom in -- in studies out
20 there looking at -- at low dose effects now,
21 primarily in the area of -- you might have
22 heard of adaptive response and bystander
23 effects, those type of things, and epigenetic
24 effects. There's a lot of information out
25 there. It's -- it's a real rich field right

1 now to be looking at.

2 We've got this report prepared, but we think
3 it's prudent at this point to send it out for
4 external peer review. And as part of our
5 normal process, we're going to select five
6 expert reviewers, send it out to them, get
7 their opinion as to what the recommendations in
8 the report are currently, and -- and move on
9 from there.

10 Okay, just a few other things that are
11 happening in the background. We've initiated a
12 formal verification and validation of the NIOSH
13 IREP calculations. I want to quickly interject
14 that we don't believe there's anything wrong
15 with the calculations. We believe they're
16 right. We also don't want to imply that they
17 haven't been quality -- gone through any kind
18 of quality assurance. All these calculations
19 have been -- been reviewed. The issue is that
20 we don't have a single big, thick document
21 where they're -- all been assembled and -- and
22 reviewed in accordance with a very defined
23 protocol. So we're going back to reassemble
24 all the studies that have been done and -- and
25 assemble it in one location so that when one

1 asks the question can you show me what you've
2 done, we've got it in one handy location.
3 We've asked SENES Oak Ridge, our contractor on
4 this, to do this for us. And I'm hopeful that
5 we can get this done within the next eight
6 months.

7 This is a little bit of an extension of what
8 I've talked about in the past. The BEIR VII
9 risk model comparisons are underway. BEIR VII
10 came out with some -- some of their own
11 versions of risk models. The problem is that
12 they're not directly compatible to what we're
13 doing. They have lifetime attributable risk
14 calculations, not all cancers have been
15 modeled, and -- there's another issue there,
16 not all cancers, lifetime -- oh, and sometimes
17 they use mortality data, sometimes they use
18 incidence data. So we're trying to -- to fit
19 these into our general scheme where we have a -
20 - actually a version of IREP running in the
21 background, a developmental version, if you
22 will, that is running these calculations trying
23 to see what effect they might have on our --
24 our IREP program; more importantly, reviewing
25 the new solid cancer incidence data that's

1 coming out of the Radiation Effects Research
2 Foundation. You know, they're continually
3 updating this even though the cohort is -- some
4 been exposed 60 years ago. People are
5 continuing to develop cancer and they're being
6 recorded and evaluated, and those data we
7 believe are some of the more solid data that we
8 can use in -- in moving these models forward.
9 So we're reviewing it, evaluating the incidence
10 data. It's incidence data which is much better
11 for our situation. And we expect the leukemia
12 analysis to come out shortly, as well, on top
13 of the solid tumors. So we have -- we're
14 working on those -- those issues.
15 Also a new UNSCEAR report was just released.
16 And if you recall when we -- we reported to
17 Congress on cancers that we think should be
18 added to the presumptive cancer list, we
19 indicated that we thought basal cell carcinoma
20 should be added, but we also indicated that we
21 knew that the UNSCEAR report was -- release was
22 imminent -- turned out that was a year or two
23 ago, but it just finally came out -- and we
24 want to review that new UNSCEAR report that
25 speaks of radiogenecity of cancers to see if

1 anything else has popped up on the radar screen
2 that we might want to consider for inclusion on
3 the presumptive cancer list.

4 And finally, there's an NCRP committee review
5 underway now that NIOSH has funded. It is
6 going to review the uncertainty in risk models
7 in general, and specifically IREP as well. But
8 you know, how one treats uncertainty in
9 development of risk models and what do you do
10 with the data, what's a good sampling, those
11 type of things, and we're real excited about
12 that. That contract I think was just released
13 last week sometime, and so we look forward to a
14 good -- good peer-reviewed version of how one
15 does risk model and uncertainty propagation in
16 -- in this business.

17 Okay, switch gears just slightly. Seems like
18 about once a year I report to the Board on the
19 compensation rates by NIOSH cancer models, so
20 this is an update of what was presented I think
21 about a year ago, maybe last October.

22 And I always like to start with these important
23 caveats. One, that the results are only
24 through August 14th. It's based on only the
25 number of claims that have received final

1 adjudication by the Department of Labor. We
2 don't want to presume what the outcome's going
3 to be by DOL so we only use those that have
4 been finally adjudicated.

5 And although it's becoming less and less likely
6 as -- as the number gets larger, these rates
7 might be skewed by the dose reconstruction
8 efficiency process. In other words, we might
9 pick classes of claims to do because we can do
10 them now, and that may artificially inflate
11 certain cancers -- the results for certain
12 cancers. And because of that, they might not
13 be predictive of future results.

14 And to make it simple and easy to compare, we
15 tried -- we are only comparing claims that have
16 one reported primary cancer. We didn't want to
17 get involved where you have three or four
18 cancers. I mean it's hard to describe, you
19 know, how that works, so we only took claims
20 that had one individual -- you know, one
21 primary cancer for comparison.

22 Okay, here -- here is the list, and I've got a
23 comparison here of 2008 versus 2007 -- oh, did
24 I miss a page here? Yeah, sorry, I went too
25 fast.

1 Lung cancer has turned out to be the highest
2 compensable cancer at 79.1 percent. It's moved
3 up about nine percentage points since last
4 year. That by and large is reflective, I
5 believe, of the way we handle missed dose for
6 internal exposures to actinides. Virtually, if
7 you inhale -- or had the potential to inhale an
8 actinide -- plutonium, uranium, thorium -- in a
9 DOE facility, even if all your bioassay samples
10 were below the detection limit, it is
11 conceivable to come up with enough dose, and
12 oftentimes does, to make lung cancer
13 compensable. So that -- that's where that 79.1
14 percent is coming from.

15 You see out of the top -- one, two, three --
16 top seven, there are four leukemias listed, and
17 they are fairly high. Leukemia happens to have
18 a risk model that doesn't require much dose.
19 The dose from leukemia is in the -- you know,
20 rems range, not tens of rems or a hundred rem
21 like some of the other cancers, so it doesn't
22 take a lot of -- a lot of dose to -- to get to
23 the 99 -- to get to the 50th percentile for --
24 for the leukemias.

25 Interestingly, basal cell carcinoma, which is

1 one of the cancers I just mentioned we
2 recommended be added to the presumptive cancer
3 list, is being compensated at a rate of about
4 66 percent. I think largely that's a
5 combination of two things. One is that the
6 cancer model itself doesn't require a huge
7 amount of dose. But secondly, I think we are
8 fairly generous with our assignment of dose to
9 -- from beta emitters at facilities. There's a
10 lot of missed dose associated with beta -- beta
11 emissions, particularly working with uranium,
12 and I think there's a lot of -- lot of dose
13 provided through that process.
14 I've only listed the first 15, I think, or so
15 cancers, down to the -- anything that was
16 greater than 15 percent.
17 Other respiratory cancers are reflective of the
18 -- of the missed dose model as well.
19 Lymphoma is interesting. It's gone up a bit,
20 and if you recall, last year we changed our
21 target organ for handling lymphomas, with the
22 exception of Hodgkin's lymphoma. Our handling
23 of non-Hodgkin's lymphomas now will very often
24 now target the tracheobronchial lymph node,
25 which does deliver some huge doses, and I think

1 that's where we're seeing some increase in
2 compensation rate for lymphomas.
3 The rest of these, you can read them as well --
4 thyroid, gall bladder, bone cancer.
5 Interesting, eye cancer at 19 percent. There's
6 not many cases, though. I think that
7 represents only four cases or so. That's
8 another thing I have to be careful of. Some of
9 these cancers that show high percentages, there
10 might be only one or two that were compensated
11 out of the pool.
12 I've just listed here on the next page the
13 overall compensation rate as of this August
14 14th. There's a 33.8 percent chance of
15 compensation with a single primary cancer now,
16 compared to 28 percent a year ago. And if one
17 has multiple primary cancers, the compensation
18 rate is 48.5 percent, making the total for all
19 claims that we've received and processed and
20 DOL has finally adjudicated to be 37.5 percent.
21 I intended to have a slide -- or a handout at
22 this meeting that listed all the cancers and
23 the percentages. And unfortunately, due to cut
24 and paste error, I had to pull that back. So
25 some of the Board members may have received a -

1 - a single sheet that had the listing of all
2 the cancers and cases. If I didn't get it back
3 from you, I would appreciate -- I think I got
4 them all, but it was a cut and paste error. We
5 will amend that document. We issue it to the
6 Advisory Board and post it on our web site as
7 soon as we -- as soon as we get a chance.
8 Just to finish up here, I've listed the cancers
9 where less than two percent of the claims have
10 been compensated, and you can read them --
11 connective tissue, rectal cancer, pancreatic
12 cancer, nervous system cancer -- which includes
13 the brain. There's -- it's commonly held in
14 some circles now -- I don't know where this
15 arose -- that no brain cancers have been
16 compensated. There actually have been a
17 couple. The brain -- the nervous system model
18 requires a fairly high dose to reach the 99th
19 percentile, and in general in the DOE complex,
20 after about 1960 or so, the external doses just
21 aren't that great and the blood/brain barrier
22 keeps any internally-inhaled material from --
23 from depositing in the brain tissue, so it's --
24 it's hard to get enough dose into the brain
25 tissue to get to the 99th percentile, but

1 certainly not impossible.

2 There's only two cancers -- cancer models that
3 have zero percent compensation rate, and those
4 are -- as they were last year -- female
5 genitalia and cancer of the ovary.

6 That completes my formal remarks. I'd be happy
7 to answer any questions if there are any.

8 **DR. ZIEMER:** Thank you very much, Jim. Jim,
9 could you remind us of the process that would
10 be required to add to the presumptive list,
11 such as for the basal cell carcinomas. And if
12 -- well, I have a follow-up on that, but go
13 ahead and --

14 **DR. NETON:** Well, Ted or others -- or Larry can
15 correct me, but I believe it would have to
16 require Congressional action. It was part of
17 the original Act and, as such, would require
18 Congress to amend that language to include
19 additional cancers.

20 **DR. ZIEMER:** My follow-up was is there a
21 requirement that we be in step with the
22 veterans' program and the miners' program --
23 compensation programs. They have a similar
24 list of -- of presumptive cancers, so would
25 that affect all the lists then?

1 **DR. NETON:** No, not to my knowledge. I don't
2 think there's any requirement that they be in
3 step, although it would certainly be in the
4 best scientific interests if they were. But
5 sometimes the way regulations are written, you
6 know, sometimes science is not the main driver.
7 I don't know.

8 **DR. ZIEMER:** Okay, so it's -- requires
9 Congressional action, but how does that -- how
10 is that initiated? Is that something NIOSH
11 would initiate? For example, what role would
12 this Board play in something like that?

13 **MR. ELLIOTT:** Well, NIOSH has taken its action.
14 We provided a report to Congress, and so
15 someone in Congress will have to pick up that
16 report and prepare a bill adding that cancer,
17 or whatever the Congress decides to do with it,
18 to the presumptive list. And whether or not
19 they would add it across all of the
20 compensation programs that use a presumptive
21 list would be up to Congress.

22 **DR. ZIEMER:** Well, I'm kind of asking what
23 degree of sort of proactive activities are
24 required? I mean they have a report, but is
25 there any sort of proactive action that is

1 required, either by the agency or by this
2 Board, to stimulate action?

3 **MR. ELLIOTT:** I am not aware of any action
4 that's required. Certainly there's -- the
5 Board may have --

6 **DR. ZIEMER:** Well, required may not be the word
7 I want, but --

8 **MR. ELLIOTT:** The Board has some discretion to
9 advise the Secretary of HHS that NIOSH has
10 prepared a report, submitted it to Congress and
11 -- and you would, I assume, you know, concur
12 with what we've reported. I think our action
13 at this point in time, as Jim has indicated in
14 his presentation, is to examine the new
15 information that's come out and determine
16 whether or not there are other cancers besides
17 basal cell that we would recommend be added.
18 And if so, then we'll provide an additional
19 report to Congress in that regard.

20 **DR. ZIEMER:** And that would occur after you
21 review the -- the recent report by UNSCEAR?

22 **MR. ELLIOTT:** The UNSCEAR report, yes.

23 **DR. NETON:** That was just released within the
24 last month or so, to my knowledge.

25 **DR. ZIEMER:** Thank you. John Poston?

1 **DR. POSTON:** Jim, I think we'd all agree that
2 the ABCC or the RERF, as it's known now, is
3 perhaps not the best set of data but it's
4 certainly the largest and most studied. But --
5 and we also learned this morning that not all
6 government agencies talk to each other. And I
7 wondered if you'd talked to the International
8 Health programs in DOE because they have access
9 to all the Russian data, and that is chronic
10 exposure, which is much more relevant to what
11 we're talking about here. And the contact over
12 there is Barry Fontos*, and I would recommend
13 that NIOSH take a look at that information
14 'cause they have internal exposure to
15 plutonium, external exposure, all the things
16 that we're talking about here. And the -- the
17 nice thing is, if you want to say radiation
18 exposure's nice -- is that it's all chronic.
19 And there are some doses that are right up
20 against the limits, so they're not zeroes.
21 There's significant doses to mo-- a lot of the
22 workers.

23 **DR. NETON:** I -- I appreciate that input. We
24 certainly travel in similar circles with the
25 other agencies. There's only so many people

1 interested in this type of stuff, so we -- we
2 do go to meetings where we're aware of those
3 studies, and we've been tracking them as well,
4 but I think your suggestion to contact them
5 directly is -- is a good one. One of the
6 issues I know with some of the Russian studies
7 is the doses are almost too high in some cases
8 where people are getting fibrotic lesions in
9 the lungs from their plutonium depositions and
10 so you have to be careful in interpreting that
11 information.

12 **DR. POSTON:** Oh, yeah, there's plutonium
13 pneumonitis.

14 **DR. NETON:** It's -- it's interesting data. I
15 agree with you, it's a good -- it's a good
16 cohort to follow up on.

17 **DR. ZIEMER:** Dr. Roessler?

18 **DR. ROESSLER:** My comment is on slide number
19 nine with regard to your update from BEIR VII.
20 It seems to me the big impact that you're
21 talking about is reducing possibly the DDREF,
22 which makes the denominator smaller, which
23 makes the risk higher, which seems to me then -
24 - and you did say that you would then re-look
25 at any calculations. It seems like there could

1 be more compensations then if that's put into
2 effect.

3 **DR. NETON:** If -- if we did adopt it -- I don't
4 mean to imply that we would adopt the BEIR VII
5 model, there are some -- we have a slightly
6 different take. I don't want to talk about
7 draft opinions right now, but we may have a
8 slightly different take on what the -- than
9 what BEIR VII has indicated. But you're right,
10 if -- if BEIR VII is true and the best science,
11 then it would -- it would potentially reduce --
12 or inc-- potentially increase some of the
13 compensations.

14 **DR. ROESSLER:** So when is that external review
15 -- when do you expect that will be finished?

16 **DR. NETON:** Well, we haven't sent it out yet,
17 but -- you know, you have to get the panel
18 assembled, it could take six months. It's not
19 going to be imminent.

20 **DR. ROESSLER:** Enough, I'm -- may I have a
21 question on slide six -- and I have to go back
22 to it to remember what it was. I'll get there.
23 Okay, yes, the evaluation of chronic
24 lymphocytic leukemia where you talk about uses
25 inventory weighted average of potential CLL

1 precursor cells. I -- I just don't get that at
2 all.

3 **DR. NETON:** Yeah, what is the mean residence
4 time of -- of the B lymphocytes in the body in
5 a given location. It's -- it's -- believe it
6 or not, it's known -- with some degree of
7 accuracy, although not great, and we would
8 incorporate the uncertainty. But you know, if
9 you take the life cycle of a B lymphocyte,
10 where does it spend its time in the body -- in
11 all of the different lymph nodes, circulating
12 in the bloodstream, being generated in the bone
13 marrow -- there are -- there are -- one can map
14 the -- the trans-- you know.

15 **DR. ROESSLER:** So that would then have an
16 effect on the organ dose that's calculated?

17 **DR. NETON:** Yeah, you know --

18 **DR. ROESSLER:** How you determine what the
19 target organ is and...

20 **DR. NETON:** Well, it would actually be multiple
21 target organs. It would be somewhat akin to an
22 effective dose equivalent, if you want to look
23 at it that way.

24 **DR. ROESSLER:** Uh-huh.

25 **DR. NETON:** Not -- not from the risk

1 perspective, but as far as weighting it based
2 on its -- it's relative amount of time in each
3 of those organs, so you would have to calculate
4 the dose through several different organs and
5 then weight the effective dose to that cell
6 based on how long it spent in each of those
7 organs. It's -- it's complicated. It's a --
8 it's probably one of the hardest things we've
9 had to do so far in this program,
10 scientifically, as far as coming to grips with
11 how to proceed.

12 **DR. ROESSLER:** Thank you.

13 **DR. ZIEMER:** Other questions? Jim, can you --
14 kind of put you on the spot here, but can you
15 give me your take on the implications of
16 bystander effect? I've -- I've been a little
17 concerned about -- and there was some focus on
18 this at the NCRP meeting --

19 **DR. NETON:** Yes.

20 **DR. ZIEMER:** -- and it seems to be a real
21 effect, but in essence it would say that the
22 effect may show up in the cells that do not get
23 the irradiation.

24 **DR. NETON:** Right.

25 **DR. ZIEMER:** That is the -- some nearby tissue.

1 **DR. NETON:** Right.

2 **DR. ZIEMER:** Our system depends on calculating
3 dose to the organ where the cancer occurs. Is
4 -- is your take that the bystander effect would
5 imply that the dose may occur elsewhere other
6 than where the cancer occurs? I'll put you on
7 the spot here but --

8 **DR. NETON:** That certainly puts me on the spot,
9 Dr. Ziemer.

10 **DR. ZIEMER:** Well --

11 **DR. NETON:** I could only speculate --

12 **DR. ZIEMER:** -- it certainly seems like that's
13 the implication that there --

14 **DR. NETON:** I think you're right, that these --
15 these so-called abscopal effects have been
16 observed where one can -- as a matter of fact,
17 there's a very interesting study that was just
18 put out recently, I think it was in Italy,
19 where they shielded -- they took mice that were
20 preferentially prone to brain cancer and then
21 shielded the head area and irradiated the rest
22 of the body so that the brain tissue received
23 almost no dose, or very small compared to the
24 rest of the body, and they -- they demonstrated
25 a significant increase in brain cancers in

1 those mice.

2 Now there's problems with that issue -- problem
3 with that experiment, but it's an interesting
4 demonstration of -- of that type of an effect.
5 So I don't know. If -- if it turns out that
6 yes, radiation that irradiated other parts of
7 the body or -- can affect an organ -- different
8 organ, it would have a serious impact on -- on
9 what we're doing here, although I'd say it's in
10 its infancy. And these things are not well-
11 understood. They're -- they're very
12 interesting scientific investigations, but
13 nowhere near ready for prime time, in my mind.
14 But we're keeping our eye on it.

15 **DR. ZIEMER:** Thank you. Dr. Roessler, you have
16 an additional question?

17 **DR. ROESSLER:** No, I should make my comment I
18 guess out loud. I said that'll probably be
19 BEIR XVII.

20 **DR. NETON:** Possibly.

21 **DR. ZIEMER:** Any further questions or comments
22 for -- Jim, thank you very much for that -- oh,
23 sorry, one -- there is a comment.

24 **MR. GRIFFON:** This is -- this wasn't on your
25 presentation so I didn't want to ask this

1 question, but just -- can you give us a status
2 on the other -- you have a -- quite a few white
3 papers that you've been --

4 **DR. NETON:** Yeah.

5 **MR. GRIFFON:** -- working on on scientific
6 issues. I just wanted sort of an update on
7 where those --

8 **DR. NETON:** I knew Mark wouldn't let me off the
9 hook on that.

10 **MR. GRIFFON:** No, the other conversation was
11 interesting so I didn't want to cut into it.

12 **DR. NETON:** Yeah, we have several white papers,
13 three that come to mind, that are in draft form
14 or being drafted at this time. And those cover
15 the three big issues in my mind right now that
16 are related to oronasal breathing, the
17 ingestion pathway and the third one -- I know
18 we've got on that's been drafted on thoriated
19 welding rod issue that was raised a while ago.

20 **MR. GRIFFON:** And those are --

21 **DR. NETON:** But there are still other issues
22 out there --

23 **MR. GRIFFON:** -- out soon or any -- any time
24 frame?

25 **DR. NETON:** I would hope so. I can't give you

1 a time frame right now, I'm sorry. There are
2 just so many competing and conflicting things
3 going on right now, but --

4 **MR. GRIFFON:** And the only other quest--

5 **DR. NETON:** We do need to get those done,
6 though. And one in particular because that's
7 affecting the procedures closeout of a number
8 of issues.

9 **MR. GRIFFON:** The only other question I had was
10 on the -- the one slide showed smoking and
11 cancer and complete, and I agree with that, but
12 I've raised this since -- since -- I think the
13 first time I talked about it was in the
14 Mallinckrodt workgroup, which goes back to -- I
15 don't know, '04? I don't know when it was.
16 But the question of smoking and the effect on
17 the dose or the int-- the lung dose, and I know
18 that ICRP-60 has some discussions of it, some
19 proposals from modifying factors to adjust the
20 dose if a person smoked, so that's sort of --

21 **DR. NETON:** Yeah. Yeah.

22 **MR. GRIFFON:** My question was does that affect
23 things the other way for -- you know, would --
24 it --

25 **DR. NETON:** Well, I thi--

1 **MR. GRIFFON:** -- may increase your lung doses
2 and therefore offset the -- you know, the IREP
3 side of things.

4 **DR. NETON:** Well, it -- it would only really
5 affect lung cancers because we're talking about
6 --

7 **MR. GRIFFON:** And they're highly compensable
8 anyway, I know, yeah, so --

9 **DR. NETON:** -- you're talking about long--
10 longer residency time in the lung, which 79.1
11 percent --

12 **MR. GRIFFON:** Right.

13 **DR. NETON:** -- are already getting compensated,
14 and would decrease the dose then, by
15 definition, for the -- the systemic organs. So
16 you know, I -- it would be hard to predict,
17 sitting -- standing up here, how that would
18 play out. But I'm, again, not certain how the
19 -- the models are known with sufficient detail
20 for us to be able to do that. We've talked
21 about this before.

22 **MR. GRIFFON:** Yeah, I did -- I raised it
23 because it -- scientific issues, I'm not saying
24 it's a real --

25 **DR. NETON:** I agree.

1 **MR. GRIFFON:** -- priority right now, but I
2 think that's something that --

3 **DR. NETON:** It's something that we certainly
4 should --

5 **MR. GRIFFON:** Yeah.

6 **DR. NETON:** -- should keep -- keep on the --
7 the table and keep our eyes open.

8 **DR. ZIEMER:** One other thing occurred to me
9 after Mark's question, and that is -- I -- I
10 don't recall if this is part of the scientific
11 issues slate, but I know that after the super S
12 issue arose, and was addressed by this Board
13 and by NIOSH and by SC&A, that an interest
14 developed on the part of ICRP on the super S
15 issue and modeling that. Can you tell us
16 what's developed from that?

17 **DR. NETON:** Yeah, I appreciate the reminder of
18 that. ICRP contacted NIOSH and asked
19 essentially for -- for the data that we used to
20 develop the TIB-49, the super S models. And we
21 have provided them that data, so they have it
22 in their hands and presumably will be using it
23 to inform them on their new models for highly
24 insoluble compounds like that.

25 **DR. ZIEMER:** So this may lead to a

1 formalization of that in the ICRP system --

2 **DR. NETON:** Yeah, I don't expect that they
3 would adopt our -- our --

4 **DR. ZIEMER:** -- per se.

5 **DR. NETON:** -- our model because it's unique to
6 this program, but I think that just to
7 demonstrate what we've done, which is there are
8 -- there's substantial evidence of highly
9 insoluble compounds of plutonium in the lungs
10 for numbers of workers, and we've actually
11 characterized the clearance, I think they would
12 take advantage of that information.

13 **DR. ZIEMER:** Okay. Thank you very much, Jim.
14 We only have 15 minutes or so before our lunch
15 break. I'm just looking at something we could
16 pick up here quickly. I -- I thi-- I think the
17 Chair is going to recognize Gen Roessler for
18 the purpose of presenting a resolution.

19 **RESOLUTION**

20 **DR. ROESSLER:** Thank you, Paul. I wish to move
21 the following resolution.

22 Whereas, Dr. Christine Branche has served with
23 distinction as the Designated Federal Official
24 for the Advisory Board on Radiation and Worker
25 Health; and

1 Whereas, Dr. Branche is stepping down from the
2 position of Designated Federal Official due to
3 her recent appointment as Acting Director of
4 NIOSH.

5 Therefore be it resolved that the Advisory
6 Board on Radiation and Worker Health commend
7 Dr. Branche for her excellent service on behalf
8 of the Board, and thank her for her service;
9 and

10 Be it further resolved that the Board hereby
11 confer on her the Board's coveted Star-6 Award
12 for her continued efforts to help keep the
13 phone lines clear.

