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DAY TWO

ABRWH BOARD MEETING

The verbatim transcript of the

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Worker Health held at the Crowne Plaza Hotel,

Redondo Beach, California, on Sept. 3, 2008.

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C O N T E N T S

Sept. 3, 2008

WELCOME AND OPENING COMMENTS 7
DR. PAUL ZIEMER, CHAIR
MR. TED KATZ, DFO

DEPARTMENT OF ENERGY UPDATE 16
DR. PATRICIA WORTHINGTON, DOE

DATA ACCESS AND DATA SECURITY ISSUES 62
MR. EDWARD DACEY, NIOSH

SCIENCE UPDATE 92
DR. JAMES NETON, NIOSH

RESOLUTION 132
DR. GEN ROESSLER

PROJECT UPDATE 137
DR. JOHN MAURO, SC&A

SEC PETITION UPDATE 169
MR. LAVON RUTHERFORD, NIOSH

ANNOUNCEMENT OF CHANGES IN NIOSH OFFICE OF THE DIRECTOR 188
REVIEW OF REMAINING VOTES FROM JUNE MEETING 188
DR. CHRISTINE BRANCHE, NIOSH

SUBCOMMITTEE, WORK GROUP REPORTS 204
WORK GROUP CHAIRS

PUBLIC COMMENT 283

COURT REPORTER'S CERTIFICATE 306

TRANSCRIPT LEGEND

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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

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

UNIDENTIFIED: Yes, I can hear you.

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

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

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

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

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

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

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

DR. BRANCHE: That's correct.

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

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

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

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

occurs so that they're not taken by surprise. That meeting is expected to be somewhat brief, and perhaps the order of half-hour, so it will not be an extensive meeting. But nonetheless, we do want to make that known.

Next, I want to distribute a document, Board members, that will be on our -- part of our working group discussion tomorrow. It is -- it is a proposed -- a proposed change in status of the -- the procedures review workgroup chaired by Ms. Munn, to change its status to a subcommittee. We will have that discussion tomorrow. Here is a straw man document that is similar to that which is used for our dose reconstruction subcommittee, so I give you this in advance so that when we are ready for that discussion tomorrow, if the group does wish to proceed in the change, that we have this as a -- a document under which to make that formal change because a subcommittee has a different status in the system than does a workgroup. It's a more formalized -- more permanent part of the Board's operations.

One other item of business. We've learned that after our public comment period at 5:00 where

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

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

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

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

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

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

That's it.

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

DR. MELIUS: Paul?

DR. ZIEMER: Yes, Dr. Melius.

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

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

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

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

-

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

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

DR. BRANCHE: Of course it will be better.

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

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

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

DR. MELIUS: Or their mothers.

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

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

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

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

There's a policy on redaction that's available to the public. It's in the back of this room. It's also posted on the web site with the agenda for this meeting, and it was also included with the *Federal Register* notice of this meeting, so that's available to you all.

And finally, I would just like to say that if

there is an individual who would like to make -- provide information to the Board but does not want to be identified, does not want to do that publicly, please contact me. So that's Ted Katz. Please contact me and we'll make arrangements so that that can be done.

Thank you very much.

DEPARTMENT OF ENERGY UPDATE

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

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

I want to talk about support to this program,

and it certainly is about support. It's critical support and we want to give you a status of the things that we've been doing. There are three major responsibilities under the EEOICPA program. There are three different kinds of things that we do in terms of this critical support to the organizations. We respond to both DOL and NIOSH regarding employment verification exposure records, and we provide support and assistance to the Department of Labor, to NIOSH, and the Advisory Board and their contractors, with various kinds of activities that involve research, retrieval, and provision of relevant records from DOE sites. And research issues related to the EEOICPA covered facilities, the time frame designations, and we again realize that DOE is a critical juncture, it's very important support and we take this very serious. And we want to give you today some updates on the things that we've done since the last meeting, but also to talk about enhancements to the program and to hear from you about areas that we might improve.

Again, our responsibility is to make sure that

the important DOE information is delivered to the right places, and part of that is funding those activities. We provide the funds to make sure that the records are retrieved. We had a -- we anticipate about 8,000 requests for FY'08 based on where we're going today. We only have a couple of months remaining in the end of the year. And in terms of employment verification for DOE, we've had about -- or expect about 6,500 this year. The dose documentation for NIOSH, about 4,000. The documents -- our DAR employee -- employee worker history, exposures for DOL, about 7,500 for this year.

Our -- our requests received during FY'08, as you can see, the numbers are not going down dramatically. This gives you some insights. There's some fluctuation from month to month regarding the activities, but this is where we stand for -- sort of a picture where we are for 2008.

SECs, certainly that's a big effort, quite extensive in terms of resources and money and time and planning for these efforts. We have a number of them underway. Support for Hanford, Mound, Savannah River, Pantex and -- and Los

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

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

know, documents from many different sources and then providing scanning and -- and trying to get these records available. So we believe we have been making progress at Hanford, and we're working through processes that we can learn from at Hanford and -- and make things better at other sites as we move across the complex.

Keyword searches resulted in almost 300,000 potentially responsive documents identified, and that's important for us to be able to make sure that we're speaking the same language, that the people who are making the requests for the documents, that they were making them in such a way that people can locate them and find them and make them available so that we can be responsive.

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

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

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

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

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

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

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

wherever we can do that, we will. And we recognize that often when you make a request that another request -- similar request for the same kinds of documents may come up, and it's easier to retrieve these electronic documents. So we're trying to make sure that we do the scanning and we do other things and that, where we can, that we produce electronic media.

DOE SEC on Mound, we continue to work on that. Again, it's critical to have the keyword search going on and we had those activities in August -- twice in August. I've always talked at every one of these visits about the DOE Legacy Management staff, and it certainly is a big asset to the Department of Energy. You know, there -- there are certain people that certainly are very savvy with records management, and we have individuals like that in Legacy Management. And they have been working with NIOSH and their contractor staff to help make this process better.

During the first visit NIOSH reviewed 74 boxes of records and selected responsive documents for reproduction. They will be reviewing a similar number of boxes during the second

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

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

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

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

And it's important up front to establish an action plan, where you're going, what are the ground rules. And I think that that's certainly much better, and we can anticipate some of those hurdles and resolve them, in some case, before we even arrive at that point.

Pantex, we continue to provide NIOSH with requested documents and we're awaiting further contact from NIOSH and the Advisory Board on additional requests.

Security procedures, here we are again. I'll talk a little bit about that. Again, we're committed to providing documents, but we are under, you know -- you know, guidelines and protocols and procedures that we must follow, and we need to make the individuals that we have to interface with -- that they're aware of those requirements. And so we've had a number of meetings and -- and discussions to make sure that we all understand and that we have protocols in place at DOE, at NIOSH and other places to ensure that we can -- can meet those requirements. And it's certainly done to prevent any inadvertent release of materials or dissemination of information to the wrong

places.
DOE reviews documents to ensure that the sensitivity of the documents is consistent with the clearance level the individuals in the organizations and the protocols in the facilities that they have, they were reviewing these documents. And we will comply with existing DOE and NIOSH security requirements. Both organizations have security requirements, and collectively -- you know, when we carry out these requirements, we are ensuring that -- that we're doing the right things from a security perspective. And any infractions regarding security will delay our being able to deliver the documents so that we can address these workers' concerns and to get final resolution on their requests. And that we continue to refine our protocols.
Both organizations, both DOE and NIOSH, we have had security requirements in place, and what we're doing now is we're refining those and making sure that -- that we're able to implement the requirements in such a way that we -- that -- that we carry out and we're meeting everything that's expected of us, and

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

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

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

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

So again, the role of DOE support, and we want to communicate, communicate, communicate and be aware in working to make this process better.