14 Enacted this 3rd day of September, 2008 at
15 Redondo Beach, California.

16 **MS. MUNN:** I second that.

17 **DR. ZIEMER:** The Chair recognizes this as a
18 motion. Is there a second?

19 **MS. MUNN:** Second.

20 **DR. ZIEMER:** All in favor, aye?

21 (Affirmative responses)

22 Thank you very much.

23 **DR. ROESSLER:** I would -- I would like to add
24 that although that may appear as a joke, I
25 think that has significantly improved our

1 interactions with people on the phone line to
2 have you really be firm with them.

3 **DR. BRANCHE:** Thank you. If I may, thank you
4 so much for this coveted award -- Star-6 Award.
5 This is a -- as I understand it, a temporary --
6 although we don't know the time limits for the
7 selection of the permanent Director of NIOSH,
8 and I really appreciate the fact that we do
9 have staff who can step in while we have this
10 temporary change. So I -- I expect to be
11 rejoining you and -- and -- but I do appreciate
12 your recognizing me in this way. I have really
13 come to really appreciate each of you and this
14 process. It's not easy having a transparent
15 process. We can always work more to make it so
16 and to let people understand that we really are
17 laboring on their behalf, although it may not
18 always appear to be so.

19 But thank you very much.

20 **DR. ZIEMER:** We're not trying to move you out
21 early because you -- you will be here I think
22 the rest of the day, but it seemed like an
23 appropriate moment to recognize you, so --

24 **DR. BRANCHE:** You certainly caught me off-
25 guard.

1 **DR. ZIEMER:** We're going to go ahead and take
2 our lunch break, but I want to check on -- is -
3 - there is a lunch prepared here that's
4 available. We -- we took a hand count
5 yesterday at the hotel and -- can somebody help
6 us with that?

7 **MR. KATZ:** So there -- there is a lunch -- a
8 prepared lunch and that's at the cafeteria --
9 the restaurant -- Splash, called Splash.
10 Also just want to mention, if there are any
11 people here in the audience who plan to give
12 public comment later, please do go and sign up
13 with Zaida, just outside the doors. Much
14 thanks.

15 **DR. ZIEMER:** Okay. And Larry, you have a
16 comment?

17 **MR. ELLIOTT:** I think it would be good order if
18 -- if you, Dr. Ziemer, would explain where
19 we're at in the agenda, 'cause I've gotten a
20 couple of e-mails from people outside on the
21 phone line wanting to know where things stand,
22 have we had a discussion about security access
23 and that, and so if you could update folks
24 where we stand in the agenda, it might be
25 helpful to them.

1 **DR. ZIEMER:** Okay, on today's agenda we
2 actually have covered everything on the morning
3 agenda. The item called Department of Labor
4 update was actually covered yesterday, which
5 put us a little bit ahead. And so we also have
6 covered now the first item that was listed for
7 after lunch, which is the science update which
8 we've just completed. So that's where we are
9 on the agenda. We have completed what looks
10 like the items through 1:15 p.m.
11 We will begin after lunch with the project
12 update from SC&A and continue from there. Are
13 there any questions on that?

14 (No responses)

15 Okay. Then we'll recess for lunch and be back
16 at 12:30.

17 (Whereupon, a recess was taken from 11:20 a.m.
18 to 12:36 p.m.)

19 **DR. ZIEMER:** Thank you very much. We're ready
20 to resume our deliberations. Before we return
21 to our agenda, just a comment from our
22 Designated Federal Official.

23 **MR. KATZ:** Yes, just --

24 **DR. ZIEMER:** In training.

25 **MR. KATZ:** In training. Just -- just to remind

1 everyone on the phone, please put your phone on
2 mute. Yes, I would like to win that Star-6
3 Award, too. Please put your phone on mute, and
4 if you don't have a mute button, use star-6.
5 And also please don't put us on hold. If you
6 need to leave the phone for a while, just
7 disconnect and dial back in. Much thanks.

8 **PROJECT UPDATE**

9 **DR. ZIEMER:** Thank you, Ted. We're going to
10 proceed on the agenda in the order that it
11 appears. We -- again, we are about 45 minutes
12 ahead of the schedule, but that's fine. We'll
13 continue to -- to go. We'll begin with the
14 project update from SC&A, and Dr. Mauro is
15 here. John, welcome, and give us the update
16 and then we'll have a chance for some
17 discussion.

18 **DR. MAURO:** Good afternoon, everyone. Good
19 afternoon, everyone. For those of you who
20 haven't met me before, I'm John Mauro and I've
21 been the project manager for SC&A for the past
22 five years -- sort of surprised the fa-- those
23 five years went by pretty quickly.
24 What I'm going to do is give a fairly high
25 level overview of where we are, what we've

1 accomplished, what we've yet to accomplish, and
2 -- but we can dive into the weeds anywhere
3 you'd like, on any particular project, where we
4 are, its status and so forth. So please, as
5 I'm going through the presentation, feel free
6 to question any one of the projects where
7 perhaps there in the middle of the workgroup
8 meeting and may want to get a little bit of an
9 update of where we are on any particular item.
10 I'm going to start at the end. I always like
11 to start a presentation with the bottom line.
12 The bottom line is that we -- our co-- our
13 project, which began in 2004, had an overall
14 budget of \$13.4 million. We spent \$11.7
15 million of that over the five-year period.
16 We've got \$1.7 million left. That's good news,
17 and let me explain why.
18 Our contract is ending I guess the first week
19 in October, and I know we're about to enter --
20 and there's going to be a recompetete, and
21 there's always a time period where, between the
22 current contractor and the new contractor.
23 We're in the fortunate position of having
24 sufficient resources, without having to go for
25 additional resources, to keep the project going

1 at its current pace for several months. So
2 work can be assigned. Workgroup meetings can
3 be held, et cetera, et cetera -- as far as I'm
4 concerned, seamlessly, because we have \$1.7
5 million left in our budget. Okay? That's the
6 good news. The good news is that we have
7 plenty of resources to keep the Board's work
8 moving forward.

9 The bad news, however, is that -- as I've
10 explained in the past -- though all of our
11 deliverables, everything over the entire five-
12 year period, will have been delivered by the
13 end of this month, I can't say the same for the
14 closeout process for all of those deliverables.
15 As you all know, workgroup meetings and the
16 closeout process has been quite a protracted
17 process, and there's still a lot of work to be
18 done. And the bottom line is this: To really
19 complete -- given all the work that we had to
20 do over these five years, all the work products
21 that we delivered, we estimate right now, as
22 best we can tell, that there really is not
23 sufficient resources to close everything out --
24 our -- you know, and that may take a year or
25 more if we -- going to go forward with a

1 closeout process for all the procedures, all
2 the site profiles, all -- all the work we've
3 done. So we anticipate that though we have
4 \$1.7 million left in the budget and we can
5 continue work, the reality is there's still a
6 lot of closeout work that yet -- is yet to be
7 done and more resources will be needed to do
8 that.

9 In theory, that will continue with the next
10 contract, whoever that might be. So -- so
11 right now where we are is we've expended 87.3
12 percent of the budget. We have \$1.7 million
13 left in resources. We're at a burn rate at
14 about \$300,000 a month. It's been consistently
15 at that rate. And in general about half of
16 that revenue goes toward new work, new site
17 profile reviews, new SEC petition reviews, new
18 dose reconstructions, procedure reviews, and
19 about the other half goes toward the closeout
20 process where we have workgroup meetings. And
21 -- and it's -- strangely enough, it's been
22 continuous -- fairly a flat burn rate, which
23 makes it a lot easier for me to manage, that we
24 don't have these ups and downs.

25 Now we get about -- into the -- get into -- a

1 little bit more into the details. Let's start
2 with Task I, which is the site profile reviews.
3 In this -- and there'll be a series of two or
4 three slides to cover all of the site profile
5 reviews that we have been asked to perform.
6 On the first column we als-- you'll recognize a
7 lot of the site profile reviews, and I -- I
8 have two major columns to the right of that.
9 One is the status of it. What I mean by
10 status, did we deliver the big volume to you
11 folks, and if -- and if it says completed, the
12 answer is yes, we have delivered that report.
13 The next column, that says closeout status,
14 says whether or not we have been through the
15 workgroup meetings and closed out all of the
16 issues associated with that particular site
17 profile review. And as you -- and now we're
18 going to go down that list, but you can see on
19 this first page -- which, by the way, is more
20 or less in the order in which they were
21 authorized us to perform -- and we have by and
22 large completed -- as you know, we've completed
23 Bethlehem Steel, we've completed Mallinckrodt,
24 the first version of Savannah River Site. If
25 you remember, Savannah River site profile

1 review actually had two phases to it. First
2 one's completed, but the second one is still
3 ongoing. There is a -- there is an active
4 workgroup and we're still addressing the
5 closeout process. The only other -- the -- as
6 you move down the list you can see which ones
7 are completed -- when I say -- in terms of
8 we've closed everything out, there really is
9 nothing more -- no more activity on the working
10 groups, although that doesn't mean they won't
11 be -- they could not come back to life again.
12 We've completed -- as we go down, Nevada Test
13 Site; Nevada Test Site -- and you'll see some
14 notes right to the right of it, we believe that
15 where we are in Nevada Test Site -- we've
16 really gone through all the issues in the site
17 profile review, but a lot of those issues have
18 re-emerged in a different -- in the form of the
19 SEC petition review process. So -- and we'll
20 talk a little bit about that when we get to
21 Task V.

22 So from this table you could sort of just scan
23 down, look at the next page -- what's important
24 here is -- there's one particular category we -
25 - for example, draft LANL. We've delivered a

1 site profile review for LANL, but we have not
2 yet begun the closeout process. When I say we
3 not -- have not yet begun, that means that a
4 workgroup has not been formed and no work has
5 been -- has gone forward in closing out the
6 issues on that particular site profile review.
7 Unfortunately, there are a lot of sites that
8 fall into that category, and I'll start to
9 flash through a little bit.

10 You -- you could see I would say perhaps 50
11 percent of them are in that state, and that's
12 one of the reasons, as I mentioned earlier, why
13 I think that though we have \$1.7 million left
14 in the budget, to closeout all of these yet to
15 begin will require considerable resources and
16 quite a bit of time. So in -- in essence,
17 because of the protracted nature of the
18 closeout process, we -- we -- you know, we are
19 going to over-- we wou-- if this project went
20 on for several more years and, you know, our
21 contract didn't end in October, it will take
22 some time and some considerably more resources
23 than the resources allocated to close all this
24 stuff out.

25 I'm moving on now to a different task, unless

1 anyone would like to tal-- talk some more about
2 any one particular site profile. Now you might
3 have some interest in where -- a little update.
4 Brad, looks like you have a question.

5 **MR. CLAWSON:** Yeah, I just wanted to talk to
6 you -- the very first one, it was INL and it's
7 -- we don't even have a workgroup started for
8 that, do we?

9 **DR. MAURO:** That -- that's correct, INL's -- is
10 one of the -- this might be -- is it on this
11 page here? Yes, it is. It was one of the very
12 early site profile reviews that we completed
13 and it has been sitting on the shelf for over
14 two years.

15 Yes?

16 **MR. PRESLEY:** John, we do have a working group
17 for Los Alamos, LANL. We just haven't met.

18 **DR. MAURO:** Is that correct?

19 **MR. PRESLEY:** Yes.

20 **DR. ZIEMER:** Yeah.

21 **DR. MAURO:** My -- apologize. We'll fix that.
22 I'm going to move on to Task III. Task III, as
23 you know, are the procedure reviews, and that
24 has been a very aggressive working group. In
25 effect, all our procedure reviews have -- the

1 reviews themselves have been completed and
2 delivered except for one, OTIB-66. OTIB-66, as
3 you may recall, is -- and you probably don't
4 recall -- has to do with tritides, and it's
5 instrumental to several sites where tritides
6 are an issue. We have -- I was told by the
7 author before I came here that that document is
8 complete. We -- our re-- the work product is -
9 - will be issued soon, and that will in effect
10 complete our delivery of all our procedure
11 reviews.

12 It's important to -- to look back, remember
13 that we delivered reviews of 133 procedures
14 that were contained in three large documents,
15 and then there was a smattering of other
16 individual procedures that we reviewed. And
17 important one, as you know, is OTIB-52. So in
18 effect, where we are right now is we've really
19 delivered all our work products. The only one
20 that hasn't showed up and will show up real
21 soon is -- is our review of OTIB-66. Not --
22 and everything that we're looking at, we either
23 -- the re-- the closeout process is ongoing.
24 Many procedures we have closed out. For
25 example, on the first row you'll see that we've

1 closed out 38 out of the 133 procedures. And
2 then another 30 are mostly closed out. So
3 there's a -- it's a living process.
4 And I'd like to also add that as part and
5 parcel to the management of this assignment,
6 working with Wanda and the other members of the
7 team, we've put in place a fairly sophisticated
8 issues tracking system that seems to be working
9 out fairly well. We worked out a lot of the
10 bugs. In fact, we had our last workgroup
11 meeting where we actually used it in -- in real
12 time, just the way we're working now. We had
13 the system up on the screen and we worked
14 directly from it, as opposed to the -- the
15 hand-- we usual-- have these matrices where we
16 hand out stacks of paper, which became pretty
17 cumbersome, especially when you're dealing with
18 133 procedures, each of which may have ten or
19 15 comments. So I think we've gotten pretty
20 sophisticated in not only keeping track of the
21 status of the issues, but we now have a --
22 almost like a legacy document. The way in
23 which we achieve closure has been completely
24 documented and is being completely documented,
25 so anyone who would want to go back to an ar--

1 have an archive document to see how did we go
2 from an issue that we've identified and how --
3 how was it eventually closed, and the rationale
4 for closing it. So even though that's not on
5 this slide, it was -- I think it was a very
6 important accomplishment.

7 Task IV are the dose reconstruction reviews.
8 In effect, over the five-year period we were
9 authorized to review 240 dose reconstructions,
10 and they came out in groups. There are
11 essentially ten groups. We have delivered all
12 of our reviews except for the last set of 40.
13 It's a very large document that's going to show
14 up on your desk before the end of September
15 that will be completing the last batch of dose
16 reconstructions that we owe you. But the
17 closeout process is very mu-- is alive and
18 well. A lot of work is going on with the
19 working group to close out those issues, and
20 there's a lot more work that needs to be done.
21 I'd like to point out, though, that there are
22 within the scope of work that -- I guess the --
23 really the -- the ball's in the court of the
24 Board. We owe you 20 additional DR reviews
25 that we have not yet received to do. So in

1 other words, in -- in effect, when we're done
2 by the end of September, we will have delivered
3 to you 220 dose reconstructions, but the last
4 20 we -- have not been turned over to us yet to
5 perform.

6 Similarly within the scope of work for -- for
7 this task, we had -- we budgeted for four blind
8 dose reconstructions. We have basically
9 completed two of those and are about to deliver
10 those before the end of the month. But the
11 other two we have not been authorized or
12 assigned yet. So in a way, I guess -- with re-
13 - with regards to this task, unlike the others,
14 I guess the -- the Board has 20 additional
15 cases to identify that -- so we fill up our
16 240, and two additional blind dose
17 reconstructions.

18 Task V, SEC petition reviews and their
19 associated evaluation reports. And what we
20 have is -- I've listed everything that we've
21 done. It starts off ver-- the first row --
22 first two rows you -- I'm sure you don't
23 recall, but one of the first things we were
24 asked to do is to write procedures that would
25 be used by SC&A to -- to re-- and the Board to

1 review -- and this is a document that's on file
2 and it's served us well -- and also to prepare
3 a critique of the protocols that are being --
4 were used -- the procedures that were being
5 used by NIOSH. And those were delivered and
6 the reviews have been complete, so those first
7 two items you see complete across.
8 Now the next -- the third row down, we have
9 been assigned 18 SEC petition
10 reviews/evaluation reports over the five-year
11 period and -- and we could start marching down
12 and you could see on this page the -- the --
13 you could see which ones we've completed in
14 terms of delivering a report, and which ones
15 have been completed in terms of we've gone
16 through the closeout process -- Y-12, we're --
17 we're -- we're completed. The Ames site, it's
18 completed. Rocky Flats, completed, all the
19 issues have been addressed, resolved -- that
20 doesn't mean there may not be some residual
21 issues that I know you're concerned about, but
22 from SC&A's perspective, I think we've
23 fulfilled our obligations in delivering all the
24 work products associated with the closeout
25 process.

1 Chapman Valve, as you know, I think we're
2 largely completed but there's still perhaps a
3 little more that needs to be done because I
4 know that there's still some questions before
5 the Board.

6 Blockson, as you know, is -- I -- I call it
7 essentially complete. I'm not sure if there's
8 much more that SC&A can do.

9 And as we move down, Fernald, we delivered our
10 report; Hanford, we delivered our report but,
11 as you know, they're very much active in terms
12 of the issues resolution process.

13 LANL is in a sort of a unique position. We've
14 been -- though we've been authorized to do an
15 SEC review of LANL, we also have been asked to
16 sort of stay in a holding pattern until we get
17 further direction from the Board, so -- so no
18 action is being taken at this time and as --
19 regarding the review of the LANL SEC.

20 Nevada Test Site, though the site profile has
21 been completed, the Nevada Test Site SEC
22 petition is very active. There are a number of
23 issues that we're currently engaged in, and a
24 number of work products that we will be
25 delivering to the Board soon.

1 Mound is very active, we're working on that --
2 that as we speak.

3 There was a -- a -- a Lawrence Livermore
4 focused review that we delivered, and I believe
5 all our work is completed. I think we've
6 answered the Board's questions regarding that
7 particular matter to -- to your satisfaction.
8 Texas City was recently completed. Now we're
9 getting to the ones that are relatively
10 current. The Texas City focused review has
11 been delivered. However, really there has been
12 no action taken related to that matter.

13 The Dow -- the Dow site pro-- SEC petition --
14 really there are two of them. There is the
15 portion that deals from 1957 to 1960; we
16 delivered the report. And I believe there
17 largely -- that our work is -- is essentially
18 complete. I think the closeout process is
19 essentially complete. I -- I don't think
20 there's very much more that SC&A will be
21 involved in on that matter.

22 Then there's a second part of Dow which deals
23 with post-1960. We have delivered our report
24 and that work -- the way we see it -- is
25 largely complete, but I think that there may be

1 still some workgroup activity related to that
2 particular SEC petition.

3 And the last item here is something that we
4 haven't spoken about for a while. It is part
5 of our scope of work under Task V, and this has
6 to do with the 250 workday issue. You remember
7 the-- there was some question -- is what about
8 the workers who were at a site where an SEC was
9 granted but they worked there for less than 250
10 days and -- but there was some potential for
11 them to have experienced a relatively high
12 exposure in that time period. We've delivered
13 a number of work products related to that
14 matter, but I consider this still to be
15 ongoing. I think there's still some concerns,
16 some decision-making, some technical
17 information that the Board may wish and the
18 workgroup may wish to explore. So I left that
19 as ongoing.

20 With that, that basically is an overview. What
21 I'd like to -- the major deliverables that we
22 owe you -- as I said, our contract will end in
23 the -- early October, but we do owe you
24 material. There is the -- some of the material
25 we're going to deliver and we'll be done with

1 in terms of delivery. Some of it is
2 protracted. For example, the first bullet says
3 ongoing site profile closeouts. I think that
4 that is going -- there are many site profiles
5 that are currently in the process of a
6 workgroup, engaged in closing out the issues.
7 There are many site profiles where a workgroup
8 has not formed yet, and that process has not
9 begun. I see that as a long-term process.
10 We owe you Weldon Spring site profile review.
11 That is the last site profile review that's on
12 our agenda that we owe you, and we will deliver
13 that before the end of September, and that
14 would effectively complete all our site profile
15 review deliveries.
16 I mentioned earlier with regard to procedures,
17 we still owe you a review of OTIB-66 -- and
18 that is instrumental, by the way, and important
19 to the review of Pinellas and other sites where
20 tritides are at issue. We -- that document has
21 been basically complete and it will be
22 delivered to you before the end of this month.
23 We owe you, under Task IV, the ninth set of 40
24 cases. We will deliver that product to you by
25 the end of this month. And we owe you two

1 blind dose reconstruction reviews that will be
2 delivered by the end of the month.
3 Finally, there is the ongoing SEC review
4 process. The ones that are foremost before us
5 as of this point in time include Mound,
6 Fernald, Hanford and NTS as being the -- what I
7 would say major undertakings -- undertakings
8 that SC&A is very active in helping to resolve.
9 This slide just points out that there are 20
10 DRs and two blind dose reconstructions, as I
11 mentioned earlier, where we are really awaiting
12 the Board to authorize us to do the work. So
13 of course we haven't taken any action on that.
14 It's -- it's something that we're on the
15 receiving end.
16 In theory, there are four SEC petition reviews
17 that you could authorize us to do that are
18 within the scope of our current mandate but
19 have not been authorized as of yet. And of
20 course the second bullet, ongoing closeout
21 process, awaiting new workgroups to form to
22 address site profiles that have not yet been
23 activated. So this is in effect the work that
24 remains to be done.
25 And again, just to summarize the budget status,

1 as of August 1st we had \$1.7 million. We are
2 at a pace of about \$300,000 a month, sometimes
3 we'll -- we'll actually reach \$340,000 per
4 month, which really means we have enough
5 resources to keep the current pace that we're
6 at going right through into December. But then
7 after that we will run out of money. And of
8 course, though, I was told by David Staudt that
9 we probably will be receiving a no-cost
10 extension to our contract. Our contract ends I
11 believe October 10th, which in theory means all
12 work stops. But we were told that we will be
13 receiving a no-cost extension and I'm not quite
14 sure to what time period, but we are in a
15 position that if a no-cost extension is
16 granted, and let's say it's granted up through
17 sometime in December, we do have sufficient
18 resources to continue the Board's work up
19 through that time. I believe sometime in
20 December we will run out of money and we will
21 have to stop work, unless there are some
22 additional funds made available.

23 And of course during that time period there's
24 going to be the recompetete for our contract. I
25 was told that just today the request for

1 proposal came out, it's on the web, and -- and
2 of course SC&A will be putting our proposal
3 together. My guess is it takes some time for
4 that decision to be made, which will affect the
5 time period over which the -- our no-cost
6 extension would -- would continue.

7 Any questions?

8 **DR. ZIEMER:** Thank you very much, John, for a
9 very concise update and review. Let's see --

10 **MR. STAUDT:** Hey, Dr. Ziemer?

11 **DR. ZIEMER:** Is someone on the line?

12 **MR. STAUDT:** Yes, Dr. Ziemer, this is David
13 Staudt, how are you?

14 **DR. ZIEMER:** Oh, hello, David.

15 **MR. STAUDT:** Yeah, I just wanted to chime in
16 and -- and verify that in fact the SC&A
17 contract will be extended for two months,
18 through November, and the plan would be to have
19 the -- the follow-on contract awarded before
20 the end of November, if all goes well.

21 **DR. ZIEMER:** Basically that would take them to
22 -- from October 10th through December 10th? Is
23 that right?

24 **MR. STAUDT:** About -- I'm thinking right now
25 that would be -- the modification will go

1 through December 1st.

2 **DR. ZIEMER:** Okay, roughly two months.

3 **MR. STAUDT:** Right, exactly.

4 **DR. ZIEMER:** And is there an expectation that
5 the new contract would be or-- would be awarded
6 by then?

7 **MR. STAUDT:** I'm going to do my best.

8 **DR. ZIEMER:** Okay, thank you. I won't make you
9 promise, but at least you're shooting for that,
10 it sounds like.

11 **MR. STAUDT:** That is correct. So I -- so I
12 think from the Board's perspective, you know,
13 Dr. Zei-- John Mauro has laid out the tasks
14 that can get done and their best efforts to
15 finish work through December -- I mean through
16 -- sorry, through December 1st.

17 **DR. ZIEMER:** Board members, we can talk about
18 additional tasking in more detail tomorrow, but
19 John, you did have some suggestions on possible
20 site profiles that might be addressed and
21 possible SECs. Do you want to tell us what
22 those are now?

23 **DR. MAURO:** Yeah, in fact I have my notebook --
24 I jotted them down and I don't --

25 **DR. ZIEMER:** Well, let's -- I -- I have your

1 memo so let me share.

2 **DR. MAURO:** Help me out, please. Thank you.

3 **DR. ZIEMER:** SC&A -- and we won't decide this
4 now, but for the Board to be thinking about for
5 our work session, John has suggested that if we
6 want to make any new assignments -- and keep in
7 mind, basically the money that's been set aside
8 now is for closing --

9 **DR. MAURO:** That's correct.

10 **DR. ZIEMER:** -- it's not really for new work,
11 but --

12 **DR. MAURO:** Correct.

13 **DR. ZIEMER:** -- let me give you this and then
14 some caveats.

15 **UNIDENTIFIED:** Hello?

16 **DR. ZIEMER:** New site profiles: Brookhaven,
17 Kansas City Plant --

18 **UNIDENTIFIED:** What's that?

19 **DR. ZIEMER:** Brookhaven, Kansas City Plant and
20 Lawrence Berkeley. New SECs might be Savannah
21 River --

22 **UNIDENTIFIED:** Hello?