In terms of the Special Exposure Cohorts, there are five active that are currently working at this time.

Another responsibility of the Department of Energy is to research and maintain the covered facility database. We have 343 covered facilities in that database at this time.

Current research in terms of the DOE AWE facilities, we've had some inquiries on a number of facilities, and as we get inquiries in we try to address those and provide the answers back.

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

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

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

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

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

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

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

please let us know where we might be of -- of better service to the -- for these activities. Another thing I want to talk about just briefly is the Los Alamos medical records. We've been working, you know, really very hard behind the scenes, working with the Medical Center and working with our folks in Washington regarding legally what can we do. We certainly understand the importance of those records and we have a process to move forward for the pre-1964 records, and we -- we hope to be able to -- to finalize the contract with the hospital and to be able to actually start that process of decontaminating the records and doing the sorting and bending and getting those records in a place where they can be readily retrieved. We also understand the importance of the post-1964 records, that they are important, that they may have important EEOICPA-related information, and we're working with the hospital to make sure that they maintain those records in such a way that they can be retrieved, if needed, to answer questions and to support claims.

DOE has been collaborating with both NIOSH and

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

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

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

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

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

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

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

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

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

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

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

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

DR. ZIEMER: Thank you.

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

DR. ZIEMER: Larry, you have a comment?

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

DR. WORTHINGTON: That's correct.

MR. ELLIOTT: So --

DR. WORTHINGTON: It may be --

DR. ZIEMER: Okay, I th--

DR. WORTHINGTON: -- some technical topic, but --

DR. ZIEMER: -- I see what --

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

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

Yeah, okay.

MR. ELLIOTT: No.

DR. ZIEMER: That makes sense.

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

DR. ZIEMER: Right.

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

DR. ZIEMER: Right.

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

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

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

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

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

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

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

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

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

DR. WORTHINGTON: Yeah, at this point --

DR. MELIUS: (Unintelligible) understand each other.

MR. LEWIS: Yeah.

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

DR. WORTHINGTON: Yeah, at this point we

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

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

DR. WORTHINGTON: At this time.

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

MR. LEWIS: Yeah, we believe so.

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

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

information that -- that it -- it requested because --

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

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

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

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

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

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

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

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

DR. MELIUS: Okay, that's --

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

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

DR. MELIUS: So instead of --

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

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

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

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

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

DR. WORTHINGTON: There is a --

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

DR. WORTHINGTON: Sure.

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

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

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

DR. WORTHINGTON: I do want to engage in a

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

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

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

the right to review that kind of information and will protect it accordingly. So we've -- we've had discussions about that. We're working to shore that up in some areas.

Now once we have retrieved the information that we feel is important for a given task, and we start writing about that, whether it's -- whoever, SC&A staff or NIOSH/OCAS staff, or the Board, if your working group decides they're going to write their own kind of document -- we have committed to give those original draft documents to DOE for this security review. They return them to us with a -- either a thumbs-up or a thumbs-down -- I've not seen a thumbs-down yet so I'm not sure how that's going to work, but I -- I doubt we're going to know, unless we're properly cleared, what's going on with a document if it's -- if it's compromised in any way. But we'll be told -- the right individuals will be told, I'm sure. Once that draft document has gone through further editing and becomes -- and Privacy Act reviewed, if necessary, before it is thrown into any form of public dissemination, it is once again reviewed by DOE to make sure that

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

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

Does that help answer your -- answer your question?

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

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

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

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

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

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

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

DR. MELIUS: Okay.

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

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

MR. ELLIOTT: Sure.

DR. WORTHINGTON: Yes.

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

MR. ELLIOTT: Yeah.

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

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

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

DR. WORTHINGTON: And -- and --

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

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

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

MR. ELLIOTT: I echo that, that we do understand the concern. No matter what we do, no matter how transparent we are, we will be fighting this specter of something's going on 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

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

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

MS. MUNN: Good. Thank you.