23 **DR. ZIEMER:** -- construction workers, Pantex --

24 **UNIDENTIFIED:** Yes.

25 **DR. ZIEMER:** -- Santa Susana --

1 **UNIDENTIFIED:** Can you hear me?

2 **DR. ZIEMER:** -- and Los Alamos.

3 **UNIDENTIFIED:** Okay, I can he--

4 **UNIDENTIFIED:** Can you hear me?

5 **UNIDENTIFIED:** Yes.

6 **DR. ZIEMER:** Is that David still on?

7 **UNIDENTIFIED:** I can hear you.

8 **MR. STAUDT:** That -- that's not me, Dr. Ziemer.

9 **DR. ZIEMER:** It's still David. These are just
10 suggestions that we got from SC&A. Now John
11 said with respect to the new site profiles,
12 should the Board ask them to initiate the work,
13 they would suggest that it be limited to what
14 they call paper studies so that the work can be
15 completed during the no-cost extension period.
16 Also --

17 **UNIDENTIFIED:** No.

18 **DR. ZIEMER:** -- well, you've talked about the
19 resources --

20 **UNIDENTIFIED:** I talked to Mike
21 (unintelligible) --

22 **DR. ZIEMER:** -- to do the other closeouts, but
23 you couldn't do full site profile reviews and
24 expect to -- to complete them and have a
25 closeout on the funds available.

1 **DR. MAURO:** Yeah, in fact I -- with regard to
2 both the site profiles and the SECs, I think it
3 would -- we would not be able to complete that
4 work product and deliver the report in that
5 time frame. My thoughts were that -- I call
6 them paper studies because a lot of the time
7 that's involved is visiting the sites,
8 interviewing workers, getting feedback, and
9 then doing further records searches.

10 **UNIDENTIFIED:** Okay.

11 **DR. MAURO:** That's -- and that is a protracted
12 process, typically four months, to be able to
13 really go through the full process according to
14 our procedures. Should the Board want any work
15 to be done on those subject areas, and to make
16 sure that there is a smooth transition between
17 our current contract and a future contract,
18 ideally you'd have a paper study done where --
19 for example, let's say we were to review
20 Brookhaven, as an example. What did we be --
21 what we would do is review the Brookhaven site
22 profile and its supporting documentation on the
23 site query database, and write a report on that
24 basis alone. That is, it'd be purely based on
25 the records that are immediately available to

1 us on the site query database, and we would
2 identify our initial set of issues and the
3 rationale for our issues, and deliver what I
4 would call an abbreviated version of the
5 report, which would really get to the -- the
6 issues as they appear before us within the site
7 profile and it's supporting site query
8 database, but not go any further than that. I
9 see that as doable in the time frame, and it
10 also creates a situation where you have a work
11 product that allows for easy transition to the
12 next contractor because you'd have a -- the --
13 the issues will have been identified with their
14 rationale, and at that point if a different
15 contractor is aboard, it's something that the
16 baton can be handed over pretty easily.

17 **DR. ZIEMER:** Thank you, that's very helpful.
18 See if there's additional questions. Yes,
19 Brad.

20 **MR. CLAWSON:** I -- I guess, and I know I'm
21 conflicted on this but my question is -- I was
22 on the INL. My understanding is for the last
23 two years we've had this site profile sitting
24 there and X amount of dollars to be able to
25 finish that. Would you guys be able to finish

1 that site profile?

2 **DR. MAURO:** The -- the site profile review has
3 been completed, it's been -- it was completed
4 over two years ago. Quite frankly, we've
5 learned a lot over those two years. I would
6 sure like to take another look at that, read
7 through it and see if there are other issues
8 that may become apparent. It's -- it's -- it
9 was during the early days and so the -- the
10 answer to your question is, I would suggest
11 that if INL were to become on the front burner,
12 first thing to do would be to ask SC&A to
13 review it, take another look at it, see if
14 there's any additional issues that may have
15 gone away because we've addressed them in the
16 interim over that two-year period on some other
17 venues, other issues that may become apparent
18 because we've gotten a little bit smarter over
19 those years, and then prepare what I would call
20 a ma-- a revised matrix to reflect our current
21 thinking about those issues. And then of
22 course at that point would be the point at
23 which there would be a workgroup meeting, but a
24 workgroup has not been formulated yet for INL.
25 That would be -- I would say what I just

1 described would be something that would be
2 doable within that two-month time frame, but
3 that's about it. We really could not go very
4 far on the closeout of those issues. I think
5 the best we'd be able to do is perhaps
6 articulate the issues in a current way, in a
7 matrix, get it into a workgroup's hands,
8 perhaps get them into NIOSH's hands for them to
9 take a look at, but I don't think there's much
10 more than that that could be done between now
11 and the end of October.

12 **DR. ZIEMER:** Let me insert here, Brad, that I
13 think one of the limitations would not be with
14 SC&A but would be with this Board and NIOSH.
15 You know what it takes to close out a matrix --

16 **MR. CLAWSON:** Right.

17 **DR. ZIEMER:** -- in terms of workgroup time,
18 NIOSH response time, so the -- the matrix in
19 essence, even if you added nothing or took away
20 nothing, the matrix as it exists, or the
21 findings as they exist, would be very difficult
22 to close out in two months --

23 **DR. MAURO:** No.

24 **DR. ZIEMER:** -- for this Board and for NIOSH,
25 simply the time and effort it would require of

1 us to -- through a workgroup process, to close
2 out a site like INEL.

3 **MR. CLAWSON:** Well, and -- and I understand
4 that. My -- part of my thing is this -- this
5 is I guess kind of a personal thing. It sat on
6 -- it's sat on this shelf for two years, we've
7 had money set aside for it, you know, we have
8 money and time. I know that it'd probably
9 extend on to it, but I -- I guess this is kind
10 of at the point I'd like to -- we haven't even
11 had a working group for that by now. This has
12 -- this has been put there and nothing's been
13 done. I know there's a lot of issues in there
14 and so forth and I'd just -- I just -- you
15 know, looking at we do have money for this that
16 has been set aside and I guess I'd just like to
17 see it get started, but we can take that up in
18 the Board's working time.

19 **DR. ZIEMER:** And -- and the reality is, of
20 course, in the past year -- actually past two
21 years, the -- the pressure on workgroup
22 activities and contractor activities has been
23 focused on SECs because there are timetables
24 associated with those that we have to respond
25 to under the law. So things like this then get

1 moved to the back burner.

2 Other -- other comments or question for John on
3 his report or on the transition -- which may be
4 a transition back to SC&A or to another vendor,
5 we don't know at this point.

6 Wanda?

7 **MS. MUNN:** John, this is -- this is getting
8 down in the weeds a little bit, but as you
9 probably recall from our last procedures
10 workgroup meeting, we had a fairly extended
11 discussion about white papers that get issued
12 but don't seem to go anywhere and how we could
13 incorporate those into the long-term archive
14 record that we were generating from procedures.
15 Have we located yet a spot electronically where
16 white papers that have been generated by SC&A
17 have a face sheet put on them showing the date
18 and the -- the author and a -- a place for them
19 to live so that we can actually --

20 **DR. MAURO:** Absolutely, yes. In fact, one of
21 the most important aspects of this archive are
22 white papers, because very often the issues
23 that we address are -- are an exchange of
24 technical information between SC&A and NIOSH in
25 the form of white papers, and it's essential --

1 and we knew that from the very beginning when
2 we helped configure the -- the ma-- the
3 computerized matrix we're currently using on
4 Task III, yes, there's a -- there's a -- a
5 place that-- within the system where you click
6 on that particular issue and you could go and
7 immediately it brings you to any white papers
8 that were loaded into the system that are
9 associated with that particular issue. So the
10 answer's yes, that's already there.

11 **MS. MUNN:** And -- and I guess my question is do
12 we have a place where they get loaded into the
13 system? That's my concern.

14 **DR. MAURO:** Yes.

15 **MS. MUNN:** There's a spot.

16 **DR. MAURO:** Yes.

17 **MS. MUNN:** So -- good.

18 **DR. MAURO:** It's there.

19 **MS. MUNN:** All right.

20 **DR. MAURO:** And it's waiting to be used. In
21 fact, we identified one at the last meeting.
22 If you recall, NIOSH had a response to our
23 OTIB-52 --

24 **MS. MUNN:** Yes.

25 **DR. MAURO:** -- a whole series of answers.

1 **MS. MUNN:** Yes.

2 **DR. MAURO:** And we had some nice discussion --
3 well, what do we do with this. I think the
4 outcome was let's load them into that slot, and
5 that's exactly what we did.

6 **MS. MUNN:** It needs to go to the place --

7 **DR. MAURO:** Goes to the place.

8 **MS. MUNN:** -- wherever the place is.

9 **DR. MAURO:** Yeah, it -- it -- basically a file
10 that's standing behind the face sheet that, if
11 you click on, it brings you right to it. So
12 you could say okay, here's the white paper that
13 was generated during -- that was -- that was
14 issued during this workgroup meeting that
15 addresses OTIB-52 issues.

16 **MS. MUNN:** So at this time, that place is in
17 fact the procedure itself.

18 **DR. MAURO:** Yeah, it's in -- it's in it. It's
19 part of the automated system. The answer's
20 yes.

21 **MS. MUNN:** It's a suborder of the --

22 **DR. MAURO:** A sub--

23 **MS. MUNN:** -- procedure itself.

24 **DR. MAURO:** -- a subset.

25 **MS. MUNN:** Okay, thank you.

1 **DR. ZIEMER:** Very good. Any other comments or
2 questions? Did you have --

3 **MR. KATZ:** Just a -- it's not on this topic,
4 though.

5 **DR. ZIEMER:** Go ahead.

6 **MR. KATZ:** Just an encouragement -- again, if
7 there's anyone here who plans to speak at the
8 public session later, please do sign up at the
9 break outside with Zaida sitting at the table.

10 **DR. ZIEMER:** If we don't have any other
11 comments or questions at this time, I thank you
12 again, John Mauro --

13 **DR. MAURO:** Thank you.

14 **DR. ZIEMER:** -- for your report. I will insert
15 an additional comment here. I want to again
16 announce that the Fernald workgroup will be
17 meeting today at 15 minutes after the recess of
18 this Board, which would be approximately 4:15.
19 But whatever time we recess, then that
20 workgroup will meet. The announcement of that
21 meeting has appeared on the web site.

22 Individuals and members of the public who are
23 not here locally that wish to participate can
24 use the current call-in number for this meeting
25 to participate in that workgroup, and the

1 public recorder will also be recording --
2 making a transcript of that. That workgroup
3 will not involve an extensive meeting, but I
4 think they're estimating approximately a 30-
5 minute meeting to get some issues underway for
6 -- relating to the Fernald site. And again, I
7 believe efforts have been made to reach the
8 petitioners to make sure that they know that
9 that meeting will occur.

10 **MR. CLAWSON:** I've personally contacted them
11 and talked to them on the phone.

12 **SEC PETITION UPDATE**

13 **DR. ZIEMER:** Thank you very much. The next
14 item on our agenda -- we're going to go ahead
15 with the -- the item which occurs after the
16 break on the agenda, but we're -- again, we're
17 about 45 minutes -- almost an hour ahead, so
18 we're going to continue with the SEC petition
19 update. LaVon Rutherford from NIOSH will give
20 us that overview of where we are on SEC
21 petitions. LaVon, welcome back.

22 **MR. RUTHERFORD:** Thank you. Thank you, Dr.
23 Ziemer. Again, I will be giving that update on
24 current SEC petitions. We -- we do this
25 routinely at the Board meetings to -- this

1 gives the Board a chance to get a status report
2 on current petitions that are in the qual--
3 that are qualified and also potential 83.14
4 sites that we're looking. This also allows the
5 Board to prepare for future workgroup meetings
6 and also in preparation for future Board
7 meetings.

8 As of August 18th -- and I have to say that, as
9 of August 18th, because that number changes
10 continuously -- we had 125 petitions. We now
11 have 127 petitions. We have 14 petitions that
12 are in the qualification process, and we have
13 62 petitions that have qualified.

14 Of those 62 petitions, nine of those are
15 actually in the evaluation process, and 53 have
16 completed their evaluation. We also have 49
17 petitions that did not qualify. I will note
18 that at the last Board presentation we had 114
19 petitions, and so we've receive 13 petitions
20 since the last Board meeting. Of those 13,
21 seven of them are from one site.

22 I want to give you a little background on some
23 existing evaluation reports that are with the
24 Board awaiting recommendation.

25 Chapman Valve, we approved that evaluation

1 report and sent it to the petitioners and the
2 Advisory Board on August 31st of 2006. We
3 presented the evaluation report at that Septem-
4 - at the September 2006 Advisory Board meeting,
5 and the Advisory Board established a workgroup
6 during that meeting as well.

7 The workgroup initially presented their
8 findings in May of -- at the May 2007 Advisory
9 Board meeting, and a decision was made to
10 postpone any recommendation till the July 2007
11 meeting to allow the petitioners time to
12 receive SC&A's report on the evaluation.

13 The Advisory Board voted 6 to 6 on a motion to
14 deny adding a class to the SEC at its July 2007
15 meeting. Following this vote the Advisory
16 Board determined they would like to receive a
17 response from Department of Labor and
18 Department of Energy concerning potential
19 covered work at the Dean Street facility.

20 Prior to the October 2007 Advisory Board
21 meeting Department of Labor provided a response
22 to the Advisory Board's question about the Dean
23 Street facility. They recommended -- or they
24 determined that the Dean Street facility would
25 be added -- added. DOE provided that update

1 during the November 2007 Advisory Board
2 conference call.
3 DOE presented their findings at the January
4 2008 meeting that there's no -- or that the
5 Dean Street facility should be included as a
6 covered facility, but there was no indication
7 of any additional radiological activities.
8 NIOSH indicated at that meeting that we would
9 revise the Chapman Valve evaluation report
10 based on the DOE findings, but also indicated
11 that we did not expect that the -- the findings
12 to change our -- our feasibility determination.
13 We issued that revised evaluation report on
14 February 5th of 2008 and at the February 2008
15 Advisory Board conference call the Board asked
16 SC&A to do a focused review of the new
17 information provided by DOE, and asked that the
18 information be available prior to the April
19 Board meeting. SC&A provided that report to
20 the workgroup on March 12th of 2008.
21 NIOSH presented the revision to the evaluation
22 report at the April Board meeting and, as
23 previously expected, we -- our feasibility
24 determination did not change. The Advisory
25 Board decided to reconvene the workgroup to

1 discuss a path forward.

2 The workgroup met on May 1st, 2008. At that
3 time they asked NIOSH to send a letter to DOE
4 inquiring about the extent of their evaluation.
5 In addition, NIOSH agreed to continue looking
6 for the pedigree of the enriched uranium
7 analysis.

8 The Advisory Board again voted on a motion to
9 deny adding a class to the SEC at the June 2008
10 Advisory Board meeting. However, the final
11 outcome of that motion could not be determined
12 and was not available at the time of my
13 preparation of this presentation.

14 Current status is the petition and evaluation
15 report are with the Advisory Board for
16 recommendation, and I expect an update will be
17 provided at this meeting.

18 Blockson Chemical, the evaluation report was
19 initially approved and sent to the Advisory
20 Board and petitioners on September 5th, 2006
21 and we presented our -- that evaluation report
22 at the December 2006 Advisory Board meeting.
23 However, we withdrew that evaluation report
24 because we determined at that meeting that the
25 evaluation report did not address all covered

1 exposures.

2 At the December 2006 meeting the Advisory Board
3 established a workgroup to review the
4 evaluation report, and NIOSH reissued a revised
5 evaluation report on July 3rd of 2007.

6 We presented the revised evaluation report at
7 the July 2007 meeting and the workgroup met in
8 Cincinnati on August 28th of 2007. Public
9 meeting was held in September 12th of 2007 to
10 explain changes made to the dose reconstruction
11 technical approach, and the workgroup held a
12 conference call on November 2nd, 2007.

13 At the January 2008 Advisory Board meeting Dr.
14 Melius indicated he wanted to review the
15 pedigree of the bioassay data, and he wanted to
16 discuss the radon model with Mark Griffon.

17 At the -- there was no changes in the status of
18 the petition at the April Board meeting, and
19 the workgroup met on June 5th of 2008. The
20 workgroup met again on June 24th and 25th to
21 discuss resolution of the radon issues and any
22 outstanding issues.

23 The Advisory Board deliberated over the SEC
24 petition at the June 2008 meeting. However,
25 the Board determined that they wanted to see

1 the SC&A radon model in a white paper or report
2 prior to moving forward with the voting on the
3 SEC.

4 SC&A issued a draft report on the evaluation of
5 radon levels in Building 40 on August 12th of
6 2008.

7 And the current status, the petition and
8 evaluation report are with the Advisory Board
9 for recommendation.

10 Feed Materials Production Center -- again,
11 these are evaluation reports that are with the
12 Board currently.

13 Feed Material Production Center, the evaluation
14 report was approved and sent to the Advisory
15 Board and the petitioners on November 3rd of
16 2006, and we presented the evaluation report at
17 the February 2007 Advisory Board meeting. At
18 the February meeting the Advisory Board
19 established a workgroup to review the
20 evaluation report.

21 In May of 2007 SC&A provided a draft review of
22 the evaluation report to the workgroup,
23 petitioners, Advisory Board and NIOSH. The
24 workgroup met on -- in Cincinnati on August
25 8th, November 13th and March 26th of 2008. The

1 August 8th was -- and November 13th were of
2 2007.

3 The current status is the workgroup review of
4 the Feed Materials Production Center evaluation
5 report is ongoing, and they have a workgroup
6 meeting scheduled I believe tomorrow.

7 **DR. ZIEMER:** Today.

8 **MR. GRIFFON:** Today.

9 **MR. CLAWSON:** Today.

10 **MR. RUTHERFORD:** Today -- today? Oh, you got
11 me.

12 Bethlehem Steel, the evaluation report was
13 approved and sent to the Advisory Board and
14 petitioners on February 27th of 2007 and we
15 presented the evaluation report at the May 2007
16 Advisory Board meeting. At the time -- at that
17 time the Advisory Board determined that it
18 needed further information before making a
19 recommendation on the SEC. The Advisory Board
20 decided to table the discussion on Bethlehem
21 Steel SEC evaluation report until the surrogate
22 data workgroup had a chance to look at the
23 report and review the data.

24 Current status is the petition and evaluation
25 report are with the Advisory Board for

1 recommendation.

2 Hanford, Part 2 -- I say Hanford part two

3 because we actually -- we did this as two

4 separate evaluations because it covered a very

5 long period of time, and we made a

6 recommendation for the early years. And

7 Hanford, Part 2 is basically the -- the post

8 years or the years after that earlier period of

9 1947 to 1990.

10 The evaluation report was approved and sent to

11 the Advisory Board and petitioners on September

12 11th of 2007. We presented the evaluation

13 report at the October Advisory Board meeting

14 and the Advisory Board sent the report to their

15 contractor and Hanford working group for

16 review. That Hanford workgroup had already

17 been established to review the site profile.

18 The Advisory Board's contractor issued a white

19 paper questioning whether additional buildings

20 should be included in the proposed class

21 definition. Based on that and further review

22 done by our own SEC team, we issued a revised

23 evaluation report with a modified class

24 definition in March of 2008. NIOSH presented

25 the revised -- actually NIOSH presented the

1 revised definition at the April 2008 Advisory
2 Board meeting and the Board concurred with that
3 recommendation.

4 The remaining years of the petition and
5 evaluation report are still with the Advisory
6 Board, workgroup and SC&A for review.
7 Nevada Test Site, the evaluation report was
8 approved and sent to the Advisory Board and the
9 petitioners in September of 2007. NIOSH
10 presented the evaluation report at the January
11 2008 Board meeting, and the Advisory Board sent
12 the report to their contractor and the NTS
13 Board workgroup for review. That workgroup had
14 already been established as well.

15 The petition and evaluation report are still
16 with the Advisory Board, workgroup and SC&A for
17 review.

18 The Mound Plant, the evaluation report was
19 approved and sent to the Advisory Board and the
20 petitioners in December of 2007. We presented
21 the evaluation report at the January 2008
22 Advisory Board meeting, and the Advisory Board
23 concurred with NIOSH to add a class for the
24 early years, but sent the report to their
25 contractor for review and established a Mound

1 workgroup.

2 The Mound workgroup met on April 1st, 2008 and
3 on July 14th, 2008.

4 Status of petition and evaluation report are
5 with the Advisory Board, workgroup and SC&A for
6 review.

7 Texas City Chemical, evaluation report was
8 approved and sent to the Board and petitioners
9 on January 18th of 2008. We presented that
10 evaluation report at the April 2008 Advisory
11 Board meeting, and the Advisory Board gave the
12 petition and evaluation report to the surrogate
13 data workgroup for review. The petition and
14 report are still with the workgroup --
15 surrogate data workgroup and Advisory Board for
16 recommendation.

17 Area IV Santa Susana, the evaluation report was
18 approved and sent to the Advisory Board and
19 petitioners on February 15th of 2008. We
20 presented our evaluation at the April 2008
21 Advisory Board meeting. The Advisory Board
22 indicated they would not take action on that
23 petition until SC&A had completed their site
24 prof-- the site profile review.

25 SC&A issued their draft review of the site --

1 Santa Susana site profile on August 5th of
2 2008, and the workgroup scheduled their first
3 meeting for August 26th, 2008 -- and which they
4 had that meeting.

5 Current status is the petition and evaluation
6 report are with the Board and workgroup for
7 recommendation.

8 Dow Chemical, Addendum 2. This covers the
9 residual contamination period for Dow Chemical.
10 Addendum 2 of the evaluation report was
11 approved and sent to the Advisory Board and
12 petitioners on June 3rd of 2008. NIOSH
13 presented the addendum at the June 2008
14 Advisory Board meeting, and the Advisory Board
15 asked the procedures workgroup to review the
16 recently-approved dose reconstruction procedure
17 for residual contamination. They gave that
18 action to their contractor, SC&A, and I can say
19 I -- I believe SC&A presented a draft of that
20 review last week. This presentation doesn't
21 show it because I had it prepared earlier than
22 that.

23 Current status is the procedure is still with
24 that -- with the procedures workgroup.

25 Pantex, evaluation report was approved and sent

1 to the Advisory Board and petitioners on August
2 8th, and I believe Mark Rolfes presented that
3 evaluation report yesterday at the Advisory
4 Board meeting. So the current status is with
5 the Board.

6 Connecticut Aircraft Nuclear Engineering
7 Laboratory, CANEL, evaluation report was
8 approved and sent to the Advisory Board and
9 petitioners on August 14th. NIOSH presented
10 the evaluation report at this Advisory Board
11 meeting. I know there was some discussion that
12 came up yesterday concerning the worker input
13 for CANEL, and Dr. Melius and I had
14 corresponded back and forth a couple of times
15 with his concerns. I had indicated in our e-
16 mail that, you know, in addition to the CATIs
17 that were done during that period, that -- that
18 we also, during the data capture efforts, had
19 talked to some people as well. We decided
20 early on at -- we -- actually June 10th, as
21 part of our project plan, we made the decision
22 that we would not pursue any additional worker
23 interviews at that time because we felt that
24 the date we had -- there really was --
25 additional worker input would provide little

1 value for feasibility determination. So at
2 that time, again, we decided that additional
3 worker input would not provide anything for our
4 feasibility determination, nor would it affect
5 our class definition.

6 Additional questions on that?

7 **DR. MELIUS:** Not yet, wait until we can take up
8 CANEL.

9 **MR. RUTHERFORD:** Take it up -- are you sure?
10 All right. SEC petitions that are currently in
11 the evaluation process. We have a number of
12 petitions that are right now in the evaluation
13 process.

14 Westinghouse Atomic Power Development, we
15 received that petition on August 13th and -- of
16 2007. However we -- we -- during our review of
17 that petition, we recognized that there was
18 some -- covered period was -- that was
19 identified and work that was identified during
20 the covered period -- our documentation wasn't
21 really supporting that so we went to the
22 Department of Energy with concerns over that
23 and Department of Energy has provided a
24 response to that. However, we are waiting on
25 the Department of Labor to revise their covered

1 period for the Westinghouse Atomic Power
2 Development, and we have corresponded with the
3 Department of Labor concerning that. However,
4 we have no timetable on when.

5 Massachusetts Institute of Technology, this is
6 one that we -- we actually completed evaluation
7 -- a 83.14 evaluation for this. However, we
8 ended up pulling this back after it was
9 recognized through discussions with the
10 Department of Labor that the Hood Building and
11 the -- MIT in itself were two separate covered
12 facilities. However, it was not clearly
13 described in the Department of Labor's facility
14 database.

15 We do plan -- a site visit was planned for the
16 end of this month, and I'm not sure if it was
17 conducted -- end of August it was planned and -
18 - but we do plan to present this evaluation
19 report at the December Advisory Board meeting.
20 Savannah River Site, we received this petition
21 on November 19th, and that evaluation is
22 ongoing. We do plan on completing that
23 evaluation in November and we plan to present
24 that evaluation at the December Advisory Board
25 meeting.

1 General Steel Industries, this petition was
2 received in February of 2008 and we do plan to
3 complete this eva-- this evaluation in
4 September and present this at the December
5 Advisory Board meeting.