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

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

MS. MUNN: Energy --

MR. KATZ: Energy Technology Engineering Center.

MS. KLEA: Santa Susana.

MR. KATZ: Santa Susana.

MR. ELLIOTT: Santa Susana, Area IV.

MR. KATZ: Thank you.

DR. MELIUS: Just get the Italian.

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

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

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

DR. ZIEMER: Thank you. Mike Gibson.

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

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

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

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

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

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

DR. ZIEMER: Go ahead, Michael.

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

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

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

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

DR. ZIEMER: Thank you. Josie?

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

here this morning?

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

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

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

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

DR. WORTHINGTON: Okay.

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

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

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

DR. WORTHINGTON: Thank you.

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

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

DR. ZIEMER: Yes, Regina.

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

MR. ELLIOTT: Santa Susana?

MS. CANO: Well --

MR. ELLIOTT: Who requested them?

MS. CANO: They were just --

MR. ELLIOTT: NIOSH or SC&A?

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

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

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

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

DR. WORTHINGTON: Thank you.

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

MR. ELLIOTT: Let's get this --

DR. ZIEMER: -- additional comment now.

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

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

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

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

MS. MUNN: It's all in California.

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

MS. MUNN: It's in California.

DATA ACCESS AND DATA SECURITY ISSUES

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

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

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

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

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

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

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

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

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

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

VA --

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

MR. DACEY: Sure. In the NIH situation there was a researcher had study data that contained personal information on his laptop and he had it in his car and -- in a parking lot and his car was broken into. That laptop was stolen. Now the -- you know, the initial thinking was how could anybody leave a laptop laying in their back seat -- broken into, but apparently he had it in the trunk and it was stolen in a fairly sophisticated way, so there are serious threats out there in terms of losing laptops. The VA situation, that was the theft from the individual's home. In that case, you know, in addition to the, you know, political and press exposure, the problems with constituents, the estimates are that it cost VA in excess of $100 million to deal with that situation -- costs for credit monitoring, all the internal steps they had to go through. It was a hugely expensive proposition that -- that took a tremendous amount of resources.

Some of the other threats we're seeing that --

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

DR. ZIEMER: Maybe raise it up.

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

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

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

load Trojan viruses, other things that will export data undetected out to external sources. SQL injection attacks are -- are another semi-sophisticated approach that can be used to access databases remotely. And wireless hacks, the TJ Maxx hack where they stole hundreds of thousands of credit card information was done by accessing a wireless network.

So there -- there's increasing threats across the board and those have elicited increased tension up and down the government. OMB's been very active coming out with requirements. The National Institute of Standards and Technology is promulgating lots of regulations that we need to follow. And within HHS they've developed a Secure One HHS program that outlines numerous steps that CDC and NIOSH has to follow.

There -- there are a number of systems that they're looking at. They're called the financial transaction and procurement system, and critical operation systems that are needed for day to day operation. And then sensitive data, which is what we're talking about within this framework.

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

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

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

In protecting sensitive information we need to

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dr. Ziemer?

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

Let's get comments. Wanda Munn.

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

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

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

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

MS. MUNN: Right, it's unsecure.

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

MS. MUNN: Yes.

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

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

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

MS. MUNN: Exactly.

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

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

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

MR. DACEY: -- tech-- yeah, technically possible.

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

MR. DACEY: Sure.

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

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

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

MS. MUNN: Good.

DR. ZIEMER: Brad?

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

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

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

DR. ZIEMER: Yes, Christine.

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

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

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

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

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

top of the head impression.

Brad.

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

DR. ZIEMER: Other comments?

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

DR. ZIEMER: Wanda?

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

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

MS. MUNN: Memory cards. Memory cards.

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

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

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

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

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

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

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

MR. DACEY: This is --

DR. ZIEMER: Are you free to do that?