6 Los Alamos National Lab, I know there was some
7 discussion about this workgroup being
8 established. Some of you will remember we had
9 a petition that covered the early -- the
10 initial covered years at LANL up to 1975, and
11 we made a determination to add a class up to
12 1975. However, at that time we determined that
13 we wanted to -- we needed to determine a true
14 end period for that -- that class because we
15 had not resolved all the feasibility issues for
16 post-1975. We had indicated at that time --
17 and at that time a workgroup was established.
18 Mark Griffon was the lead of that workgroup,
19 and we had been working through that with our
20 contractor to resolve those issues.

21 However, in April we received another petition
22 from LANL that covered the post-1975 period and
23 we had determined that we would address the
24 feasibility issues that were still laying on
25 the table in this evaluation report. We plan

1 to have this evaluation report completed and
2 present this evaluation at the December
3 Advisory Board meeting.

4 Linde Ceramics, we have -- this petition is for
5 the residual period at Linde Ceramics, and
6 we're on schedule to complete this evaluation
7 report in October of 2008 and present it at the
8 December Advisory Board meeting.

9 Brookhaven National Lab, we've had some issues
10 getting access, getting data and -- not at --
11 pointed at DOE, but just some issues with the
12 site and some problems that we've had. We are
13 on schedule to complete this at the end of
14 November. However, the time period is going to
15 be very close and I'm not sure we're going to
16 have it in time for the December meeting.

17 Tyson Valley Powder Farm, this is on schedule
18 to be completed -- again, this is late
19 November, early December time frame. Howev--
20 this is a -- a pretty small -- there's not a
21 lot -- lot of information or stuff about this
22 facility, so I -- I would expect it to -- to be
23 early December before we complete it.

24 **DR. MELIUS:** Where is that?

25 **MR. RUTHERFORD:** That is the St. Louis area.

1 It was actually a -- a storage site that
2 actually stored residual by-product material
3 from Mallinckrodt.

4 **UNIDENTIFIED:** Oh, okay.

5 **MR. RUTHERFORD:** So -- we have three sites that
6 we are currently -- we've determined dose
7 reconstruction is not feasible. Those -- and
8 we are pursuing 83.14s. Mallinckrodt, we -- we
9 looked at the -- the existing Mallinckrodt SEC
10 class goes up to 1957. However, we determined
11 there was still work -- we -- recent
12 documentations and stuff has shown there was
13 work that occurred up into 1958 that based on
14 the -- the designation -- HHS designation
15 letter findings and the Board's findings, we
16 needed to add 1958 to that -- to that class, so
17 we are pursuing an 83.14 to add 1958 to the
18 Mallinckrodt.

19 Vitro Manufacturing is one of the sites that we
20 -- we had roughly 19 sites that we -- we have --
21 -- went through a process of these smaller sites
22 that -- working through with a team to
23 determine feasibility on these sites. Vitro
24 Manufacturing we determined dose
25 reconstruction's not feasible and we're

1 pursuing an 83.14 on that one.

2 Winchester Engineering and Analytical Center,
3 the -- this site we only have one claim for.
4 That claim has a non-presumptive cancer and so
5 we've completed the process of developing our
6 feasibility determination. However, we will
7 not move forward until we can get a -- a
8 presumptive cancer (unintelligible) 83.14
9 (unintelligible).

10 And then there are 12 other sites that we are
11 going through the process of determining if
12 dose reconstruction is feasible.

13 I do want to point out that -- or actually I
14 want to point out that there are -- currently
15 there are ten SEC si-- with the Board for
16 recommendation, and the December Board meeting
17 we're looking at about six 83.13 SECs that will
18 be going to the Board for recommendation, along
19 with two or three 83.14s -- SECs, so just
20 wanted to... Questions?

21 **DR. ZIEMER:** Okay, thank you very much.
22 Questions, comments?

23 (No responses)

24 Okay, thank you LaVon. We appreciate the
25 update and keeping us current on all those

1 activities and what's coming down the pike. It
2 appears the December meeting we'll have a lot
3 of SEC issues before us.

4 **MS. MUNN:** Oh, goody.

5 **DR. ZIEMER:** Now I'm looking to see if we can
6 pick up a few more of these items that are --
7 before our break. Can we go ahead with some of
8 these?

9 **DR. BRANCHE:** Certainly.

10 **ANNOUNCEMENT OF CHANGES IN NIOSH OFFICE OF THE**
11 **DIRECTOR;**

12 **REVIEW OF REMAINING VOTES FROM JUNE MMETING**

13 **DR. ZIEMER:** Let's go ahead with announcement
14 of changes at NIOSH.

15 **DR. BRANCHE:** Thank you, Dr. Ziemer. As I
16 announced yesterday, Mr. Katz will be the
17 Acting DFO as I am now in a different capacity,
18 and during this time I'm going to ask Ms. Emily
19 Howell to talk more about the information that
20 you distributed this morning about the
21 suggestion of moving the procedures workgroup
22 from a workgroup status to a subcommittee
23 status.

24 But before doing so, there was one vote from
25 our meeting at the end of June in St. Louis

1 that I needed to get -- Dr. Melius was away
2 from that meeting and the Board voted on
3 Chapman Valve. There was an official motion to
4 accept the motion from -- that NIOSH suggested,
5 that there be no Special Exposure class. At
6 the end of that meeting there was -- there were
7 six in favor and six not in favor --

8 **DR. ZIEMER:** No, no --

9 **DR. BRANCHE:** What did I say? Six in favor,
10 five not in favor, excuse me, and with Dr.
11 Melius's vote we have a six to six split, and
12 so there would be no information going to the
13 Secretary as a result of that.

14 And Dr. Melius I believe had some additional
15 comments that he wanted to raise -- or no?

16 **DR. MELIUS:** Not -- not now.

17 **DR. BRANCHE:** Not now? Okay. So that's where
18 the vote status is on Chapman Valve, and that
19 was the last of the votes that we needed to
20 obtain to close out all of the actions that the
21 Board took at the meeting in St. Louis at the
22 end of June.

23 **DR. ZIEMER:** I do want to insert a comment
24 here, and the Board can be thinking about it.
25 We had a six-six split on Chapman before, you

1 may recall, and there were some additional
2 issues that arose and so the Board continued to
3 look at Chapman because with a six-six split we
4 have nothing to recommend to the Secretary one
5 way or the other. Again we have a six-six
6 split, and one of the questions then becomes
7 what -- what happens next. For example, do we
8 report that to the Secretary for informational
9 purposes? Do we continue to pursue anything
10 relative to Chapman that might alter the vote,
11 should something new arise? Or do we let it
12 stand -- the effect of the six-six split is
13 that there is no recommendation to the
14 Secretary for an SEC. And in the absence of
15 that -- or a class of the SEC. And in the
16 absence of that, NIOSH then continues to
17 operate as they would, and that is to do dose
18 reconstructions.

19 But during our work period I think we do want
20 to discuss and ascertain the wishes of this
21 Board relative to the impact of what that
22 means, the six-six split, and also maybe get
23 advice even from counsel on whether or not we
24 should report this in some way, officially, to
25 the Secretary. So have that in the back of

1 your mind on the Chapman Valve issue.

2 Now are we ready to hear from Emily then?

3 **DR. BRANCHE:** Yes, thank you.

4 **DR. ZIEMER:** Now let me preface this, before
5 Emily Howell comes -- I had mentioned it
6 earlier, I think this morning, that this
7 document is one that we could consider should
8 the Board agree to change the status of the
9 procedures workgroup to that of a subcommittee.
10 We won't necessarily determine that now; we can
11 do that during our work period tomorrow, but I
12 think Emily can advise us as to what it -- what
13 needs to be done, should we go that direction.

14 **MS. HOWELL:** I don't have much to offer here.
15 Dr. Ziemer passed out some language to you all
16 earlier this morning that is a draft request to
17 establish a subcommittee from the procedures
18 workgroup, similar to the subcommittee that we
19 currently have for dose reconstruction reviews.
20 This was something that staff and agency
21 officials had discussed previously, simply
22 because one of the definitions within FACA of a
23 subcommittee is a group that has an ongoing
24 task associated with it for which -- it's not
25 necessarily a finite task. And just as the

1 subcommittee for dose reconstruction reviews
2 continuously audits and reviews dose
3 reconstructions that NIOSH has performed, the
4 procedures working group has been doing the
5 same with procedures. And as new procedures
6 come forward, their task -- their -- what they
7 are tasked with continues to expand, and so
8 it's not really a finite work order anymore.
9 And based on that, we thought it might be more
10 appropriate to place that under the heading of
11 a subcommittee, a standing group that continues
12 to look at those standing issues. And so what
13 you have before you is a letter that I think is
14 based off of the language that we have used
15 previously in establishing subcommittees. It's
16 actually an agency determination that a
17 subcommittee is necessary, but certainly we
18 wanted to bring that before the Board for your
19 input and any questions that you may have.

20 **DR. ZIEMER:** Okay. Again, we can make that
21 determination during our work period, but let
22 me ask if there's any immediate questions right
23 now for Emily.

24 **DR. MELIUS:** I don't have any -- are we going
25 to discuss this later?

1 **DR. ZIEMER:** We can discuss it now to some
2 extent, as well, if you wish. We have the time
3 to do it.

4 **DR. MELIUS:** Oh, okay.

5 **DR. ZIEMER:** There's no reason not to.

6 **DR. MELIUS:** I would just like some explanation
7 under -- under the functions, the six functions
8 there, that are listed -- it's on page two. I
9 mean for -- you know, first of all, on number
10 two, clarify Board intend regarding the
11 technical scope of procedures and SEC tasks
12 assigned to the audit contractor -- I don't see
13 where SEC tasks are a function of the
14 procedures committee, but that may be my
15 ignorance.

16 **MS. HOWELL:** Well, I'm just -- you're looking
17 at me and this letter is actually authored by
18 Dr. Ziemer, so I would direct the --

19 **DR. MELIUS:** I was looking at him when I made
20 the --

21 **MS. HOWELL:** I would direct the questions on
22 those issues to him, but I would -- I would
23 point out that, based on the way this letter is
24 written, just as with the subcommittee for dose
25 reconstruction reviews, all of the work of a

1 new subcommittee on procedures would return to
2 the Board for final action, just as the
3 subcommittee for dose reconstruction reviews
4 would. So I just wanted to make that clear.

5 **DR. MELIUS:** Yeah. No, I -- I appreciate that
6 and I --

7 **DR. ZIEMER:** Well, I would point out -- I may
8 be getting up in age, but I don't recall seeing
9 these statements before, myself.

10 **MR. CLAWSON:** Well, I can relate to that.

11 **DR. ZIEMER:** I -- I would have asked the same
12 question.

13 **MR. GRIFFON:** Actually I'm not sure that some
14 of these may have been lifted from the original
15 language we drafted and -- and that first item
16 we basically completed, I think. I -- I'm not
17 sure, but I was wondering also where this
18 language came from.

19 **DR. MELIUS:** Yeah, that was --

20 **DR. ZIEMER:** Does this match up with your
21 description in the -- I'm going to look right
22 now.

23 **MR. GRIFFON:** I don't think the workgroup
24 description has that much detail, yeah.

25 **MS. MUNN:** No, it doesn't.

1 **DR. MELIUS:** Would it be possible to get two
2 documents? It might facilitate our -- our
3 review. One -- one would be the -- the
4 workgroup description.

5 **DR. ZIEMER:** Well, here's -- here's what I'm
6 going to suggest. This document is the type of
7 format we need for establishing a subcommittee.
8 I -- I don't -- none of us have really looked
9 at the content. I don't -- as I say, I don't
10 think I did, but who knows? In other words, we
11 would have a section describing the name of the
12 committee, who will be the members, what its
13 function is and how frequently it will meet.
14 The -- the heart of this will be obviously the
15 functions, and that we'll need to discuss
16 tomorrow after everybody has a chance to look
17 at this and digest it.

18 **DR. MELIUS:** And -- and -- and -- can I -- what
19 I thought would -- might be helpful, at least
20 would be helpful to me in -- in reviewing these
21 functions is -- one is the -- having the
22 workgroup charge for -- for the procedures
23 workgroup. And secondly, to have the --
24 similar document that was put together for the
25 individual -- the dose reconstruction review

1 committee -- subcommittee --

2 **DR. ZIEMER:** Right.

3 **DR. MELIUS:** -- so we can see how that matches
4 up --

5 **DR. ZIEMER:** Okay, let me respond to both of
6 those right away. The last -- the latest and
7 most up-to-date version of the workgroup
8 charges was e-mailed to you two days ago, so if
9 you can pull -- oh, you were having trouble
10 with yours.

11 **DR. MELIUS:** I'm having intermittent problems,
12 and I can guarantee those intermittent problems
13 will occur during our discussion tomorrow, just
14 out of --

15 **DR. ZIEMER:** But I -- I --

16 **DR. MELIUS:** -- the nature of...

17 **DR. ZIEMER:** -- have it in electronic form so
18 we can get it printed out here as well. And
19 then the --

20 **DR. MELIUS:** The other document that I --

21 **DR. ZIEMER:** -- the other document I also have
22 in electronic form, unless --

23 **DR. MELIUS:** Should be on the -- it's on the --
24 I know it's on the web site, but if someone get
25 that into a written form so we have it in front

1 of us.

2 **DR. ZIEMER:** Well, we'll get it so we have them

3 --

4 **DR. MELIUS:** Yeah, I mean I don't think that --

5 **DR. ZIEMER:** -- both tomorrow.

6 **DR. MELIUS:** -- that's ask-- 'cause -- 'cause
7 just based on Emily's clarification there, and
8 I believe this came up also when we discussed
9 the -- the dose reconstruction review work-- or
10 subcommittee -- I mean I -- when looking at
11 function, I think there's an issue of not only
12 what is included in the functions but how those
13 functions or those tasks are reported back to
14 the -- the Board and there's sort of general
15 language here under the -- first paragraph on
16 page two, but I guess I'm -- I would be more
17 comfortable with some specific language, but
18 maybe that's not the usual format or something
19 and that's why I'd like to look at the other
20 document, also. It may not...

21 **DR. ZIEMER:** That'd be helpful.

22 **DR. MELIUS:** Yeah.

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

24 **MR. CLAWSON:** Excuse me for my ignorance and
25 stuff, and I -- is this -- is this just to kind

1 of clarify it a little bit more or by making it
2 a subcommittee is it going to be able to make
3 it function better or is this just more of a
4 clarification, I guess --

5 **DR. ZIEMER:** No, this -- under -- we'll let
6 Emily speak to this, too. Under the rules -- I
7 think this is HHS rules -- a subcommittee is
8 one which operates under FACA -- is this not
9 correct?

10 **MS. HOWELL:** Right.

11 **DR. ZIEMER:** Workgroups do not, although we
12 have opened our workgroups so they look the
13 same. But workgroups -- we're not required to
14 have open meetings or -- or to take -- make
15 transcripts or have public input to workgroups.
16 We are -- we would be on a subcommittee.

17 **MR. CLAWSON:** Okay.

18 **DR. ZIEMER:** Subcommittee meetings must be
19 announced in the *Federal Register*, and a
20 subcommittee is on, which Emily described, has
21 an ongoing activity as opposed to a workgroup,
22 which is more ad hoc. It's going to address
23 say Bethlehem Steel, and when it's done, the
24 workgroup is over.

25 **MR. CLAWSON:** Okay, I -- I was just wondering -

1 - I just was wondering if -- because we were
2 doing something wrong or just why we were doing
3 it and that's -- that's why I wanted to clarify
4 --

5 **DR. ZIEMER:** There's no guarantee that it'll
6 make it more efficient.

7 **MR. CLAWSON:** Well, I -- I'll look at Wanda and
8 discuss that, but --

9 **MS. MUNN:** I'd really like it if you could
10 figure out a way to make it work better, Brad.
11 I'm all for that.

12 **DR. ZIEMER:** Maybe it will help.

13 **MR. CLAWSON:** I just -- I just wanted to make
14 sure if -- if there was a reason --

15 **DR. ZIEMER:** No, it has to do with the
16 requirements. Any -- Emily.

17 **MS. HOWELL:** Right, just because it's an
18 ongoing function and task, it's better to have
19 it organized as a subcommittee, and there are
20 certain requirements that we would then have to
21 follow, including *Federal Register* notices.
22 But I think since the work of the procedures
23 workgroup has risen to the level where having
24 the protections of the *Federal Register* notice
25 and what-not are really called for because it's

1 doing such important work, just as the
2 subcommittee on dose reconstruction reviews
3 does, and it's ongoing in nature and that's
4 really the main distinction we're making.

5 **MR. CLAWSON:** Okay. Thank you.

6 **DR. ZIEMER:** We're not saying that the Fernald
7 work is unimportant, however, Brad.

8 **MR. CLAWSON:** Okay, just wanted to make sure.

9 **DR. ZIEMER:** Okay. Other comments on this --

10 **DR. MELIUS:** You know, if anybody would confess
11 to having written this document and could help
12 us tomorrow interpret it, it would be --

13 **DR. ZIEMER:** I'll be ready to confess after I
14 study it further.

15 **MS. MUNN:** Well, there -- there are a few
16 things that one can observe about the way it's
17 written, even though I had nothing whatever to
18 do with it-- with its writing.

19 **DR. MELIUS:** That you remember?

20 **MS. MUNN:** Well, this is a -- this issue has
21 been, certainly for the chair of this group, a
22 two-edged sword because what Ms. Howell had to
23 say with respect to the level of -- of work
24 that is now involved and the level of
25 importance of what transpires there is

1 certainly true. Moving into subcommittee
2 status removes some of the flexibility that you
3 have in a workgroup, and the ability to be able
4 to call meetings quickly and meet on issues of
5 real importance was a major issue at the time
6 that we established this workgroup and, as a
7 matter of fact, continues to be a concern for
8 us from time to time. So when we're required
9 by law to perform actions like *Federal Register*
10 notices, this immediately places us in a
11 position of removing some of our ability to
12 respond quickly to ongoing changes in
13 procedures, new procedures that are being
14 awaited very eagerly by either claimants or by
15 -- by NIOSH for clearance. So it's -- it's not
16 a clear-cut issue as to how you go.
17 With respect to the second item there and the
18 reference to SEC tasks, our original charter,
19 as -- as we've reported it on line doesn't
20 include that, but you could easily read it into
21 the statement that we have where the workgroup
22 is responsible for reviewing the outcomes of
23 SC&A Task III and related assignments, which is
24 the review of all NIOSH, OCAS and ORAU
25 procedures used in the dose reconstruction

1 process. Obviously anything that is that
2 expansive is going to get into procedures that
3 are used in SEC issues as well. So by -- by
4 logical extension, one can see where that
5 language might crop up.

6 **DR. ZIEMER:** I now have discovered where it
7 cropped up. It appears in the charge to the
8 dose reconstruction subcommittee in a slightly
9 different form, and I think in your original
10 charge when you had some SEC responsibilities
11 as well, it might have included the term SEC.
12 Right now the -- it says clarify Board intent
13 regarding technical scope of tasks assigned to
14 the audit contractor. And the implication is
15 tasks related to dose reconstruction, they
16 would clarify them to the contractor. If we
17 assigned doing a blind review, they would spell
18 that out.

19 I suspect somehow that terminology got moved
20 here. I don't know why the SE-- and I -- maybe
21 I did it, but obviously it would have to say
22 procedures review tasks, certainly not SEC, but
23 I see that it parallels what was in the other
24 one.

25 **MS. MUNN:** Yep.

1 **DR. ZIEMER:** That's probably how it arose. But
2 anyway, we have the opportunity to word that
3 any way we please tomorrow, but use that as a
4 starting point.

5 Other comments or questions?

6 (No responses)

7 Okay, let's see how we're doing on time -- it's
8 just about 2:00 o'clock. I'm going to go ahead
9 and have us take our break. It says 2:15 to
10 2:30. It's going to be 2:00 o'clock to 2:30
11 because we have a -- during the break we -- oh,
12 there's a surprise going to occur during the
13 break. This is not part of the official
14 business, so we -- we will not record the
15 surprise nor let anybody know what it is, but
16 we're going to recess for a break till 2:30.
17 (Whereupon, a recess was taken from 2:00 p.m.
18 to 2:30 p.m.)

19 **MR. KATZ:** Just checking, if someone can hear
20 us on the phone? Hello? Is anyone on the
21 phone?

22 **UNIDENTIFIED:** Yes.

23 **MR. KATZ:** Great, thank you. And let me remind
24 you, please, all on the phone to mute your
25 phones, press star-6, please, and don't put us

1 on hold. Disconnect instead if you have to
2 break from the line. Thanks.

3 **SUBCOMMITTEE, WORK GROUP REPORTS**

4 **DR. ZIEMER:** Okay, thank you. We're going to
5 reconvene now and we're ready to start some
6 things which were on tomorrow morning's
7 schedule, namely reports of the subcommittee
8 and the workgroups. So before we do that --
9 comment? Oh, is there a question?

10 **MS. MUNN:** I was --

11 **DR. ZIEMER:** You were not ready?

12 **MS. MUNN:** I was not prepared to do that this
13 afternoon, no.

14 **DR. BRANCHE:** Well, fortunately you're a P, so
15 you...

16 **DR. ZIEMER:** Well, we can do some other things
17 and postpone that.

18 **MS. MUNN:** Well, you need not postpone anything
19 except mine.

20 **DR. ZIEMER:** You won't be ready tomorrow,
21 either. Is that right?

22 **DR. MELIUS:** (Off microphone) (Unintelligible)
23 for one and one for all.

24 **DR. POSTON:** She would prefer the -- the active
25 word, "ignore".

1 **MS. MUNN:** Yes, this is true.

2 **DR. ZIEMER:** Well, let's proceed to the extent
3 we can, and if any need to be -- we can
4 postpone any particular ones if necessary.

5 **MS. MUNN:** I had -- it was my intent to provide
6 two additional slides --

7 **DR. ZIEMER:** Okay.

8 **MS. MUNN:** -- to the presentation that I had
9 made with respect to Blockson at the last
10 meeting, and there will be -- just simply
11 repeat what was there for the sake of
12 refreshing everyone's memory, and --

13 **DR. ZIEMER:** And some additional -- but we can
14 do that tomorrow. We'll do the ones that we
15 can and come back --

16 **MS. MUNN:** Fine.

17 **DR. ZIEMER:** -- tomorrow, but for the sake of
18 efficiency, just -- we'll go ahead and move
19 ahead. Mark, are -- do you want to go ahead
20 and report?

21 **MR. GRIFFON:** On -- on which, the subcommittee?

22 **DR. ZIEMER:** Yes.

23 **MR. GRIFFON:** Yeah, I guess --

24 **DR. ZIEMER:** While you're getting the materials
25 there, let me kick -- kick yours off, as it

1 were, by reporting to the Board that the
2 package for cases 61 through 100 has now been
3 submitted to the Secretary. I e-mailed copies
4 of that document to you all over the weekend,
5 so if your -- if your e-mails accept fairly
6 large sets of documents, then you would have
7 gotten it. It does -- I think it's several
8 megabytes of stuff. But anyway, that package
9 has gone out so the Secretary now has reports
10 on the first 100 cases.

11 And Mark, do you want to take it from there?

12 **MR. GRIFFON:** Yeah. Okay. We had a
13 subcommittee meeting -- I'm trying to remember
14 the date. I also wasn't quite prepared, but we
15 had a subcommittee meeting a few weeks back
16 prior to this meeting. We did continue along
17 our -- we're on the sixth set of case reviews
18 and the seventh set, and we went through the
19 sixth set matrix. We -- I think we're close to
20 resolution on almost all findings in the sixth
21 set, and we made it through a full first pass
22 of the seventh set of -- of findings. We have
23 a little more work to do on -- in that regard,
24 but we are steadily working along. As you
25 know, SC&A -- we're -- we're coming up on the

1 tenth set of cases to -- to assign them, so
2 we're -- we're not too far behind SC&A's work
3 at this point, which is good. So the -- the
4 subcommittee meetings that we have in between
5 the Board meetings usually focus on these
6 matrices and the individual findings for all
7 the cases where we can have these sort of
8 detailed discussions. And so we're moving
9 along on the sixth set and seventh set, which I
10 believe both have 20 cases in, so that'd be 40
11 more cases that we're -- that we're running
12 through the audit process.

13 The other thing that occurred at the last
14 meeting was we had agreed to -- to have a first
15 100 cases sort of summary report, so -- so to
16 date we've issued three, now that Paul just
17 mentioned this latest one -- we've sent three
18 separate letter reports to the Secretary. I
19 believe it was the first 20 cases, then the --

20 **DR. ZIEMER:** Then 40.

21 **MR. GRIFFON:** -- then 40 and then --

22 **DR. ZIEMER:** Forty.

23 **MR. GRIFFON:** -- 40, right, which would give us
24 the total of 100. And we agreed to do like a
25 summary report of the first 100 in the -- in

1 their entirety. And at the last subcommittee
2 meeting I -- I brought out a -- a very draft --
3 early draft report regarding the first 100
4 cases and asked the subcom-- we discussed it
5 and I asked the subcommittee members for their
6 input into that. I think we -- we need-- it's
7 an early draft, we need work on that so we need
8 to work on the language, and we're also going
9 to try to pull in some more information from
10 NIOSH to include in that report. But it is
11 underway. It's possible by the December Board
12 meeting that we'll be able to bring a -- we're
13 -- I'm hopeful that we can bring a final report
14 back for the Board's consideration on the first
15 100 cases in the December meeting.