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

see it.

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

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

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

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

DR. ZIEMER: Put you on the spot.

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

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

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

DR. ZIEMER: Right.

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

DR. ZIEMER: John Poston?

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

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

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

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

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

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

MS. KLEA: Could I make a comment?

DR. ZIEMER: Well --

MS. KLEA: About claimant's security?

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

MS. KLEA: Bonnie Klea --

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

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

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

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

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

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

MS. BLAZE: (Off microphone) (Unintelligible)

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

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

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

DR. ZIEMER: File number or --

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

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

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

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

presentation -- Dacey. We're going to take our break now and we'll mute the phones as well. Break till 10:35 -- or 10:30, I'm sorry.

(Whereupon, a recess was taken from 10:10 a.m. to 10:30 a.m.)

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

(No responses)

Anybody on the phone?

UNIDENTIFIED: Yes, I can hear you.

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

SCIENCE UPDATE

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

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

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

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

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

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

studies and see how they might inform us as to what the risk is in the occupational setting. And number six, which is the evaluation of Chronic Lymphocytic Leukemia as a covered cancer under EEOICPA. I'd like to discuss some of the progress we've made there.

And finally, I'll talk a bit about what's known as the DDREF, that's the dose and dose rate effectiveness factor, and what we've done to look at that in light of what's come out in the -- in the literature over the last five years.

The other issues I'll just go over briefly. Smoking adjustment for lung cancer, if you recall, we completed that some time ago. That was the adjustment based on the Radiation Effects Research Foundation reanalysis of a -- Hiroshima/Nagasaki survivors where the smoking adjustment was treated somewhat differently. We've completed that. We've done a PER. That one is closed.

And then the other ones, grouping of rare and miscellaneous cancers, that is the situation where the IREP program lumped together only cancers that -- 50 or more cancers -- if there were less than 50 cancers, some of them were

combined into one single risk model to give statistical power.

And age at exposure analysis is the issue related to the fact that there are some indications in the literature that when a person is exposed at an older age, the risk of developing cancer may be greater, presumably because of a -- the status of the immunology -- immulogic (sic) system or something to that effect. We're intending to look into that.

And then the other one is the interaction with other workplace exposures. That is, you know, how do these risk models that are purely based on radiation exposure fair -- fair when you compare them with other expo-- concomitant exposures in the workplace such as benzene and asbestos; are there confounders modifying synergisms, that sort of thing, that would be there to -- to warrant modifying the model.

But I -- I -- again, today I just want to focus on the first, sixth and seventh bullets. Of course we'd be happy to entertain any questions on the other ones at the end of the presentation.

In the area of incorporation of nuclear worker

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

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

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

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

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

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

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

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

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

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

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

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

I'm sorry, is --

MS. BLAZE: Can I just ask a question?

DR. NETON: Sure.

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

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

DR. ZIEMER: Who's asking the question?

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

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

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

lymphoma. The difference is that chronic lymphocy-- I don't want to get too technical here, but chronic lymphocytic leukemia is a disease where the blood that -- the B lymphocytes in the blood system just -- don't die like they would in a normal population. They don't undergo what's call apoptosis. So since they have a much longer life span than a normal cell, they tend to accumulate.

Well, it's much different than a -- say a leukemia where you have a proliferation of cells that just swamp the system. This is a situation where there's a normal rate of production, but they just don't die and so they build up in the system, which is slightly different than small lymphocytic lymphoma, which is a nodular agglomeration of cells in different parts of the body. So they -- they have somewhat different diagnoses. In fact, it's probably considered now that they're different stages of the same disease, more than likely, although that's not universally accepted. There's still some debate going on. Nonetheless, the risk model that we picked is similar to a lymphoma model, except that we

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

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

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

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

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

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

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

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

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

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

the BIER VII report that indicated that the DDREF in their model would have a central estimate of 1.5 with a 95 percent confidence interval -- is what you see on the screen -- between .8 and 2.7. It's slightly different than -- than what we're currently using. However, we want to exercise caution. This would -- this would affect virtually every case that was exposed to low LET radiation, so we want to be sure if we -- if we change anything, we've got -- we've got it right and we've got the best science in play.