16 And finally, the last update I have -- I feel
17 like I'm probably missing something, but the
18 last major update item is recently we -- we
19 were working on selecting a tenth set of cases.
20 And as you know, we have the two-step sort of
21 process where we preselect cases and then we
22 ask NIOSH, based on these preselected cases,
23 can you give us more information about how the
24 dose reconstruction was conducted so we can
25 kind of look at the specifics of whether it was

1 a -- an overestimating approach or was a --
2 whether it was a best estimate or whether it
3 included a neutron dose reconstruction
4 component -- we had these other fields that we
5 asked them to give us more information on. Stu
6 Hinnefeld has now provided that in a -- in an
7 e-mail that -- I'm not sure if you sent this to
8 all -- all the Advisory Board or to the
9 subcommittee, I --

10 **MR. HINNEFELD:** (Off microphone) Subcommittee.

11 **MR. GRIFFON:** Okay, so the subcommittee should
12 have received this last set, and we were hoping
13 that at this meeting the subcommittee can --
14 this list now is down to 22 cases, and part of
15 the reason is that several of the cases on the
16 original list were pulled because they were
17 undergoing PER review or -- so they were no
18 longer available for us to -- to access for our
19 audit process. So we're hopeful that by the
20 end of this meeting we can -- as -- as a
21 subcommittee and as a Board -- basically
22 approve 20 of those cases for SC&A to work on
23 for the 10th set of cases. So I'm not sure how
24 to -- to -- how to handle this procedurally
25 'cause right now the subcommittee has this

1 listing, but I'd almost say that we -- we might
2 as well just address it as a full Board and if
3 we can get copies of the -- that matrix to all
4 Board members we can try to select 20 cases out
5 of those and ho-- and that would be something
6 we'd have to do tomorrow during our working
7 session, if that was --

8 **DR. ZIEMER:** If you can bring it to us tomorrow
9 I think it would -- I don't think you want to
10 wait till December to --

11 **MR. GRIFFON:** No, no, no, we want to -- we'd
12 like to -- you know, we'd like to get the final
13 --

14 **DR. ZIEMER:** That -- is that the --

15 **MR. GRIFFON:** -- set in --

16 **DR. ZIEMER:** -- tenth set?

17 **MR. GRIFFON:** Yes.

18 **DR. ZIEMER:** And let me ask this question. On
19 the eighth set, SC&A, have you completed all
20 the reviews with Board members on set eight?
21 Is John here?

22 **MS. ROBERTSON-DEMERS:** (Off microphone)
23 (Unintelligible)

24 **DR. ZIEMER:** Okay. Or -- or Mark, you know if
25 --

1 **MR. GRIFFON:** I'm not sure on the face to face
2 meetings where we stand -- yeah, I'm not sure
3 on that.

4 **DR. ZIEMER:** Yeah, here's John. John, I was
5 asking on set eight of the dose reconstruction
6 reviews, have all of the reviews with the Board
7 members been done by SC&A now on the eighth --

8 **DR. MAURO:** The eight set --

9 **DR. ZIEMER:** -- eighth set?

10 **DR. MAURO:** -- has been delivered. The big
11 binder.

12 **MR. GRIFFON:** Yeah, right.

13 **DR. MAURO:** That's in hand.

14 **MR. GRIFFON:** Have you done the individual
15 Board member meetings, you know how you --

16 **DR. ZIEMER:** The team --

17 **MR. GRIFFON:** -- the team meetings?

18 **DR. MAURO:** Yeah --

19 **DR. ZIEMER:** You've done the team meetings?

20 **DR. MAURO:** -- it's the ninth set that I think
21 you're talking about.

22 **DR. ZIEMER:** No, I've asked about the eighth.

23 **DR. MAURO:** Eighth set has been done.

24 **MR. GRIFFON:** Eighth set's done and the
25 report's been issued.

1 DR. ZIEMER: Okay, okay.

2 DR. MAURO: The report's issued, the one-on-
3 ones have been had, it's all completed and
4 sitting on the shelf ready to go to closeout.

5 DR. ZIEMER: Ninth set you don't have team
6 members for yet. Is that correct?

7 DR. MAURO: I -- I have to say I don't recall
8 receiving that letter. Usually you send me a
9 letter with the --

10 DR. ZIEMER: Right.

11 DR. MAURO: -- one-on-one connections.

12 DR. ZIEMER: I don't think --

13 DR. MAURO: I don't -- I don't recall --

14 DR. ZIEMER: I don't think that's been --

15 DR. MAURO: -- seeing that.

16 DR. ZIEMER: -- done. Where are we on set
17 nine?

18 DR. MAURO: We're -- we're -- we probably --
19 out of the 40, I'd say we've got a little over
20 30 done. We're going to have the rest done --

21 DR. ZIEMER: So you will be ready for the team
22 assignments --

23 DR. MAURO: I would say within --

24 DR. ZIEMER: -- within a month?

25 DR. MAURO: -- a week or -- no, we -- we're --

1 our plan is to finish this thing up by the --
2 well, by the end of this month. The only thing
3 will slow us down is the one-on-ones 'cause
4 we're real close to having those -- those one-
5 on-one meetings scheduled, so we'd like to
6 schedule them as soon as possible.

7 **DR. ZIEMER:** Okay, so I'll get you team
8 assignments --

9 **DR. MAURO:** Please.

10 **DR. ZIEMER:** -- this next week.

11 **DR. MAURO:** That'll be great.

12 **MR. GRIFFON:** So if -- maybe if NIOSH can make
13 hard copies of the -- the matrix that Stu sent
14 to the subcommittee and get them -- get those
15 to all Board members, then we can -- I'd ask
16 that everybody just consider those. I -- I
17 don't think we need another step where the
18 subcommittee comes back with a consideration
19 'cause right now it's basically down to 22
20 anyway, and we'd like to get 20. But on the
21 other hand, if -- if these cases don't -- you
22 know, if -- if what's left is not reasonable,
23 then you know, we might be less than 20 but
24 we'll at least get some cases to SC&A out of
25 this listing, is my hope. And we -- I'd like

1 maybe to take that up during the working
2 session tomorrow.

3 **DR. ZIEMER:** Right. In fact, what -- what you
4 might do, Mark, we might just ask the full
5 Board to, in a sense, approve the full 20 in
6 case you lose one between now and when they
7 actually are reviewing. You've lost some
8 simply because --

9 **MR. GRIFFON:** Yeah.

10 **DR. ZIEMER:** -- they've been pulled for one
11 reason or another.

12 **MR. GRIFFON:** Right.

13 **DR. ZIEMER:** Would that --

14 **MR. GRIFFON:** I -- I just want to make sure
15 that all Board members take an opportunity to
16 look through them, though --

17 **DR. ZIEMER:** Yeah.

18 **MR. GRIFFON:** -- because if we look down and --
19 sometimes what we thought were going to be best
20 estimate cases, when you look at it, you know,
21 it says overestimating appro-- you know, so if
22 -- if -- if a lot of these cases don't live up
23 to what we thought they were going to be on --
24 in our first screening, I'm not sure we should
25 just do them just to do numbers, you know. So

1 I'd like everybody to at least consider --

2 **DR. ZIEMER:** Yeah, but you'll --

3 **MR. GRIFFON:** -- obviously --

4 **DR. ZIEMER:** -- bring the 22 cases and we'll
5 look at them?

6 **MR. GRIFFON:** Yeah, well, I'm asking NIOSH to
7 distribute those now --

8 **DR. ZIEMER:** Oh, now, okay.

9 **MR. GRIFFON:** -- so everybody can have them to
10 look at tonight and consider tomorrow.

11 **MR. HINNEFELD:** Start working on it.

12 **MR. GRIFFON:** Yeah -- oh, okay.

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

14 **MR. GRIFFON:** Thanks.

15 **DR. ZIEMER:** Okay, thank you. Anything else?

16 **MR. GRIFFON:** I -- I think that's it unless
17 other members of the subcommittee -- I think
18 that's -- brief update.

19 **MR. KATZ:** The first on the list is Blockson
20 Chemical, but we have that scheduled for
21 tomorrow and there are people that are going to
22 be calling in for that so we're going to skip
23 over that and that leads us then to Chapman
24 Valve, Dr. Poston, chair.

25 **MS. HOMOKI-TITUS:** Ted, I'm sorry to interrupt

1 -- this is Liz Homoki-Titus. I just want to
2 remind the Board that I believe the information
3 that Mark has asked be distributed may have
4 Privacy Act information in it that needs to --
5 and those documents need to be protected.

6 **DR. ZIEMER:** Which information?

7 **MS. HOMOKI-TITUS:** I believe the document that
8 Mark has asked be distributed to the Board may
9 have Privacy Act information in it.

10 **DR. ZIEMER:** Oh.

11 **MS. HOMOKI-TITUS:** So I just want to remind
12 everyone that that -- those documents need to
13 be protected from further release.

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

15 **MR. KATZ:** Thank you.

16 **MS. HOMOKI-TITUS:** Okay.

17 **DR. POSTON:** Mr. Chairman, we've made no
18 progress since the last meeting, as was --
19 Christine indicated. The last vote that we've
20 had, which was the second vote by the
21 subcommittee (sic), was six to six -- or I'm --
22 by the -- by the Board --

23 **DR. ZIEMER:** The Board.

24 **DR. POSTON:** -- based on our subcommittee (sic)
25 recommendation. I'm a little bit at a loss as

1 to where we go from here because we're now out
2 of the realm of what we can do and into the
3 realm of what-if, and it's very, very difficult
4 to address those what-if issues because we --
5 you can continue to raise those and raise those
6 and raise those. Right now the Board seems to
7 be divided on -- on how to proceed and I don't
8 know what the solution to such a -- such a
9 thing is.

10 **DR. ZIEMER:** Well, let -- let the Chair suggest
11 something and then you can react to it. And
12 I've discussed this with counsel. The -- with
13 a six-to-six split, we have no recommendation
14 for the Secretary. That is, we can neither
15 recommend that we support the NIOSH
16 recommendation to -- to deny or that they can
17 do dose reconstruction, nor can we recommend
18 that a class be added to the SEC. In the
19 absence of either of those recommendations,
20 there's no action that the Secretary takes
21 because the Secretary needs a recommendation
22 from us to move things up the chain, as it were
23 -- that is, if he's to recommend a class to the
24 SEC.
25 Counsel has recommended, however, that we do

1 report to the Secretary that the split has
2 occurred, as a matter of courtesy, to
3 officially tell him that we -- we neither
4 support the NIOSH recommendation nor do we
5 support a new class for the SEC, which is what
6 it amounts to -- simply report that. In -- in
7 the absence of any action on the SEC, the
8 status quo continues, which would be that NIOSH
9 would continue to do dose reconstructions, as
10 they have for that particular site.
11 Now it's conceivable that at some point in the
12 future additional information might emerge.
13 One -- this Board could instruct either its
14 contractor or the workgroup to pursue some line
15 of -- of investigation. Or we can, in a sense,
16 put it to rest and say well, we've done the
17 best we can. If new information emerges for
18 some reason or another in the -- in the future,
19 we can always reopen the issue. But -- at
20 least it is my intent, unless there's an
21 objection from the Board, to at least report to
22 the Secretary officially that the split vote
23 has occurred and that we therefore have no
24 recommendation to make. And I'd like to get
25 any reaction to that -- yes, Dr. Melius.

1 **DR. MELIUS:** I'd like to hear from Emily about
2 the legal implications of that, if there are
3 any, and then from Larry or -- Larry's not
4 here, someone can speak on behalf of OCAS --
5 Jim, maybe you -- I don't want to assign --
6 appoint somebody, but -- about the programmatic
7 implications of that. Thank you.

8 **MS. HOWELL:** Certainly a letter to the
9 Secretary reporting that you are at a six-six
10 vote and do not foresee any ability to change
11 that vote is not within -- is most likely not
12 what would be con-- termed a recommendation
13 under the law and regulations. However, it
14 would offer some closure on the issue for the
15 petitioners and for the agency. I mean this is
16 something you can discuss further, but if the
17 Board felt that there were some additional
18 scientific items that needed to be looked into
19 that could have -- that could sway the vote,
20 then I would certainly encourage you to do
21 that. But this is the second time you've tied
22 on this and I'm not sure I've heard anybody
23 mention a new scientific issue that could
24 change the outcome.
25 So legally, you can do nothing and sit on it.

1 You can send a letter to the Secretary at least
2 advising the Secretary of where you stand.

3 Do you have any other questions?

4 **DR. MELIUS:** Yeah -- no, just when you say
5 scientific -- I think you would include that
6 sort of technical information.

7 **MS. HOWELL:** Yes, what you are --

8 **DR. MELIUS:** Yeah, I mean --

9 **MS. HOWELL:** -- allowed to look at when
10 determining whether or not --

11 **DR. MELIUS:** Yeah, I suppose. I know you're --
12 we're not -- we don't look at legal whatever --
13 or policy or whatever.

14 **MS. HOWELL:** Right.

15 **DR. MELIUS:** Yeah, okay. I just want to
16 clarify that. Tha-- thank you.

17 **DR. ZIEMER:** Yeah, I think somewhat a generic
18 way -- further pertinent information that we
19 would consider.

20 **DR. MELIUS:** Relevant to the Board's function,
21 I -- okay, that's (unintelligible).

22 **DR. ZIEMER:** And Larry's here now. You want to
23 --

24 **DR. MELIUS:** Teach you to leave the room, Larry
25 -- or to come back in.

1 **DR. ZIEMER:** Larry, we have posed the question
2 of the implication of the six-six vote, and
3 I've indicated that perhaps we will report that
4 to the Secretary. But we also would like to
5 hear from NIOSH --

6 **DR. MELIUS:** Yeah.

7 **DR. ZIEMER:** -- I believe the implication is
8 you would continue to operate as you have and
9 do dose reconstructions. Is that not correct?

10 **MR. ELLIOTT:** That is correct. I'm sorry, I've
11 -- I've had to switch --

12 **DR. ZIEMER:** Chapman Valve --

13 **MR. ELLIOTT:** Chapman Valve, and yes --

14 **DR. ZIEMER:** -- six-six (unintelligible).

15 **MR. ELLIOTT:** -- in our evaluation report we
16 determined that it was feasible for us to
17 reconstruct doses, and that's what we are doing
18 at this point in time.

19 Now it comes to my mind, though, that we're
20 going to have to turn around to the petitioner
21 and somehow -- and we're going to have to ask
22 general counsel to help us with this -- what do
23 we do with closing out? Do we administratively
24 close this petition, how do we inform the
25 petitioner -- because I think we owe the

1 petitioner some kind of re-- you know,
2 documentation of where things stand, so -- does
3 that answer your question? I'm sorry.

4 **DR. ZIEMER:** Yes, that's helpful. Jim, it was
5 your question, do you want to pursue it?

6 **DR. MELIUS:** Then I -- no, I -- that's fine. I
7 just had another comment or question, and
8 that's in -- I mean I wasn't at the last
9 meeting where this was discussed but I read the
10 -- the transcripts, and so to the extent they
11 reflected what was discussed on the record for
12 that and -- and I didn't hear -- see any
13 discussion there at -- at the last meeting of
14 potential next steps or whatever. I think the
15 assumption was we were going to vote and then -
16 - obviously I wasn't there and so you need to
17 collect my vote, so -- I'm sort of --

18 **DR. ZIEMER:** Well, we -- we -- I thought it
19 would be premature to talk about next steps in
20 the absence of the vote.

21 **DR. MELIUS:** Yeah -- no, no, I agree, I'm not
22 disagreeing with that, so -- so I -- I would
23 also think that it would be helpful to talk --
24 are there next steps. I think the -- Dr.
25 Poston was saying that he didn't think so, you

1 know, based on his work and -- and I guess I'd
2 like to have some, you know, further discussion
3 of that from other people on -- on the
4 workgroup and been involved and possibly what
5 else was talked about at the last meeting.

6 **DR. ZIEMER:** And I'll -- just to refresh
7 memories, you recall that kind of the last item
8 that was pursued was the enriched uranium
9 sample and the pedigree of the identification
10 of that. And I think we were -- were given the
11 information that the pedigree appeared good,
12 that it truly was enriched uranium. It was a
13 single sample. No evidence of any other urani-
14 - enriched on the site, and so I think it came
15 down to folks trying to evaluate what to do
16 with that one single sample and the implication
17 of that, but each one made their own decision.
18 Wanda, you have a comment, and then John.

19 **MS. MUNN:** Simply that it would appear to be a
20 responsibility of ours to report something to
21 the Secretary.

22 **DR. ZIEMER:** And to the petition, as well.

23 **MS. MUNN:** And to the petitioners. There's no
24 other way that we can legitimately walk away
25 from an assigned task without at least a

1 commentary about how to close it.

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

3 **DR. POSTON:** I thought I was next.

4 **DR. ZIEMER:** Yeah -- oh, you are next, and then
5 Mike. Go ahead.

6 **DR. POSTON:** Well, as I recall, there were only
7 two samples so it's inconclusive, in my
8 opinion, since you have one that has a slightly
9 enriched signature and you have another one
10 that shows no enrichment at all. It wasn't --
11 I think the sample that showed the enrichment
12 was not in the area that was cons-- that we --
13 with which we were concerned, but it was in
14 part of the building, I think, so that there
15 are lots of unknowns here. The -- the working
16 group did agree several times in several of our
17 sub-- working group meetings that NIOSH could
18 construct -- reconstruct the external doses,
19 'cause they had dosimetry from film badges and
20 so forth. And it was our -- my position, and I
21 think some of the others on the -- on the
22 working group position, that the approach taken
23 by NIOSH to bound the internal doses was such
24 that it was so conservative in terms of -- or
25 being compensable or of applicant favorable or

1 whatever the PC word is, that -- that there was
2 -- that even if we assumed that there was
3 enriched uranium at that low concentration of
4 around two percent, it would only double the
5 internal doses and it still would not make the
6 -- the petitioners or the individuals that --
7 for which the dose re-- reconstructions were
8 being made, it still wouldn't really influence
9 their -- their dose, because the internal dose
10 was a small part of the external dose. So that
11 was the -- that -- that's where we left it. We
12 don't have -- we did the best we could in terms
13 of going beyond the pale to establish was that
14 a real sample or not. We concluded that it
15 probably was. It's still some question because
16 the person at Oak Ridge who we talked to
17 couldn't answer all the questions. It's a long
18 time ago. He couldn't remember exactly. And
19 we do have some statements by -- by the
20 petitioners that they did receive equipment
21 from Oak Ridge. We have no indication that
22 that happens to be the truth. I'm not saying
23 that it's not, I'm just saying we have no
24 records of any shipments from Oak Ridge to
25 Chapman Valve. We have a tremendous number of

1 records of shipments from Chapman Valve to Oak
2 Ridge, but no returns. So we have -- even
3 though that's a petitioner's statement, we have
4 no confirmation that that is in fact the truth.
5 So -- so the -- the -- both times when the --
6 in the subcommittee (sic) and when it came to
7 this committee -- to the Board, the
8 recommendation was that the petition be denied.
9 Okay? So that's -- that's -- that was the
10 conclusion, so -- and members of the working
11 group who voted in favor of that then voted
12 against it when it came to the Board, so that
13 leaves some question as what's going on. I
14 mean the record will show that the first time
15 the working group met and made the motion after
16 considering it, the data, and made the motion
17 that the SEC petition be denied, the vote was
18 unanimous.

19 **DR. ZIEMER:** Thank you. Michael, you had a
20 comment?

21 **MR. GIBSON:** Yeah. There is no evidence that
22 additional enriched uranium work went on,
23 there's still no explanation for that sample
24 and no evidence to the contrary so, you know,
25 that's just...

1 **DR. ZIEMER:** Thank you. Any further comments
2 on -- on this. Mike -- Brad.

3 **MR. CLAWSON:** You know, I've got to agree with
4 it, and as John has stated, I guess one of my
5 biggest problems and issues with it is when you
6 look at an SEC, this ability to be able to do
7 all these things and -- but what one of my
8 underlying issues is is there's so many
9 unanswered questions out there. And basically
10 my feeling is is that we've got to err in the
11 side of the claimant. There may not be a lot
12 of -- we all know how terrible a lot of these
13 records are that have come in and come out, and
14 just because there is nothing coming back from
15 Oak Ridge doesn't mean that it didn't happen.
16 Some of these things still happen today. I
17 have product that I store that I have no
18 paperwork for because it is somebody else's
19 product. These are some of the issues that --
20 that still bother me and so forth like that,
21 and that's -- that's why we've got into this.
22 I -- I just -- you know, we're -- we're trying
23 to reconstruct something from how many years
24 ago, and -- and I know it's a very difficult
25 source, but -- but I just -- I -- I feel that

1 we've got to -- we've really got to look at
2 this and be able to give the claimants
3 everything that we can.

4 **DR. ZIEMER:** Well, we don't need to redo the --
5 the debate on this site, which we went through
6 thoroughly, but we need to decide what to do
7 going forward. Jim and then John again.

8 **DR. MELIUS:** I think we also have to look at
9 one other issue, which is what I'm trying to
10 focus on 'cause I agree, I'm not sure redoing
11 the debate is going to change where we were,
12 but -- but is there some other source or type
13 of information that -- that could be pursued,
14 or should be pursued, that may or may not be --
15 be -- be helpful in -- in this effort. So one
16 is -- is, you know, has a thorough search been
17 done for what could be the, you know, potential
18 types of operations at that facility and, you
19 know, potential sources of exposure.

20 Secondly, it's my recollection from the --
21 again, just from the transcripts of the last
22 meeting and the discussion of the famous
23 samples, enriched samples, was the -- that the
24 -- the contact person that provided the letter
25 report for -- for NIOSH also discussed it with

1 a number of other reference -- other people
2 that -- that he -- I believe it was a he -- had
3 contacted that were involved in the original
4 operation. And my -- one of my other questions
5 would be has NIOSH directly contacted those
6 people to see if they could be -- provide
7 additional information. We're relying on, you
8 know, one person having done this sort of so-
9 called investigation for us. Now that -- that
10 may not be fruitful. You may have already
11 thought about that. You may have already done
12 that, I -- I'm going from my memory on -- on
13 the -- the thing, but -- but I -- I think -- I
14 like to be, before taking any action or any
15 inaction, I guess, be assured that we had
16 actually looked at every possibility that --
17 that we could.

18 **DR. NETON:** This is Jim Neton. The letter
19 report that we commissioned to be written was -
20 - was drafted or written by the person who was
21 responsible for the collection of those samples
22 and the writing of the report itself.

23 **DR. MELIUS:** Uh-huh.

24 **DR. NETON:** So we believe it would be the best
25 source of information for the origin of that

1 sample. I believe that the references that he
2 made, and I'd have to go back and look at the
3 letter report, were sort of ancillary personnel
4 who were not there or present, and they were
5 just more sort of reference material, but I
6 didn't -- I didn't get the sense that -- at
7 least when I read it -- that there was anything
8 worth following up with the people that he had
9 mentioned in the report.

10 **DR. ZIEMER:** John?

11 **DR. POSTON:** Just to correct what Dr. Melius
12 said -- he used the word "samples," there was
13 one sample. I'd like to make sure that's on
14 the record.

15 Secondly, I don't want to debate this, but in a
16 scientific method I think it would be fair to
17 have a way forward for the working group, and
18 if Brad and Jim have questions that they think
19 they would like to see answered, as chairman of
20 the working group I'd be happy to receive those
21 so that we can address those concerns. I don't
22 know what those -- all those concerns are. And
23 if there is a path forward, then let's -- let's
24 lay it out and get it done. But right now we
25 just have a what-if situation and I don't even

1 know what the questions are the working group
2 is supposed to answer for the -- for the
3 members who have concerns that we haven't
4 looked at everything. So I'll be happy to
5 receive a list. I'll be happy to convene the
6 working group. And we'll be happy to try to
7 address those issues. But I -- first I have to
8 know what they are.

9 **DR. ZIEMER:** Well, even if there are issues,
10 I'm proposing that at this point I think we
11 have an obligation to at least inform the
12 Secretary officially as to where we are,
13 because this particular case has -- has gone on
14 for quite some time. We've had two votes on
15 it; both have been split. I -- unless there's
16 great objection from -- from the Board, I think
17 it would be appropriate to at least report
18 where we are. This doesn't preclude, if -- if
19 we can identify other issues that need to be
20 addressed, that occurring.

21 Mark.

22 **MR. GRIFFON:** I also would say -- I guess
23 there's two -- as far as what else can be
24 looked at or considered, I guess there's two
25 things that I've brought up in the past that --

1 and -- and I understand, Jim's already shaking
2 his head -- but if -- if there's been any --
3 any luck in finding remediation reports or that
4 sort of thing. I don't think there has been.
5 And then the other thread, which I think -- the
6 only thing I -- I -- I know there's some -- I
7 know -- I know the reasons why this is not
8 viewed as a -- necessarily a popular
9 recommendation, but I think it could impact
10 many other sites, and that's to pursue this
11 whole Naval operations question, whether there
12 was any Naval operations there in later years,
13 because I think -- I -- I know for a fact that
14 several of these sites also did Naval work, so
15 if it shows up in residual periods, this could
16 well explain the enriched sample that's there.
17 It could be from activities not related to the
18 -- the AWE period, but --

19 **DR. POSTON:** Yeah.

20 **MR. GRIFFON:** -- you know, so those are two
21 things. And I -- I think that they -- they're
22 both -- I understand some concerns about doing
23 both of those and I understand why NIOSH hasn't
24 really chased those, especially the Naval one.
25 But --

1 **DR. NETON:** That's correct. The Naval one,
2 we've had very -- very little luck getting
3 information out of Department of Defense in
4 this regard. And I would also suggest that if
5 it is a Naval sample, then it's not covered
6 under the -- it would put closure maybe to the
7 issue and identify it as a sample, but you
8 know, it's not covered under this program.

9 **MR. GRIFFON:** No, I underst--

10 **DR. NETON:** Secondly, though, you know, the --
11 we -- we looked at the closeout docket for the
12 FUSRAP program on this site. There's like --
13 it's on our O drive. There's 400-plus pages or
14 more of the closeout of that -- of that
15 remediation effort, and we've found no
16 indication in there about any enriched uranium
17 samples whatsoever. We've looked at that. So
18 I -- I am very skeptical that we would find any
19 more information looking at remediation. I
20 wouldn't even know where to begin looking
21 (unintelligible) remediation.

22 **MR. GRIFFON:** I thought at one point you were
23 contacting -- was it Bechtel or -- or whoever
24 the contractor was and you --

25 **DR. NETON:** That's true.

1 **MR. GRIFFON:** -- you weren't able to get --

2 **DR. NETON:** We weren't able to get any

3 information --

4 **MR. GRIFFON:** -- in touch with them --

5 **DR. NETON:** -- out of Bechtel.

6 **MR. GRIFFON:** -- and that was the only -- and

7 also the waste disposal. I imagine it would

8 have been --

9 **DR. NETON:** But again, in their --

10 **MR. GRIFFON:** -- Utah or something, yeah.

11 **DR. NETON:** -- in their official closeout

12 reports for the site, with the -- with the

13 disposition of all the materials, there was not

14 one mention made of any enriched uranium during

15 the closeout.

16 **MR. GRIFFON:** Yeah.

17 **DR. ZIEMER:** Okay.

18 **UNIDENTIFIED:** Excuse me --

19 **DR. ZIEMER:** I understand that we have someone

20 from Senator Kennedy's staff on the line

21 relative to Chapman Valve. Is that correct?

22 **UNIDENTIFIED:** You have someone from State

23 Senator Sheila Kuehl's office.

24 **DR. ZIEMER:** Oh.

25 **UNIDENTIFIED:** I was told to call in at 3:00

1 o'clock today --

2 **DR. ZIEMER:** No, no, no, we're still --

3 **UNIDENTIFIED:** -- (unintelligible) call.

4 **DR. ZIEMER:** -- on Chapman Valve.

5 **UNIDENTIFIED:** Okay.

6 **DR. ZIEMER:** Is someone from Senator Kennedy's
7 office on the line?

8 **UNIDENTIFIED:** Okay.

9 **DR. ZIEMER:** Someone...

10 (No responses)

11 Jason, are you here? We don't have anyone from
12 Senator Kennedy's office identifying -- do you
13 know if --

14 **MR. BROEHM:** We've been kind of back and forth.
15 I understood that you were going to take this
16 up tomorrow after your earlier discussion on
17 the vote, so I told her no. Then I --

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

19 **MR. BROEHM:** -- e-mailed her back and said
20 we're on -- they're discussing it, so I don't
21 know if that second message has reached her or
22 if she able --

23 **DR. ZIEMER:** Okay --

24 **MR. BROEHM:** -- but I know that she wanted to
25 speak.

1 **DR. ZIEMER:** Okay. Well, I'll -- I'll just --
2 I'm going to interrupt it at the moment then.
3 We're going to interrupt Chapman Valve. We do
4 have someone from Senator Kuehl's office on the
5 line. This is the individual who tried to
6 reach us yesterday evening, Laura Plotkin, I
7 believe. Laura, are you on the line?

8 **MS. PLOTKIN:** Yes, that's me, and I'm really
9 sorry -- I mean I -- I jumped in this -- middle
10 of this call and I was just waiting for a word
11 I recognized --

12 **DR. ZIEMER:** No, that's --

13 **MS. PLOTKIN:** -- and I heard NIOSH
14 (unintelligible) --

15 **DR. ZIEMER:** -- we knew you were calling in, so
16 pleased to hear from you now, Laura.

17 **MS. PLOTKIN:** -- (unintelligible) for -- for
18 coming into the middle of -- of another subject
19 here but --

20 **DR. ZIEMER:** That's all right.

21 **MS. PLOTKIN:** -- I'm just going to take a
22 minute. I have a very brief statement to read
23 and there was no way for me to -- to leave it
24 when I called yesterday, so if you don't mind -

25 -

1 **DR. ZIEMER:** No, we're pleased to hear it now.

2 **MS. PLOTKIN:** -- I'll take a few seconds.

3 Thank you very much.

4 My name is Laura Plotkin and I'm California
5 State Senator Sheila Kuehl's District Director,
6 and I'm calling to officially support the
7 Special Exposure Cohort petition number 093
8 that was written by Bonnie Klea, whom I'm sure
9 many of you know and have heard from over the
10 years, for the Santa Susana Field Laboratory
11 workers who worked in Area IV of the former
12 Rocketdyne site and were exposed to radiation
13 there. We have noticed that the compensation
14 rates for workers' claims are extremely low for
15 this site, only about ten percent, whereas the
16 national average is about 35 percent, and
17 California as a whole, 19 percent. We urgently
18 request that you more fairly respond to these
19 claims and distribute compensation to address
20 the longstanding needs of these deserving and
21 long-suffering Santa Susana Field Lab workers
22 and their families. Thank you very much.

23 **DR. ZIEMER:** Okay, thank you very much, Laura,
24 for coming back today after your frustrations
25 of last evening.

1 **MS. PLOTKIN:** Yes, well, I appreciate your
2 taking the time out of what you were doing when
3 I called to listen to the statement, and I hope
4 that you will help these people. I've been
5 working with them for 14 years and they deserve
6 some attention.

7 **DR. ZIEMER:** Thank you very much.

8 **MS. PLOTKIN:** Thank you very much. Bye bye.

9 **DR. ZIEMER:** We -- we can certainly return also
10 to this topic tomorrow, did -- since we were at
11 that point in the subcom-- or the workgroup
12 reports so at least wanted to get some initial
13 --

14 **MS. PLOTKIN:** Yes, also there's one other
15 comment --

16 **DR. ZIEMER:** Oh --

17 **MS. PLOTKIN:** -- just before I -- I sign off
18 that I would like --

19 **DR. ZIEMER:** Oh, okay --

20 **MS. PLOTKIN:** I had --

21 **DR. ZIEMER:** -- go ahead.

22 **MS. PLOTKIN:** I had heard earlier today that
23 you were thinking of just only doing the
24 compensation for the badged workers, and I know
25 that Ms. Klea is someone who worked as a

1 secretary a few feet away from where the badged
2 workers worked and got [Personal Identifier
3 redacted]. And I think you might want to
4 relook at that issue with some of these claims.
5 And that's all I'm going to say.

6 **DR. ZIEMER:** Yes, and in fact, that -- that
7 will not be the case. We -- we don't usually
8 restrict this to badged workers. It's usually
9 --

10 **MR. GRIFFON:** No, no, no, it is.

11 **DR. ZIEMER:** Huh?

12 **MR. GRIFFON:** It's written that way.

13 **DR. ZIEMER:** It's written that way, but that's
14 -- is that --

15 **MR. GRIFFON:** That was the intent by NIOSH.

16 **DR. ZIEMER:** The in-- no, Larry, could you
17 clarify the intent by NIOSH was to restrict
18 this to badged workers for Santa Susana?

19 **MR. GRIFFON:** Monitored. Monitored workers.

20 **MR. RUTHERFORD:** The evaluation report was for
21 just monitored workers, and it was based on the
22 external exposures for -- it was based on the
23 workers that worked in the radiological areas
24 at that site, which were well-defined during
25 that period. Based on interviews that we had

1 with certain individuals, all those individuals
2 were monitored -- or had badges, meaning --

3 **DR. ZIEMER:** That's what you've recommended.

4 **MR. RUTHERFORD:** Yes, that is what we've
5 recommended.

6 **MR. GRIFFON:** Right.

7 **MR. RUTHERFORD:** So it is -- that is the case,
8 the recommendation is just for monitored
9 workers. It's very similar to Lawrence
10 Livermore National Lab recommendation.

11 **DR. ZIEMER:** Does that say unmonitored workers
12 did not have access to radiological areas?

13 **MR. RUTHERFORD:** What -- what it said was if
14 they went into -- yes, if they went into
15 radiological areas, they were badged,
16 monitored.

17 **MS. PLOTKIN:** But what if they just worked a
18 few feet away? Would -- would they -- would
19 there be a danger for exposure to radiation if
20 you work in the building right next door to it?

21 **MR. RUTHERFORD:** Well, obviously we'd have to
22 look at that -- the situation which she's
23 talking about 'cause we don't know if -- I mean
24 the workers could have been badged and could
25 have wore their badges out in un-- you know, in

1 areas that weren't radiological areas and --
2 and in that situation they would be standing
3 right next to -- to workers that weren't
4 badged, so --

5 **MS. PLOTKIN:** Well, if you would speak to her
6 about it, she -- she has a long history and a
7 lot of information, and I think it would be
8 good --

9 **DR. ZIEMER:** Well, we've heard -- heard the
10 comment and --

11 **MS. PLOTKIN:** Okay.

12 **MR. GRIFFON:** Yeah.

13 **DR. ZIEMER:** -- that'll certainly be looked at
14 --

15 **MS. PLOTKIN:** Okay.

16 **DR. ZIEMER:** -- as we proceed.

17 **MS. PLOTKIN:** Thank you so -- thank you so
18 much.

19 **DR. ZIEMER:** Yeah, thank you.

20 **MS. PLOTKIN:** Bye bye.

21 **DR. ZIEMER:** Well, I was saying we -- we can
22 return also tomorrow to Chapman Valve if we
23 want to think further on -- as John described
24 it, path forward would require identifying
25 specific steps, but even -- even with that, I'm

1 still raising the question of reporting where
2 we are, because taking additional steps, we may
3 be talking about another six months or a year
4 or something. I mean this can drag out. In
5 the meantime -- yes, Emily, you have a comment
6 on that?

7 **MS. HOWELL:** I guess I would just offer that if
8 additional steps are going to be taken by the
9 working group that perhaps they should be
10 framed in terms of what it would take to arrive
11 at a determination about whether bounding dose
12 would be possible if you can determine things
13 with sufficient accuracy, because if the steps
14 are just incremental steps that aren't going to
15 allow you to reach that threshold question, is
16 it worthwhile, the expenditure of time and
17 resources?

18 **DR. ZIEMER:** Thank you. Further comments on
19 this? Jim, did you have an additional comment
20 or --

21 **DR. MELIUS:** Not now.

22 **DR. ZIEMER:** Okay, we're going to return to it
23 tomorrow I think when we have the Chapman Valve
24 person on the line as well. Thank you.
25 Let's go ahead.

1 **MR. KATZ:** Yes, next we have Fernald site
2 profile. That's Mr. Clawson.

3 **MR. CLAWSON:** On the Fernald workgroup we've --
4 we've met twice. In the last month I've tried
5 to set up some other meetings. We are meeting
6 at 4:30 today. Part of things that we're --
7 we're getting into is data integrity and this
8 is, this afternoon, what the meeting is going
9 to be over. We've requested -- SC&A did a
10 sample to show us -- just to be able to assure
11 that the information that we do have is
12 reliable and so forth. And then after we get
13 through the year end, we -- going to be setting
14 up another workgroup meeting, proceeding on.

15 **DR. ZIEMER:** Thank you.

16 **MR. KATZ:** Okay. And next we have Hanford site
17 profile and Special Exposure Cohort; that's Dr.
18 Melius.

19 **DR. MELIUS:** As I dis-- as we discussed a
20 little bit earlier when I was asking questions
21 to Dr. Worthington, really all further progress
22 on Hanford has been stopped pending access to
23 information, both by NIOSH and SC&A and -- at
24 the site. And I think we heard the
25 information's -- check's in the mail or getting

1 close to being in the mail. I think there's --
2 you know, I would just add, I -- I have cont--
3 contin-- continued concerns as to how long this
4 process has dragged on for and the very
5 significant delays that it's made in any
6 further -- ability to have any further progress
7 on the -- on this SEC petition. NIOSH is
8 proposing to make some major changes in the
9 site profile so they -- they needed access to
10 considerable information, and that's even
11 preceding what SC&A's ability to -- to -- or be
12 able to review most of this information, so
13 we're really at a -- may be facing even further
14 delay. I don't think it's fair to ask NIOSH
15 how long it's going to take them to do what
16 they need to do 'cause they haven't even seen
17 the information yet and a lot will depend on --
18 on -- on what they need to access and I think
19 it's -- continues to be problematic. I don't
20 know if anybody from SC&A wants to comment or
21 elaborate. And then I -- I -- if not, the --
22 the -- just one other thing is the -- would add
23 that Brad -- there was an informational meeting
24 that Department of Labor held -- you end up go-
25 - you ended up going to, I believe.

1 **MR. CLAWSON:** (Off microphone) (Unintelligible)

2 **DR. MELIUS:** I don't know if you want to add --
3 say anything about that -- we sort of got
4 invited to at the last minute.

5 **MR. CLAWSON:** Yeah, actually we were requested
6 by Hamtech, which is the union up there, if a
7 member of the workgroup was going to come to
8 that, which I was asked to come and I went to.
9 And Department of Labor came in and had a --
10 had a fairly good turnout. I believe the first
11 night was 200-something people. The second
12 night was almost 160. That was to go over the
13 DOL part of the chemical exposure and so forth,
14 and they were explaining to them how the
15 process worked. And in talking with Department
16 of Labor after that, they had quite a backlog,
17 which has been taken down substantially and is
18 now down to about 200 people -- 200 cases,
19 excuse me.

20 **DR. MELIUS:** I -- I -- I would just also add
21 that, you know, as we're trying out this new
22 process of sort of SC&A working through NIOSH
23 to get access to records and then this review
24 by these -- whatever the -- however many steps
25 of review there are in terms of access from the

1 Department of Energy for security reasons, I
2 think it's -- behooves us as a Board to make
3 sure that we keep, you know, very careful track
4 of -- of the process and assuring -- being able
5 to ensure the petitioners and others that are
6 involved in this process that we are
7 documenting and understand what is being
8 accessed and making sure that if information is
9 being refused access to SC&A for any reason, or
10 to the Board, that we unders-- you know, that's
11 documented also. And so I would hope that, as
12 Larry does his spreadsheet, whatever this is
13 going to be describing -- flow chart describing
14 this process that we include that.

15 **DR. ZIEMER:** Well, hopefully the process will
16 be more efficient so there's not a double
17 asking of the same documents by our contractor
18 and by NIOSH. And of course if SC&A is running
19 into issues, you'll need to let the Board know,
20 of course.

21 **DR. MELIUS:** The -- the start-up has not been
22 efficient, so...

23 **DR. ZIEMER:** Okay --

24 **DR. MELIUS:** I -- we'll give it time.

25 **DR. ZIEMER:** -- let's proceed.

1 **MR. KATZ:** Okay, before -- let me just ask
2 again, someone on the line has their phone
3 open, it's not muted. Can you please mute it
4 or press star-6? Thanks.

5 And we're up to Los Alamos National Lab, site
6 profile and Special Exposure Cohort petition,
7 and that's Mr. Griffon.

8 **MR. GRIFFON:** Yeah, I think LaVon gave the
9 update for this. We're -- we're holding out.
10 We -- we will convene as soon -- I noticed
11 John's slide saying that the workgroup hasn't
12 been for-- we -- we have a workgroup, we've
13 just delayed our meeting pending the evaluation
14 report from NIOSH 'cause we -- we don't want to
15 double-work this issue, so I expect
16 October/November I think is what LaVon is -- is
17 expecting -- yeah, he's nodding his head yes,
18 so as soon as we get a report from that, we'll
19 -- we'll -- we'll move on that and have a
20 workgroup meeting and start that process.

21 **DR. ZIEMER:** Thank you.

22 **MR. KATZ:** And the next workgroup is Mound
23 Special Exposure Cohort petition, and that's
24 Ms. Beach.

25 **MS. BEACH:** Okay, Mound met the last -- for the

1 second time on July 14th. We were able to
2 close out one of our 21 matric (sic) items at
3 that time -- at that meeting. Both NIOSH and
4 SC&A have the action items they are working on,
5 pulling documents. SC&A at this time has a
6 scheduled interviews in Cincinnati next week
7 and I am working -- talking with some of the
8 workgroup members, actually all of them, to
9 schedule our next workgroup meeting for the
10 last week of October.

11 **MR. KATZ:** Okay, and the next is Nevada Test
12 Site profile, Special Exposure Cohort petition,
13 and that's Mr. Presley.

14 **MR. PRESLEY:** The working group has not met
15 since the 23rd of June, our last meeting in St.
16 Louis, but that's not to say that there hasn't
17 been a tremendous amount of work going on
18 behind the scenes.

19 In St. Louis three items came forward that SC&A
20 had some issues with. Those three items were -
21 - were and have been discussed by SC&A and
22 NIOSH. At this time I'm going to ask John
23 Mauro to stand up and give us a report on those
24 three items since we've not had a meeting, to
25 tell us the outcome of those, and then I'll

1 continue.

2 **DR. MAURO:** The three items -- first one has to
3 do with the reconstruction of the internal
4 exposures to workers who were outdoors, not
5 going into radiation control areas, were
6 outdoors, exposed to airborne resuspended dust.
7 The methodology that we discussed at length at
8 our last meeting had to do with taking
9 advantage of the large number of air sampling
10 stations that were distributed around the site.
11 At the time of the meeting we were gathering
12 information on the degree to which these air
13 sampling stations -- which were I believe in
14 place around 1971/'72 time frame and collecting
15 air samples, and of course our interest and all
16 our interest is to reconstruct the internal
17 exposures to those outdoor workers who were
18 there pa-- after the -- during the above--
19 below-ground testing period, post-1962. So in
20 effect, what we have here is we need a way in
21 which to reconstruct internal exposures to
22 outdoor workers, not -- not entering control
23 zones, present outdoors from '63 onward. And
24 the plan being that you could start with the
25 air sampling that was collected in 1972,

1 starting at that time period.

2 A number of concerns were raised at that time

3 that the location of the air sampling -- it's a

4 big site -- the location of the air sampling

5 stations relative to where the workers were

6 doing their jobs might have been relatively

7 large, like miles apart. In addition, there

8 was some concern regarding differences in

9 elevation, so -- and -- and there were also

10 some concerns that were discussed regarding

11 some cleanup that may have taken place between

12 the time of the work activities, let's say in

13 '63, '64, '65, where material might have been

14 removed and therefore the relevance of the

15 samples collected in 1972, so -- and these

16 matters have been all put on the table. I

17 think that there is an ongoing dialogue, an

18 effort to achieve closure on these issues.

19 I'd like to point out that we're really dealing

20 with an issue that -- can you use, on a very,

21 very large site, sampling stations that really

22 are capturing almost like an overall ambient

23 set of conditions, when you're concerned about

24 perhaps some localized area where some

25 aggressive activity might be going on where a

1 localized amount of dust is being dis--
2 generated that could have some residue in it
3 from historical fallout, and whether or not you
4 -- you -- you can ma-- map the two. So that's
5 issue number one.

6 Issue num--

7 **DR. ZIEMER:** Well, let me interrupt here.

8 **DR. MAURO:** Yeah.

9 **DR. ZIEMER:** So who is developing the model for
10 this? Is it SC&A or NIOSH?

11 **DR. MAURO:** The way we left it was NIOSH's
12 contractor indicated that they have a
13 considerable amount of bioassay data, from
14 security guards that were widespread throughout
15 the area from '63 to '72, which would confirm
16 that -- that there was no elevated exposures
17 that -- in other words, there -- that there was
18 no incompatibilities betw-- so it's sort of
19 like a way to validate that the air sampling
20 that were tak-- was taken in '72 is consistent
21 and compatible with the bioassay data that was
22 collected by the security guards who were
23 working the areas at the time. And that -- and
24 I'm hoping I'm communicating this correctly,
25 tha-- so from that perspective, the -- it's my

1 understanding that that's an action that NIOSH
2 has taken.

3 In the interim, I have a great deal of material
4 -- well, material has been transmitted to all
5 of us by John Funke related to the fa-- this
6 very same issue and the distances and the
7 elevations and the locations and their
8 representativeness, and now he called me on a
9 number of occasions to alert me to the fact
10 that this information is before us. SC&A has
11 not taken any action on that -- on
12 (unintelligible) --

13 **DR. ZIEMER:** Well, I'm asking my usual
14 question, you know, and that is I -- I want to
15 make sure that SC&A is not doing NIOSH work --

16 **DR. MAURO:** And the answer is we have not taken
17 any action on that item at all.

18 **DR. ZIEMER:** Yeah.

19 **DR. MAURO:** Okay? Second item. The second
20 item is -- has to do with the ability to again
21 reconstruct internal exposures, but now we're
22 talking about a different group of workers.
23 We're talking about workers that have gone into
24 the mines, you know, or in-- or in radiation
25 control areas where there's a much greater

1 potential for internal exposure. NIOSH has
2 come up, in their evaluation report, with a
3 strategy for building a coworker model to
4 reconstruct the internal doses to workers who
5 might have been internally exposed. The
6 approach basically is selecting 100 workers
7 that had the highest external -- cumulative
8 external exposures and collect all of their
9 bioassay data, under the assumption that the
10 workers that experienced the highest external
11 exposure were likely to be more or less
12 representative of the workers that experienced
13 the highest internal exposures. And -- and
14 then on that basis, they've got a pool of
15 workers with bioassay data that can be used to
16 construct a coworker model for internal
17 exposures to all workers who may have
18 experienced internal exposures during the post-
19 aboveground testing period.

20 SC&A has been given a mandate to evaluate that
21 strategy, and that work is largely complete.
22 And let me explain what that strat-- what we
23 have done. We downloaded all of the bioassay
24 data for all 100 workers that represent the
25 group -- the cohort of workers that are being

1 used for the co-- the coworker database. We
2 collected all of their bioassay data and put it
3 into a large database. So now we have all of
4 that data and we're -- step one, we're trying
5 to determine if there is in fact a direct
6 correlation that those who have the highest
7 external exposure also have the highest
8 internal exposure, to test that premise.
9 There's reason to believe that there's good --
10 that might be true, but until we actually test
11 that premise, which is the rock that this whole
12 concept is standing on so we will know that we
13 will know that very soon.
14 The second thing we did is say to ourselves --
15 but there are different categ-- you grabbed 100
16 workers, but we know that there are also
17 different categories of workers that went into
18 the tunnels. There were -- there were safety
19 personnel, there were carpenters, there were
20 welders. In fact, we identified I believe
21 seven different worker categories, and we're
22 saying is it possible that those -- one or more
23 of those categories of workers may have
24 experienced internal exposures which are not
25 captured -- or the high end exposures which are

1 not captured by the high end exposures from the
2 group of 100.

3 We have -- what we've done then is we have
4 access to the database, we went -- we grouped
5 all of the workers post-- again, this is post-
6 '62 -- into seven worker categories and from
7 those seven categories we sampled -- randomly
8 sampled 20 from each category. Okay? And we
9 download-- this is all done already -- we
10 downloaded the internal bioassay data, which
11 generally is plutonium, tritium, gross gamma,
12 iodine -- I think that might be it -- and we're
13 creating a table. And you can almost visualize
14 this table. We take the hi-- let's say we're
15 talking plutonium. We take the 100 -- all the
16 plutonium readings for the group of 100 and
17 rank them from highest to lowest observed in
18 picocuries per liter in urine. Then we go to
19 our group, group number one, highest to lowest;
20 group number two, highest to lowest. If we
21 find that the highest -- that the -- that the
22 hierarchy, this -- the listing for the group of
23 100 does in fa-- is either comparable to the
24 highest in any of the other group, or higher --
25 well, there's good reason to believe that group

1 of 100 is pretty good. If it turns out we find
2 out no, there are certain groups of workers --
3 one of our seven categories -- where we're
4 seeing substantially higher concentrations of
5 plutonium, for example, in the urine, that
6 means that something is -- something's not
7 working well.

8 We're done with that. That's all been done.
9 We have the entire database and it's this far
10 away from being delivered to you folks for
11 consideration. It's more a question of this --
12 taking this very complex array of data and
13 getting it into a form -- sort of boiling it
14 down to a form where everybody could look at it
15 and ask it some very simple questions of the
16 type I just mentioned. That's the second
17 thing, and we're just about done with that.