So to get to that, again, we've done a comprehensive review of the literature and have reviewed over 300 references that are out there available to inform us on DDREF. We looked at a number of studies, including radiobiology, microdosimetry and epidemiology. There's a -- there's virtually a boom in -- in studies out there looking at -- at low dose effects now, primarily in the area of -- you might have heard of adaptive response and bystander effects, those type of things, and epigenetic effects. There's a lot of information out there. It's -- it's a real rich field right

now to be looking at.
We've got this report prepared, but we think it's prudent at this point to send it out for external peer review. And as part of our normal process, we're going to select five expert reviewers, send it out to them, get their opinion as to what the recommendations in the report are currently, and -- and move on from there.
Okay, just a few other things that are happening in the background. We've initiated a formal verification and validation of the NIOSH IREP calculations. I want to quickly interject that we don't believe there's anything wrong with the calculations. We believe they're right. We also don't want to imply that they haven't been quality -- gone through any kind of quality assurance. All these calculations have been -- been reviewed. The issue is that we don't have a single big, thick document where they're -- all been assembled and -- and reviewed in accordance with a very defined protocol. So we're going back to reassemble all the studies that have been done and -- and assemble it in one location so that when one

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

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

coming out of the Radiation Effects Research Foundation. You know, they're continually updating this even though the cohort is -- some been exposed 60 years ago. People are continuing to develop cancer and they're being recorded and evaluated, and those data we believe are some of the more solid data that we can use in -- in moving these models forward. So we're reviewing it, evaluating the incidence data. It's incidence data which is much better for our situation. And we expect the leukemia analysis to come out shortly, as well, on top of the solid tumors. So we have -- we're working on those -- those issues.

Also a new UNSCEAR report was just released. And if you recall when we -- we reported to Congress on cancers that we think should be added to the presumptive cancer list, we indicated that we thought basal cell carcinoma should be added, but we also indicated that we knew that the UNSCEAR report was -- release was imminent -- turned out that was a year or two ago, but it just finally came out -- and we want to review that new UNSCEAR report that speaks of radiogenecity of cancers to see if

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

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

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

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

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

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

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

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

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

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

Interestingly, basal cell carcinoma, which is

one of the cancers I just mentioned we recommended be added to the presumptive cancer list, is being compensated at a rate of about 66 percent. I think largely that's a combination of two things. One is that the cancer model itself doesn't require a huge amount of dose. But secondly, I think we are fairly generous with our assignment of dose to -- from beta emitters at facilities. There's a lot of missed dose associated with beta -- beta emissions, particularly working with uranium, and I think there's a lot of -- lot of dose provided through that process.

I've only listed the first 15, I think, or so cancers, down to the -- anything that was greater than 15 percent.

Other respiratory cancers are reflective of the -- of the missed dose model as well.

Lymphoma is interesting. It's gone up a bit, and if you recall, last year we changed our target organ for handling lymphomas, with the exception of Hodgkin's lymphoma. Our handling of non-Hodgkin's lymphomas now will very often now target the tracheobronchial lymph node, which does deliver some huge doses, and I think

that's where we're seeing some increase in compensation rate for lymphomas.

The rest of these, you can read them as well -- thyroid, gall bladder, bone cancer.

Interesting, eye cancer at 19 percent. There's not many cases, though. I think that represents only four cases or so. That's another thing I have to be careful of. Some of these cancers that show high percentages, there might be only one or two that were compensated out of the pool.

I've just listed here on the next page the overall compensation rate as of this August 14th. There's a 33.8 percent chance of compensation with a single primary cancer now, compared to 28 percent a year ago. And if one has multiple primary cancers, the compensation rate is 48.5 percent, making the total for all claims that we've received and processed and DOL has finally adjudicated to be 37.5 percent.