18 The third thing, which I consider to be perhaps
19 the most import, is badges left behind. Okay?
20 There is this big issue, as you know -- and we
21 have a two-pronged approach to -- and we -- and
22 we're just about done with that work, too --
23 two-pronged approach. One is interviews,
24 interviewing all of the workers who claim that
25 they did in fact leave -- and get -- and get

1 their story, and we have a -- there'll be a
2 report that says here's the results of our
3 interviews with all of these workers and who --
4 who have claimed that they've left their badges
5 behind, so we're going to hear their story.
6 But completely separate from that, we went in
7 and we sampled ten workers that had the -- what
8 I considered to be the potential for the
9 highest exposures in -- and the -- in -- under
10 the idea that the workers that had tendency to
11 have the highest potential exposures, in
12 theory, might have had a greater motivation to
13 leave their badges behind. And then this is --
14 and then we did this analysis that was
15 suggested by Dr. Lockey quite a while ago, is
16 to go through that worker's day by day work
17 history, every day -- 'cause there's a log, a
18 written log of this worker where each day he
19 goes in we get a PIC reading and we get -- and
20 if it's a positive PIC reading, they pull his
21 film badge and they read his film badge. If
22 there's not a positive PIC reading, they don't
23 pull the film badge. So what we did was we
24 took these workers -- and there's quite a lot -
25 - you can imagine the number of records. We're

1 talking about a worker that, on a day by day
2 basis, went into a controlled area. And what
3 we're doing is we're saying is there parity
4 between the PIC readings -- day by day PIC
5 readings and the individual film badge readings
6 that are either individual dai-- reading 'cause
7 they pulled it or they're weekly or quarterly,
8 and -- and we're -- and again, it's a
9 comparison, the idea being if there is a gross
10 incongruity between the PIC readings and -- the
11 Pocket Ionization Chamber readings and the film
12 badge readings, that would be an indication
13 that something isn't right.

14 I could tell you -- as -- where we -- that work
15 is done. The tables are -- I've looked at
16 them, and the outcome of it is that by and
17 large we're not seeing -- except in one
18 instance, we're not seeing things that seem to
19 be incongruent. What does that mean? That's
20 something that we will discuss together when we
21 present our results.

22 So a great deal has -- on the first item,
23 nothing -- I mean as far as SC&A goes. But on
24 the second and third item, a great deal of work
25 was done. And I'd like to point out that this

1 idea, which I call stratified sampling, going
2 in and carefully selecting actual real world
3 data from -- from real people to test certain
4 questions about the robustness of a -- of a
5 dataset to be used as a coworker model and --
6 is -- is going to be the -- what I consider to
7 be the heart of the evaluation of any SEC
8 petition. So thi-- we've laid some groundwork
9 on NTS that I think is going to mean -- serve
10 us well in future evaluations.

11 **MR. PRESLEY:** Thank you, John. John and I've
12 discussed this a few times. Most of these
13 issues are not site profile issues but are SEC
14 issues. That will come up in our next meeting,
15 which -- hopefully just as soon as we can get
16 everything in order and be able to have our
17 meeting, we will have one to discuss SC&A's
18 findings.

19 As far as the information that the gentleman
20 from Nevada has been sending in, I think the
21 first three letter -- or first two letters
22 NIOSH has responded, and the last information
23 that came in -- the middle of last week, I
24 believe -- they are in the process of
25 responding to that -- those comments right now,

1 and he should have something in his hands in
2 the next little bit. So even though we have
3 not met, there is a tremendous amount going on.
4 We hope -- I say again, we hope to put this
5 issue to bed sometime in the near future. That
6 way we can get some of these people paid.
7 Thank y'all.

8 **MR. KATZ:** The next group is Pinellas Special
9 Exposure Cohort petition, Mr. Schofield.

10 **MR. SCHOFIELD:** So far we've only had one
11 meeting, but SC&A has been working on the
12 issues that were identified, and there has been
13 progress made. So we hope to meet latter part
14 of October or November to address some of these
15 issues. Some of them do fall in areas of
16 classification that we may not be able to put
17 out on the web site for the public, so it -- it
18 does present a problem for us.

19 **MR. KATZ:** The next group is procedures, but
20 we're going to skip that till tomorrow, I
21 believe -- right? Or are you ready to proceed
22 with that? Okay.

23 **MS. MUNN:** Procedures we can report on. The
24 procedures workgroup, which meets quite
25 regularly, has met twice since our June

1 meeting, once on July 21st, again on August
2 21st, and intend to have a very brief meeting
3 at the close of this session tomorrow.

4 As was reported to you earlier today, we have
5 made the big transition from paper processing
6 to digital processing of the material with
7 which we're working. This we consider to be a
8 very significant step. It's taken us the
9 better part of a year to get that done. It now
10 seems to be working very well. The material is
11 on the O drive.

12 We did, during our last meeting, manage to get
13 through a first cut of the entire population of
14 the second set of the three sets of procedures
15 that we have to deal with. We have action
16 items from that last set which have been
17 distributed to the workgroup members and will
18 be the items that we will be addressing
19 hopefully tomorrow. It's our intention at that
20 time to establish a new date for another full
21 day's meeting so that we can begin to work with
22 the third set of procedures, which we
23 understand now has been fully populated in the
24 database.

25 **MR. KATZ:** Okay. And Rocky Flats site

1 profile/Special Exposure Cohort petition, Mr.
2 Griffon.

3 **MR. GRIFFON:** Yeah, we -- we haven't had a
4 workgroup meeting since the last Board meeting.
5 I have been working -- talking with NIOSH and
6 DOL to sort of understand the whole question of
7 the SEC implementation. We're -- we're
8 actually -- I hope to have a more definitive
9 update at the next meeting and -- on where we
10 stand as far as the implementation questions
11 that were ro-- that had been raised in some
12 newspaper articles and we followed up on with
13 the workgroup. But now we're -- we're trying
14 to make sure that -- my main goal is to make
15 sure that we're all talking apples and apples
16 so we -- we actually -- I -- I've also
17 contacted Margaret Ruttenber at the University
18 of Colorado and want to bring her in the loop
19 and make sure that we, again, are talking about
20 the same things and -- and make sure that the
21 implementation is working effectively. And
22 once -- once I get more information on that, I
23 will either reconvene the workgroup or report
24 it back to the Board. I'll -- we'll -- we'll
25 figure that out as we go, but right now it's --

1 it's been some phone contact outside of the
2 Board meetings, but nothing as far as the
3 workgroup goes.

4 **MR. KATZ:** And Santa Susana Field Laboratory
5 Special Exposure Cohort petition, Mr. Gibson.

6 **MR. GIBSON:** Yeah, we met last week in
7 Cincinnati. We began reviewing the site
8 profile. We really didn't anticipate making a
9 whole lot of progress closing issues because
10 the material was still tied up with DOE or
11 whoever has it, and the petitioners were not
12 able to look at that. So we want them to be
13 able to raise any concerns they have before we
14 close issues.

15 It also -- it did become apparent that we're
16 running into a lot of SEC issues and it's like
17 a parallel track, so SC&A's only been tasked to
18 review the site profile, so the workgroup would
19 like to recommend to the Board that they task
20 SC&A to begin the SEC petition review.

21 And as far as the NIOSH recommendation on the -
22 - their recommendation on the SEC petition, we
23 generally thought that we could probably
24 support that originally, but due to some
25 information, you know, that's come to light

1 recently, I haven't talked to other members of
2 the workgroup, but I can't not support
3 recommending that decision at this time without
4 further information.

5 **DR. ZIEMER:** Could I ask a question here, Mike,
6 or maybe some clarification. I'm trying to
7 remember, didn't we set up the task group in
8 the framework of the SEC recommendation? Did
9 we not task SC&A to do a -- we only tasked --
10 just for clarity, I don't remember, actually.

11 **DR. MAURO:** We were tasked to do a site profile
12 review, but in the process read -- review the
13 evaluation report and identify site profile
14 issues that we believe have the potential to be
15 SEC issues. I have to say that in -- in --

16 **DR. ZIEMER:** And when it -- we did the tasking
17 last meeting, was it?

18 **DR. MAURO:** Was it last meeting? Or it might
19 have been the one before, I'm not sure.

20 **MS. BEACH:** It was the one before.

21 **DR. ZIEMER:** Well -- was it the last full Board
22 -- face to face in St. --

23 **MS. BEACH:** No, it was prior to the last one.

24 **DR. ZIEMER:** Okay.

25 **MS. BEACH:** It was two meetings ago.

1 **DR. ZIEMER:** Two meetings ago, okay.

2 **DR. MAURO:** Now --

3 **DR. ZIEMER:** Whenever it was.

4 **DR. MAURO:** -- we -- we have do-- been doing a
5 lot of soul-searching, saying okay, we just
6 finished our site profile review and delivered
7 it, and we've identified a number of issues
8 that we feel are potential SEC issues. And
9 then the question was posed to us, legitimately
10 so, well, SC&A, do you believe that the 1955 to
11 '58 -- I believe the time period was -- the
12 data are so inadequate, as concluded by NIOSH,
13 that you also concur in their finding.
14 Well, quite frankly, we did not look at that
15 the way -- I guess the way -- given that we're
16 -- we -- we should have. I -- and I'm hesitant
17 to say here and now that yes, we had -- we ent-
18 - agree entirely, we looked at the data, we see
19 the nature of its deficiencies. What we did
20 find is a great deal of deficiencies in the
21 data, not only during that time period but even
22 after that time period. And so I -- I have to
23 say that I really don't feel comfortable right
24 now saying yes, we looked explicitly at that
25 question and --

1 **DR. ZIEMER:** No, I was really asking -- I was
2 just asking -- I was trying to remember what
3 our actual tasking was. I guess Mike's right
4 then, it was just the site profile.

5 **MR. GIBSON:** Yeah, I believe.

6 **DR. ZIEMER:** So tomorrow when we do our tasking
7 we can talk about whether we need to modify
8 that.

9 **MR. GIBSON:** Okay.

10 **DR. ZIEMER:** Thank you, Mike. Thanks, John.

11 **MR. KATZ:** Okay, and Savannah River Site
12 profile, Mr. Griffon.

13 **MR. GRIFFON:** The Savannah River workgroup
14 hasn't met, either, and part of the delay here
15 is that NIOSH has been in the process of
16 getting records -- I'm looking for LaVon or Sam
17 -- maybe Sam can help me out if I need help,
18 but I think NIOSH is still in the process of
19 getting some records. We had an initial
20 meeting, and then we had some requests for data
21 and -- and I think we're still in the process
22 of trying to get some of that data.

23 **MR. RUTHERFORD:** Yeah, we're pulling data
24 together right now, but we al-- I mean we're
25 also finishing the evaluation report up for --

1 **MR. GRIFFON:** Right.

2 **MR. RUTHERFORD:** -- Savannah River Site --

3 **MR. GRIFFON:** Well, that's the oth-- that's the
4 second part of my question is right now our
5 workgroup is specifically for the site profile.
6 In the meantime, an SEC evaluation report is --
7 is being completed.

8 **MR. RUTHERFORD:** And we will present at the
9 December Board meeting.

10 **MR. GRIFFON:** And I think it might make sense,
11 I don't know, if -- you know, if -- if it's
12 agreeable to -- you know, I think we need to
13 vote on this, but if the Board says for our
14 workgroup to also take up that SEC, I think we
15 would roll them together and do that at the
16 same time, so --

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

18 **MR. GRIFFON:** -- but no report other than that.

19 **MR. KATZ:** All right. And next, Special
20 Exposure Cohort issues group, which includes
21 the 250-day issue and preliminary review of
22 83.14 SEC petitions, Dr. Melius.

23 **DR. MELIUS:** Yeah, actually includes one other
24 thing. We have a -- on the 250-day issue we
25 need to schedule a meeting. We've got some

1 updates. We're focusing on the 250-day issue
2 re-- re-- specific to two sites. Initially one
3 is the Iowa -- Ames, Iowa site and the other is
4 the Nevada Test Site, and so I think we sort of
5 split up work last time. SC&A pursued one le--
6 at Nevada Test Site, NIOSH did -- was doing
7 some work on Ames. We just need to get the --
8 the groups together and -- and ha-- and have a
9 meeting. I think it probably needs to be a
10 face to face, though we might be able to do
11 that by phone, but the -- the other site that
12 we're involved in is the Dow site, just
13 assigned to us.

14 And that one, we are currently waiting for a
15 follow-up report on -- I mean NI-- NIOSH had
16 modified its evaluation and now SC&A has
17 reviewed that evaluation -- I believe it is the
18 second. Right? Second or third. And that --
19 that report from SC&A is in Privacy Act review.
20 That got confirmed this afternoon. For
21 informational purposes, it's been there since
22 August 8th, so we expect -- hope it will come
23 out of there shortly and -- and then we'll --
24 once we have that, I think we can start to act
25 and again probably need to schedule a face to

1 face meeting to go over the -- the issues on --
2 on that site and -- and discuss that.
3 I would just add that -- I know Dr. McKeel's
4 been corresponding with the Board and with
5 Larry and I think Dr. Ziemer and myself. It's
6 a number of informational issues that I think
7 are outstanding for Dr. McKeel and the other
8 petitioners on that site, and I would urge
9 whoever has any control over those issues
10 there's an FOI request that's at least a year
11 old, and maybe longer. I don't understand the
12 delays on that, but I would hope that we could
13 get those taken care of 'cause it would
14 certainly be helpful to the review process if
15 we had all the information available and -- to
16 the extent that it can be made, you know,
17 available to the petitioners that it -- that
18 take place.

19 **DR. ZIEMER:** Let me insert at this point I
20 think Dr. Branche has looked into those Freedom
21 of Information requests and -- maybe you can
22 update us, Christine, but I think most of Dr.
23 McKeel's requests now have --

24 **DR. BRANCHE:** Yes.

25 **DR. ZIEMER:** -- have been granted -- right? Or

1 followed up on in...

2 **DR. BRANCHE:** Those that were within NIOSH's
3 purview have been addressed. There was a
4 delay. The delay was explained -- I understand
5 his frustration, but in trying to respond to a
6 number of questions that he had, as well as
7 some other Freedom of Information Act requests,
8 there did pose a delay. That's a distinctive
9 issue from Dr. McKeel's additional questions
10 about an appeal that he made, and so we helped
11 Dr. McKeel sort through the unfortunate
12 bureaucracy of who is responsible for which
13 parts of his appeal. And so now he is saddled
14 with that information and is pursuing
15 clarification and a rectification of his issues
16 with those various offices.

17 **DR. ZIEMER:** And -- and also related to Dow, I
18 think that SC&A just got us the radon report on
19 Building 40, wasn't that --

20 **MR. GRIFFON:** That's Blockson.

21 **DR. ZIEMER:** Oh, that was Blockson. Yeah,
22 yeah.

23 **DR. MELIUS:** Yeah, no, the -- the report on Dow
24 is in Privacy Act review. And as I said,
25 hopefully -- Christine, I think it would be

1 helpful if you can sort of copy the workgroup
2 or copy me and Dr. Ziemer on some of the
3 correspondence back to Dr. McKeel, if you
4 haven't already. You may have. There's a lot
5 of e-mail traffic, but it would just be helpful
6 so we know the status of the information. It's
7 -- it's confusing at times.

8 **DR. BRANCHE:** Where concerned, where NIOSH's
9 responsibilities are, I know I copied Dr.
10 Ziemer. I'm almost sure I did not copy you, so
11 I will take care of that.

12 **DR. MELIUS:** Okay, appreciate it. Thank you.

13 **DR. MAURO:** Excuse me, Dr. Ziemer, one thing
14 that might be helpful. I just got a phone
15 call, the Dow II report, just to help out, was
16 just delivered from NIOSH to Nancy Johnson and
17 it is -- be going out to the full Board within
18 a day or so. So Dow II is out of the PA
19 process and is about to be distributed.

20 **DR. ZIEMER:** That's good. Thank you.

21 **MR. KATZ:** Yeah, good news.

22 **DR. MELIUS:** Do I get two more wishes?

23 **DR. ZIEMER:** You've used them up.

24 **MR. KATZ:** TBD-6000 and 6001, Dr. Ziemer.

25 **DR. ZIEMER:** TBD-6000 and 6001 was -- is the

1 newest workgroup. It was transferred from the
2 procedures workgroup just recently. We are
3 awaiting the NIOSH analysis of the film badge
4 data for the General Steel Industries site,
5 which is covered by Appendix BB, which is going
6 to be the initial focus and was the initial
7 focus when we picked it up from the procedures
8 workgroup. So as soon as that material is
9 available for us, we'll have our first face to
10 face meeting.

11 **MR. KATZ:** The use of surrogate data, Dr.
12 Melius again.

13 **DR. MELIUS:** I thought we got skipped there. I
14 guess we're a U not a --

15 **MR. KATZ:** You're a U.

16 **DR. MELIUS:** Yeah, I guess the -- two issues on
17 that. The -- I've submitted now to the
18 workgroup a second revision to the original
19 document that we circulated. I'm waiting to
20 hear back from the workgroup on that. And then
21 the next step would be then to share it with
22 the -- the Board on that, and then we also have
23 a document from NIOSH that we haven't -- I
24 don't know if it's on the web site yet or not.
25 The last I knew, it wasn't, but on surrogate

1 data that Larry described yesterday and I think
2 we need to figure out where that -- that fits
3 in. But little bit difficult until we've seen
4 it, I -- frankly, so I don't (unintelligible).

5 **DR. NETON:** It's on the web site.

6 **DR. MELIUS:** Oh, it is? Okay. Well, I can't
7 access the web site now, so -- it figures.

8 **MR. KATZ:** Worker outreach, Mr. Gibson.

9 **MR. GIBSON:** Yeah, we have not had additional
10 meetings, and as I've reported previously,
11 we've waiting on NIOSH further developing their
12 procedure and their new database, but it's --
13 you know, I had a little chat with Larry at
14 lunch last week, it's -- you know, most of our
15 workgroups -- we wait for a NIOSH document,
16 then we have SC&A review that document and put
17 out a -- a matrix and go through it, and it
18 doesn't really seem that that's going to fit
19 the need of this particular workgroup. So I'd
20 like to try to convene a meeting of the
21 workgroup in the very near future and see if we
22 can't develop a more real live type criteria to
23 -- to assess how the program is developing with
24 regards to workers and their input and the
25 outreach group at NIOSH.

1 **DR. ZIEMER:** I think you're exactly right,
2 Mike, because the worker outreach activity
3 clearly is different from the others, and I
4 think you have kind of an open charter, as it
5 were, to define how you evaluate worker
6 outreach. You may want to look at are there
7 enough programs, what are they doing, how are
8 they doing it, what are they accomplishing, and
9 I think you're quite right. The workgroup may,
10 you know, have to do some brainstorming and see
11 how they can best evaluate the effectiveness of
12 the worker outreach program. So I think that
13 would be very good.

14 I think that concludes our reports. We will
15 return tomorrow to discuss further the
16 Blockson, Chapman Valve, and we'll be talking
17 about some other things in that -- we also have
18 the CANEL issue to talk about under SECs
19 tomorrow as well.

20 **DR. MELIUS:** Yeah, that letter will be ready --
21 distributed in the morning, so --

22 **DR. ZIEMER:** Good.

23 **DR. MELIUS:** -- it's all...

24 **DR. ZIEMER:** I'd like to recognize Larry
25 Elliott for some additional information for the

1 Board right now.

2 **MR. ELLIOTT:** Well, I'm going to start off with
3 an apology and regrets. I misinformed the
4 Board this morning about CANEL. I had this
5 picture in my mind of a letter that was sent to
6 DOL on CANEL, and it certainly was a letter on
7 CANEL but it wasn't regarding the residual --
8 or the remediation period. CANEL is a DOE site
9 and we typically think of residual
10 contamination with regards to Atomic Weapons
11 Employer sites, and that's the report that
12 NIOSH has been authorized and required to
13 develop, and so we kind of tend to forget what
14 goes on with DOE facilities.
15 We assume that remediation activities in DOE
16 facilities are covered in the covered period in
17 the covered facility designation, and in this
18 instance we have documentation that, to us,
19 indicates that there was a small period of
20 remediation outside of the covered facility
21 designation, and we have not shared that with
22 DOL yet. I've instructed staff to locate the
23 documentation, give it to DOL, and Jeff has
24 assured me that they will look at it in short
25 quick order.

1 There's -- there's some questions that we have
2 raised about the remediation period because the
3 site transferred from DOE to -- the operator of
4 the site at the time was Pratt-Whitney, and so
5 they -- the information that we have seems to
6 indicate that Pratt-Whitney took on that whole
7 thing, so now the legal question becomes is it
8 DOE-owned or is it not DOW-owned, will it be
9 covered or will it not be covered, so that'll
10 be the Department of Labor's responsibility to
11 make that determination.

12 My apologies for misinforming the Board. I had
13 just a barrage of input coming at me at one
14 point in time and I -- I regret some of my
15 actions this morning and some of my statements.
16 I hope it didn't cause confusion, and I hope
17 this clears it up for you.

18 **DR. ZIEMER:** And so I -- I think in part that
19 answers your questions, Jim, in terms of
20 informing --

21 **DR. MELIUS:** Yeah.

22 **DR. ZIEMER:** -- both DOE and Labor on that
23 issue -- right? -- 'cause you were looking for
24 confirmation on where they were on that.

25 **DR. MELIUS:** What the status was and so forth.

1 **MR. ELLIOTT:** Well, let's play a scenario out
2 here. Let's say DOL does their job and they
3 say well, there's a -- an extended time frame
4 here that needs to be covered. Right now we
5 don't have any claims for that time period, but
6 we would attend to that under an 83.14
7 addition.

8 **DR. MELIUS:** Right, yeah, I mean talking --
9 this is sort of independent of the letter and
10 what we send to the Secretary, but in talking
11 to Larry's staff earlier this afternoon, what I
12 thought would be helpful if we -- 'cause there
13 is this time period in -- in question and so
14 forth -- is that that gets pursued, wha--
15 whatever time period it takes and whatever
16 information. If we could just be kept informed
17 of where that is going through LaVon's regular
18 updates, you know, and maybe it's a line in a
19 table, you know, that we see, that way we know
20 what's going on and can -- can follow up. And
21 I think along with that, I'm a little -- I'm
22 concerned that we've got a site with a lot of
23 employees and almost no claims, which tells me
24 that -- you know, it's like over 2,000
25 employees there at any given time period in the

1 '60s, which is sig-- significant numbers, and
2 so -- makes me question sort of the outreach
3 that's been done there. And again, it's not an
4 issue with NIOSH, really. I think Department
5 of Labor's responsibility to do claims
6 outreach, but I think it would be helpful that
7 with -- you know, presumably approve the SEC,
8 that there be attempt at outreach, and also as
9 part of maybe some of the information-gathering
10 about this time period in question, some
11 outreach to the workers and so forth. It's a
12 union site. Pratt & Whitney's a machinists
13 union and -- for -- for many years and a strong
14 union, so there should be a fair number of
15 knowledgeable people there that might -- that
16 might be helpful, particularly with this area
17 in question.

18 But I don't have any questions about the -- the
19 -- the SEC, as proposed, that time period, but
20 I think that would take care of those issues.

21 **DR. ZIEMER:** I think that's an important point
22 and I'd like to suggest even, 'cause it occurs
23 to me, your having mentioned that, Mike, that
24 might be a kind of parameter your workgroup
25 could look at, the type of -- you know, how

1 many employees and how many claims and --
2 that's kind of an early indicator of maybe
3 there's an outreach issue at a site like this,
4 so you may want to, you know, as a first step,
5 look at various sites and see what that ratio
6 looks like. Maybe that's data that's already
7 available.

8 **MR. ELLIOTT:** Well, just please understand,
9 NIOSH has no responsibility to perform outreach
10 to solicit claims, so our worker outreach
11 efforts have not included that, so I just --

12 **DR. ZIEMER:** Right, so we have to be careful
13 we're not doing the Department of Labor's
14 stuff.

15 **DR. MELIUS:** But -- but -- but I would think
16 that if -- I mean --

17 **DR. ZIEMER:** But it does in a --

18 **DR. MELIUS:** -- I don't want to speak for
19 Department of Labor, but if Department of
20 Labor, which they often do with SECs being
21 passed, do outreach to a site which do that --
22 that and I've noticed recently that NIOSH, when
23 there's issues at a site, that NIOSH people
24 often accompany them at some of their outreach,
25 that -- you know, we can combine -- get this

1 done, get the information out to people that --
2 that are -- have legitimate or potentially
3 legitimate claims, get those in and at the same
4 time whatever -- get some information-gathering
5 that may be helpful to whatever issues may
6 remain.

7 **MR. KOTSCH:** Right. Jim, that's what I wanted
8 to mention is that when -- when there is a new
9 SEC class, we do go out and sometimes NIOSH
10 goes with us and as -- as we go out and meet
11 with the people at the site and explain the new
12 SEC and -- but you're right, there may be -- I
13 think we probably combine that at this point in
14 time with a -- you know, potentially with an
15 outreach meeting.

16 **DR. MELIUS:** Right.

17 **DR. ZIEMER:** Thank you. Mark.

18 **MR. GRIFFON:** Nothing related to
19 (unintelligible) just two quick items. One
20 (unintelligible) may check with
21 (unintelligible) surrogate data link. It's on
22 the web site, but when I open it up it opens up
23 the internal dose IG-002, so I don't know if
24 that's just a little glitch or what, but I was
25 trying to download it and it was linked to the

1 wrong thing.

2 **DR. NETON:** Well, it was posted, but apparently
3 there's a -- there's a --

4 **MR. GRIFFON:** Anyway, just check it -- yeah,
5 it's there listed, but just --

6 **DR. NETON:** Staff -- staff that's responsible
7 for that is in the room so she'll correct it
8 immediately.

9 **MR. GRIFFON:** I just wanted to know -- yeah,
10 just -- just for information. I'm not, you
11 know, pointing any -- I'm not criticizing at
12 all.

13 Second thing is with the workgroup updates, and
14 certainly I don't have any update to offer for
15 some of these, but there are some workgroups,
16 as noted in John's presentation, that are not
17 quite finished with their work -- Y-12, my
18 workgroup, being one of them. There's a site
19 profile hanging out there. We closed out SEC
20 and, as we often do, we prioritize and move on
21 to other work. But I know not too long ago I -
22 - I had some conversations with Jim Neton and
23 others at NIOSH and we were looking for the
24 most current matrix on the -- the Y-12 issues,
25 and I think we exchanged some documents on

1 that. I think at some point we're going to
2 want to close some of these out.

3 Mallinckrodt's another one, and I -- I think we
4 -- you know, I thought I was on that workgroup,
5 but at the time I think Jim Neton -- said it at
6 the last meeting, I think he was correct, that
7 it was sort of a -- a workgroup that had
8 several sites that we -- we were discussing
9 several of the sites, so if we're going to
10 capture some of those old site prof-- if we're
11 going to close out some of those old site
12 profile issues, we may have to -- you know, set
13 up -- may have to follow through with
14 workgroups on some of those things, so --

15 **DR. NETON:** I agree with what you said, Mark.
16 I think Mallinckrodt, though, is virtually
17 entirely SEC now during the operation period.

18 **MR. GRIFFON:** Well, I think we have non-SEC
19 cla-- non-SEC cancers that you're still re--

20 **DR. NETON:** That's true.

21 **MR. GRIFFON:** -- reconstructing, right? So --

22 **DR. NETON:** That's true, but then that would be
23 a different analysis of the site profile --

24 **MR. GRIFFON:** Yeah.

25 **DR. NETON:** -- because it's been completed

1 reworked to only address non-SEC --

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

3 **DR. NETON:** -- or to address the dose that we
4 can reconstruct in the SEC class.

5 **MR. GRIFFON:** I mean we may want to -- it may
6 be a matter of re--

7 **DR. NETON:** It's not been reviewed, though.

8 **MR. GRIFFON:** Yeah.

9 **DR. NETON:** But you're right, there's some
10 loose --

11 **MR. GRIFFON:** Anyway, general --

12 **DR. NETON:** -- issues hanging out there of that
13 nature, you're right.

14 **DR. ZIEMER:** Thank you. I think we're ready to
15 recess for today. I'd like to remind you that
16 the -- well, recess for now. The workgroup
17 will reconvene in 15 minutes, the Fernald
18 workgroup, and then we have a public comment
19 period this evening at 7:30 local time here --
20 7:30 local time here. Or 10:30 eastern time.
21 Thank you very much.

22 (Whereupon, a recess was taken from 4:00 p.m.
23 to 7:30 p.m.)

24 **PUBLIC COMMENT**

25 **DR. ZIEMER:** I'll call our meeting to order.

1 This is the public comment period of the
2 Advisory Board on Radiation and Worker Health.
3 We're going to open our session this evening
4 with some material that was provided in written
5 form from D'Lanie Blaze, and that will be read
6 into the record by Dr. Branche. I would like
7 to indicate also that in a moment we will also
8 ask for folks who are on the line if they wish
9 to make public comment. In all cases the
10 comments, under our rules, are limited to ten
11 minutes per individual.

12 Let us begin then with comments from D'Lanie
13 Blaze, and they will be read into the record by
14 Christine Branche.

15 **DR. BRANCHE:** Thank you for --

16 **DR. ZIEMER:** Oh, I'm sorry, let me interrupt
17 you. I'm sorry -- well, we do ask that those
18 on the phone, when you're not speaking, to mute
19 your phone or use the star-6 button to do so if
20 you need to.

21 Also, I think I need to ask the Designated
22 Federal Official to officially read the
23 requirements for the -- the use of the phone,
24 particularly with respect to the rules for --

25 **MR. KATZ:** The rules for redaction.

1 **DR. ZIEMER:** -- redaction, and then we will
2 begin. Sorry, Dr. Branche.

3 **DR. BRANCHE:** No problem.

4 **MR. KATZ:** Sure. And -- and the rules for
5 redaction. If you are giving comment, your
6 name will be included. There's a -- there's a
7 transcript of this meeting, a written
8 transcript, and that transcript will be posted
9 to the NIOSH web site, so it'll be publicly
10 available. If you give your name as part of
11 your comment, your name will remain in that
12 transcript. If you give personal information,
13 medical information or other -- that will be
14 retained, generally speaking, although medical
15 information could be redacted under the Privacy
16 Act or the Freedom of Information Act, so that
17 -- that's uncertain, but -- but generally
18 speaking, it would be retained, too, if you
19 give medical information on yourself.
20 Now if you give information about a third
21 party, about someone else, that information
22 will be redacted. It will not be retained in
23 the record. And the NIOSH policy is in this
24 meeting hall at the back of the room, if you
25 want to see the redaction policy. It is also

1 attached to the agenda that's posted on the
2 NIOSH web site. And -- and it's also available
3 on the NIOSH web site, generally, too, so --
4 and that -- that raises other points. That
5 last -- last point I would say is if -- if you
6 have comments but you don't want to be
7 identified, then we can make provisions for you
8 to have your information provided to the Board,
9 but you'd have to contact me. That's Ted Katz.

10 **DR. ZIEMER:** Okay, thank you, Mr. Katz. Let's
11 proceed now with the testimony from D'Lanie
12 Blaze, as presented by Dr. Branche.

13 **DR. BRANCHE:** Ms. Blaze says (reading) Thank
14 you for giving me the opportunity to comment
15 and address the Board via e-mail as I will be
16 unable to be present during the public comment
17 period tonight at 7:30 p.m. I would very much
18 appreciate your addition of my comments below
19 to the record for public comment, as well as
20 forwarding it on to the Board -- which I have
21 done.

22 And so I read (reading) The Inclusion of CLL to
23 the List of Specified Cancers:

24 With respect to chronic lymphocytic leukemia,
25 CLL, the disease has already been reclassified

1 to be, quote, the same disease entity, end
2 quote, and small lymphocytic lymphoma, SLL, by
3 the World Health Organization, the Revised
4 European American Lymphoma Classification
5 Scheme, the Veterans Administration, and
6 virtually every medical and scientific
7 professional on the globe, the Department of
8 Labor and NIOSH being the only exception.
9 Six months ago Larry Elliott of NIOSH responded
10 to my submission of 500 pages of recent
11 scientific research regarding CLL with the
12 following statement, quote, More science is
13 needed before the rule-changing process can
14 begin, end quote. At yesterday's Advisory
15 Board meeting I asked him when we can
16 anticipate the addition of CLL. He and a NIOSH
17 physician took great pains to explain to me the
18 complicated method of devising dose
19 reconstructions and models of CLL before it can
20 be included. However, the science has already
21 been performed by the aforementioned entities,
22 resulting in CLL's reclassification. Further,
23 since all organizations and specialists in the
24 field concur that CLL and SLL are indeed
25 identical, it stands to reason that conceptual

1 models used for SLL can be applied to CLL,
2 resulting in a more timely inclusion to the
3 list of specified cancers.

4 Claims must cease being denied on the basis of
5 CLL diagnosis in lieu of recent research, and
6 CLL must be added to the list of specified
7 cancers immediately. This is not a challenge
8 of policy; it is now the correction of an
9 error.

10 Site-wide contamination has been evidenced
11 repeatedly and continues to surface, calling
12 for the immediate revision of EEOICPA to
13 include every worker of SSFL, regardless of
14 work area. DOE maintains that their work and
15 resulting contamination were exclusive to Area
16 IV, 290 acres of SSFL's 2,850 acres. However,
17 this is a misperception the DOE has attempted
18 to perpetuate in an effort to avoid
19 accountability. The reports that substantiate
20 the following information are listed below, and
21 I urge you to follow up on this matter.

22 Number one, SSFL's site-wide water reclamation
23 system. Contaminated industrial wastewater
24 from Area IV was drained to the R2A and R2B
25 ponds, and the Silvernale Reservoir, all of

1 which are located beyond Area IV boundaries in
2 Area II and III and contain contamination and
3 sewage effluent. The Radioactive Material
4 Disposal Facility wastewater contained
5 transuranics, fission products, spent nuclear
6 fuel, phosphoric and sulfuric acids, and
7 caustic solvent known as Big-K. The water was
8 then reclaimed from the ponds for rocket engine
9 test stand cooling, used repeatedly by rocket
10 engine test stand personnel. They contaminated
11 themselves, the ground and surface water, the
12 soil and the air.

13 Number two, the soil from this pit -- of,
14 sorry, and it concerns SSFL's Burro Flats
15 Burrow (sic) Pit, Area IV. The soil from this
16 pit was radiologically contaminated, it was
17 later discovered. Soil from this pit was
18 routinely removed and transported site-wide for
19 use at the rocket engine stands whenever extra
20 soil was required.

21 Number three, Area I burn pit. Facility
22 records detail waste which originated in Area
23 IV's Hot Lab being transported across SSFL for
24 disposal at the Area I burn pit through means
25 which included combustion, ignition, oxidation

1 or dumping. Located approximately 1,000 feet
2 from several rocket engine test stands,
3 personnel were exposed to burning radiological
4 debris on a regular basis, as this
5 environmental crime continued for decades. To
6 date the DOE has not provided a radiological
7 survey of any area other than Area IV.
8 Number four, significant release of
9 radionuclides to the environment. There were
10 three significant nuclear incidents on record
11 from 1959 to 1969, as well as numerous uranium
12 fires involving the Hot Lab. Sodium Reactor
13 Equipment (sic), 1959, estimated to be over 200
14 times worse than Three Mile Island; SNAP8ER,
15 1964, lost fuel; SNAP8DR, 1969, lost fuel.
16 Each incident resulted in the intentional
17 venting of radiation to the environment. Area
18 IV can be clearly seen from the rocket engine
19 test stands at Area II. The general safety
20 rule regarding radiation is that if you can see
21 it, you can breathe it. Rocket engine test
22 stand employees were exposed when radiation was
23 released to the environment. The Santa Ana
24 winds, often reaching upwards of 50 miles per
25 hour through the canyons at SSFL, are a major

1 concern with respect to this issue, as well as
2 other waste generated by DOE at Area IV which
3 resulted in steam in the sodium pond, which is
4 documented by numerous employees as raining
5 black rain onto test stand personnel.
6 Number five, DOE contractors and subcontractors
7 at Area IV had vested interests in all areas of
8 SSFL. This set the stage for employee
9 rotation, which was common and undocumented.
10 Rocket engine test stand personnel routinely
11 worked in Area IV, as well as all other areas
12 of SSFL, without dosimetry badges or job
13 descriptions that were indicative of this type
14 of flexibility. This prohibits exposure from
15 being adequately assessed due to job
16 description and documented job location. This,
17 coupled with the destruction of work records,
18 as well as the important facts above,
19 necessitates the immediate inclusion of all
20 SSFL employees under the Act at once.
21 Number six, debris field discovered off site
22 August of 2008. Just three weeks ago yet
23 another 40,000 cubic foot debris field of DOE's
24 waste was discovered at Sage Ranch State Park
25 bordering SSFL. This waste is currently being

1 tested for radiological and chemical
2 contamination, verifying once again that DOE
3 activity impacted the entire facility and
4 extended into off-site areas.

5 Number seven, ETEC, which is Energy Technology
6 Engineering Center, SABER, which is Steam
7 Accumulation Blowdown Evaluation Rig, Hot Fuel
8 Storage Building and storage of strontium-90 at
9 Area I are documented DOE activities at SSFL.
10 Number eight, Environmental Survey Preliminary
11 Report of DOE activities at SSFL details the
12 storage of DOE hazardous waste at Area II, in
13 drums, on unpaved surfaces, et cetera.

14 Heroes of the space race who worked at SSFL are
15 currently languishing without compensable
16 recourse, and it is clear that they were
17 exposed to DOE activities and contamination in
18 the line of duty.

19 And the rest of the letter is her documentation
20 of the reports. Thank you.

21 **DR. ZIEMER:** Thank you very much. On our sign-
22 up list here at the meeting we had no other
23 individuals sign up for this evening, but let
24 me ask if there are any here in this room who
25 do wish to make public comment this evening.

1 (No responses)

2 Okay, I will now then turn to the phone lines
3 and ask if there is anyone on the phone lines
4 that wishes to make public comment.

5 **UNIDENTIFIED:** Yes, hello?

6 **DR. ZIEMER:** Please identify yourself and then
7 proceed.

8 **MR. PETERSON:** My name is Carl Peterson. I am
9 the husband of a claimant, [Personal Identifier
10 redacted].

11 **DR. ZIEMER:** Thank you.

12 **MR. PETERSON:** Let me excuse myself in the
13 beginning. We just found out about the meeting
14 this morning. We were able to download the
15 workshop. This is in reference to Chapman
16 Valve.

17 **DR. ZIEMER:** Okay. Thank you. Go ahead.

18 **MR. PETERSON:** I'd like to address the Board --
19 you know, I've just put together some notes so
20 they will be sporadic, so please excuse me.
21 I'd like to start by just talking about the
22 previous speaker, because I think one of the
23 issues at Chapman Valve is it appears that
24 information that is speculative and prepared by
25 a contractor who has a vested interest in not

1 having any problems at the site winds up
2 preparing the reports and the panel seems to
3 weigh heavily in their favor. And I think one
4 -- one of -- two issues, one is I think it was
5 talked about a number of times in the workshop
6 how Department of Defense and Department of
7 Energy did not keep the best of records, did
8 not always say what was and what was not at the
9 sites. You know, another item that I would
10 certainly like to talk about is H. K.
11 Ferguson's report, which is talked about quite
12 a lot. But you know, I think the whole intent
13 for this is to give the families the benefit of
14 the doubt.
15 I am a registered architect and engineer, and
16 as such we have what's called peer review,
17 which I know as -- as scientists and doctors on
18 the Board, you also have this. Here we have an
19 incident where we have a contractor doing their
20 own review and writing a report of their own
21 work, and we're taking that, quite frankly, as
22 the Bible. We -- we have no independent
23 information as to what happened at that site
24 and what didn't happen at that site. And --
25 and I don't think that information should be

1 weighed as heavily as factual information, one
2 of the things being the discovery of the
3 enriched uranium in the so-called loading dock
4 area.

5 Now granted, I -- I do not have professional
6 expertise in uranium, the storage of or
7 movement of, but I think as a layman I have a
8 basic understanding. And as the previous
9 speaker spoke, if it's in the area and you
10 could see it, you could breathe it, or -- or be
11 exposed to it. So I -- I think the Board
12 limiting themselves to say well, it was just in
13 a little area at the loading dock is not -- is
14 not operational. If you're going to take
15 Ferguson's report as the Bible and say
16 everything in that is perfect, then I -- I
17 think the only factual piece of information is
18 you know that the uranium was there.

19 Now again, you say well, it could be there from
20 the Navy, it could be there from the Nautilus
21 program, it could be there from the Department
22 of Defense, but we don't know that. Again, I -
23 - I'd like to emphasize the benefit of the
24 doubt. It was there. I mean we've -- so far
25 we've spent as much time as -- or more time

1 than World War II (unintelligible) 60 years
2 later, some information. Now the information
3 might not have been there originally. They
4 might have kept that information secret or just
5 not documented that information, but we know it
6 was there. We know -- I mean I would assume
7 you have to know it as scientists, but having -
8 - having that particular material in the
9 loading dock area does not limit it to the
10 loading dock area unless maybe it was lead
11 shields. I would tend to doubt that. But --
12 so it seems to me as we go along and -- and I'm
13 very disconcerted that -- that it's a tie vote
14 and everyone knows that -- and we've listened
15 to you talk earlier today -- that that's a
16 death knell for the program 'cause that was
17 stated in the meeting earlier today, NIOSH is
18 not going to do anything more if you submit to
19 the Secretary a tie vote. And -- and I put
20 forward to you -- I have a number of pages of -
21 - of (unintelligible) I've gone over here in
22 terms of a lot of your members bringing up
23 these own questions about documentation of
24 records, you know, not being able to find
25 records, which doesn't surprise me. It's 60

1 years later.

2 But -- but isn't the whole thought of this
3 process that families should be given the
4 benefit of the doubt? If we know something
5 does exist, does it really matter now when --
6 if you -- if you can't find a document that
7 said when it existed, then you have to go on
8 the premise that it was there. I mean if
9 you're using the Ferguson report, then you --
10 you have to use the contrary information that
11 you have as scientists.

12 You know, the Chapman Valve families have been
13 sitting here now for years and years and years
14 and -- and I know -- I know you have a lot of
15 projects to consider, but this one is as
16 important to these families as the other
17 families on the other sites. And it just
18 appears to me that over and over again the word
19 is it could be something else. Well, I don't
20 really think that's good enough. You know,
21 unless you have documentation that it is
22 something else, then I don't think you could
23 use that as a variable to just say we're going
24 to pass this on and we can't make a decision.
25 I -- I would think in -- in good conscience you

1 -- you should allow this process to continue.
2 If you're a tie vote, then just based on that
3 alone you should give the benefit of the doubt
4 to these families and let the process continue,
5 not just let it die here tonight, because there
6 are unanswered questions and -- and we can't --
7 you should not -- you should not be able to
8 live on speculation and comfort yourself that
9 well, it could have been something else. It's
10 just not good enough. I mean I -- I think
11 these families have been hung out there too
12 long. If you are in fact a tie vote, then
13 someone should step up and just say we should
14 recommend to the Secretary -- because there's
15 enough of us, there are enough of us that say
16 this should continue and -- you know, I -- I
17 could go on and on, but -- but I think that
18 gives you the gist of -- of what I'm saying.
19 There's more documentation. If I had more
20 time, you know, I would write it down. You
21 know, I just -- one of the things in the Folle*
22 report (unintelligible) unlikely but not out of
23 the realm of possibility that something more
24 happened. I -- I guess the big question here
25 is there was something that happened there, but

1 none of us know how it got there or when it
2 left there or how much stayed there. And just
3 that alone should -- should force you to tell
4 that Secretary this should continue. And I
5 guess -- I guess that's my point right now. I
6 mean I would really wish that the panel would -
7 - would go back and -- and -- and think about
8 this, not just use facts. I mean one of the
9 clear things in my mind is when I have a
10 contractor and I'm building a building, I don't
11 have him test the concrete and steel. It's
12 just not done and -- and we also all know
13 documentation, because of the secrecy of all
14 these programs and such, it probably does not
15 exist and never will. So again, I just
16 reiterate, you know, if you have a split vote,
17 why should that not go in the favor of the
18 families. I just don't understand. And I --
19 I thank you very much for -- for the --
20 listening to me.

21 **DR. ZIEMER:** Okay, thank you very much for your
22 comments.

23 Let me ask now if there are others on the line
24 that wish to make comments this evening.

25 **MR. FUNKE:** Yes, Dr. Zimmer (sic).

1 **DR. ZIEMER:** Yes.

2 **MR. FUNKE:** This is John Funke. I've got a
3 couple items I missed out the other day and I'd
4 like to bring them to the Board's attention.

5 **DR. ZIEMER:** Okay, that's fine, John. Please
6 proceed.

7 **MR. FUNKE:** Okay, I don't know, I -- I missed
8 part of your discussions, but I don't know
9 whether the subject of Area 51 has been brought
10 up. As we know by now, the government has
11 finally admitted that Area 51 did indeed exist,
12 and it was a DO (sic) covered facility. And
13 now this is going to expand the site profile
14 considerably and it's going to create a lot
15 more problems related to the site profile, and
16 I was just wondering if the Board has taken
17 that into consideration.

18 And there's one other problem because of Area
19 51 and also existing problem on the Test Site,
20 we have another problem with certain types of
21 employees. As you're aware, there were Defense
22 Nuclear Agency people working on Nevada Test
23 Site during the testing, representing the
24 various departments of -- of Defense -- I mean
25 the -- the Pentagon. There was Air Force, Army

1 Navy, Marines, just about all of them were
2 represented in this Defense Nuclear Agency. So
3 these people worked right elbow to elbow with
4 me, with the rest of them. However, because
5 their badges are another color, DoD, they are
6 not allowed to participate in this program.
7 And I understand there was a considerable
8 amount of lobbying went on by the Department of
9 Defense to have these people, you know, left
10 out of the process. However, I don't think
11 this was right and I -- I know the Board may
12 not -- it may be out of your realm to do
13 anything about this, but you might consider
14 some discussions on it or maybe finding out
15 from DOL what can be done about it, but these
16 people are being -- falling through the cracks,
17 so to speak, because they -- because it's a
18 Department of Energy program, and they are
19 Department of Defense workers, they're not
20 included. However, they were -- some of them
21 were subject to more exposure than we were.
22 And this also covers Area 51. We had four
23 contractors over there that were captive
24 contractors. We had REECo Systems, which was
25 REECo. We had Holmes and Narver, we had

1 Wackenhut Guard Service, and we had EG&G
2 Special Projects. And of these three
3 contractors, one of them wore a DoD badge and
4 that was EG&G Special Projects. These -- they
5 can't -- not get covered under the Department
6 of Defense programs because they were civilian
7 employees. Some of these people were injured
8 out there and could not even file state
9 industrial insurance claims because Area 51
10 didn't exist, therefore they couldn't prove
11 their case before the state industrial
12 insurance system. Now we're going into this
13 process of who gets covered where, it seems
14 that EG&G Special Projects has been dropped off
15 once again, and there was quite a few people
16 that worked for EG&G Special Projects and they
17 were supportive of REECo and the other captive
18 contractors, and they were indeed a captive
19 contractor as well. So this also needs to be
20 looked into to see if we could possibly get
21 these people covered.

22 Now see, there was one other thing there. On
23 the -- on the rocket test stands the lady
24 talked about, there was a -- as you were aware,
25 NRDS area of Nevada Test Site carried on tests

1 from atomic rockets which use liquid hydrogen
2 as a fuel. And she was absolutely correct,
3 when these things did run, they did put off
4 quite amount of water into the atmosphere, and
5 it was visible. I have photographs that shows
6 that, so that -- whatever supporting that -- to
7 her claim, I would go ahead and like you to
8 pass that on, any information I provide. I do
9 have one book that explains how that takes
10 place and how that does happen.

11 Other than that, that's pretty much it. Thank
12 you very much for the time.

13 **DR. ZIEMER:** Okay, thank you, John, for your
14 comments and your points are so noted.

15 Are there others on the line that wish to
16 speak?

17 **MR. PETERSON:** Yes, Mr. Chairman, this is Mr.
18 Peterson again. I just have a question for
19 you.

20 **DR. ZIEMER:** Yes.

21 **MR. PETERSON:** You -- you had mentioned earlier
22 today that you were continuing and talking
23 about Chapman Valve tomorrow?

24 **DR. ZIEMER:** Yes, we do have that on the agenda
25 tomorrow again in the morning. I -- I don't --

1 **MR. PETERSON:** (Unintelligible)

2 **DR. ZIEMER:** Let me check the time here, just
3 looking at --

4 It's one of the early things in the morning, so
5 shortly after 8:30 that will come up again.

6 **MR. PETERSON:** Okay.

7 **DR. ZIEMER:** So you're welcome to be listening
8 in again for those comments --

9 **MR. PETERSON:** Yes.

10 **DR. ZIEMER:** -- and discussion. Right.

11 **MR. PETERSON:** Thank you very much.

12 **DR. BRANCHE:** 8:30 local time.

13 **DR. ZIEMER:** What time?

14 **DR. BRANCHE:** 8:30 local time.

15 **DR. ZIEMER:** 8:30 local time here.

16 **MR. PETERSON:** Oh, okay, I realize that.

17 **DR. ZIEMER:** Right. Middle of the day there,
18 probably. Right? Okay. Thank you.

19 Other comments?

20 (No responses)

21 Okay, let me give one more opportunity here
22 locally. Anyone here in the room that wishes
23 to comment?

24 (No responses)

25 If not, let me thank you all for your

1
2
3
4
5
6

participation this evening. We're going to
recess until our session tomorrow morning at
8:30. Thank you very much.

(Whereupon, the meeting was adjourned at 7:58
p.m.)

1

CERTIFICATE OF COURT REPORTER
STATE OF GEORGIA
COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Sept. 3, 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 4th day of Oct., 2008.

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

I hereby certify that to the best of my knowledge, the Transcript of the September 3, 2008 Advisory Board on Radiation and Worker Health Meeting held at Redondo Beach, CA, is accurate and complete.

October 17, 2008

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