I intended to have a slide -- or a handout at this meeting that listed all the cancers and the percentages. And unfortunately, due to cut and paste error, I had to pull that back. So some of the Board members may have received a -

- a single sheet that had the listing of all the cancers and cases. If I didn't get it back from you, I would appreciate -- I think I got them all, but it was a cut and paste error. We will amend that document. We issue it to the Advisory Board and post it on our web site as soon as we -- as soon as we get a chance.

Just to finish up here, I've listed the cancers where less than two percent of the claims have been compensated, and you can read them -- connective tissue, rectal cancer, pancreatic cancer, nervous system cancer -- which includes the brain. There's -- it's commonly held in some circles now -- I don't know where this arose -- that no brain cancers have been compensated. There actually have been a couple. The brain -- the nervous system model requires a fairly high dose to reach the 99th percentile, and in general in the DOE complex, after about 1960 or so, the external doses just aren't that great and the blood/brain barrier keeps any internally-inhaled material from -- from depositing in the brain tissue, so it's -- it's hard to get enough dose into the brain tissue to get to the 99th percentile, but

certainly not impossible.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MR. ELLIOTT: The UNSCEAR report, yes.

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

DR. ZIEMER: Thank you. John Poston?

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

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

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

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

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

DR. ZIEMER: Dr. Roessler?

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

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

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

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

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

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

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

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

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

DR. NETON: Yeah, you know --

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

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

DR. ROESSLER: Uh-huh.

DR. NETON: Not -- not from the risk

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

DR. ROESSLER: Thank you.

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

DR. NETON: Yes.

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

DR. NETON: Right.

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

DR. NETON: Right.

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

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

DR. ZIEMER: Well --

DR. NETON: I could only speculate --

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

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

those mice.
Now there's problems with that issue -- problem with that experiment, but it's an interesting demonstration of -- of that type of an effect. So I don't know. If -- if it turns out that yes, radiation that irradiated other parts of the body or -- can affect an organ -- different organ, it would have a serious impact on -- on what we're doing here, although I'd say it's in its infancy. And these things are not well-understood. They're -- they're very interesting scientific investigations, but nowhere near ready for prime time, in my mind. But we're keeping our eye on it.
DR. ZIEMER: Thank you. Dr. Roessler, you have an additional question?
DR. ROESSLER: No, I should make my comment I guess out loud. I said that'll probably be BEIR XVII.
DR. NETON: Possibly.
DR. ZIEMER: Any further questions or comments for -- Jim, thank you very much for that -- oh, sorry, one -- there is a comment.
MR. GRIFFON: This is -- this wasn't on your presentation so I didn't want to ask this

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

DR. NETON: Yeah.

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

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

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

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

MR. GRIFFON: And those are --

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

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

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

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

MR. GRIFFON: And the only other quest--

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

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

DR. NETON: Yeah. Yeah.

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

DR. NETON: Well, I thi--

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

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

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

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

MR. GRIFFON: Right.

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

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

DR. NETON: I agree.

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

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

MR. GRIFFON: Yeah.

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

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

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

DR. ZIEMER: So this may lead to a

formalization of that in the ICRP system --

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

DR. ZIEMER: -- per se.

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

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

RESOLUTION

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

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

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

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

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

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

MS. MUNN: I second that.

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

MS. MUNN: Second.

DR. ZIEMER: All in favor, aye?

(Affirmative responses)

Thank you very much.

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

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

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

But thank you very much.

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

DR. BRANCHE: You certainly caught me off-guard.

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

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

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

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

DR. ZIEMER: Okay, on today's agenda we actually have covered everything on the morning agenda. The item called Department of Labor update was actually covered yesterday, which put us a little bit ahead. And so we also have covered now the first item that was listed for after lunch, which is the science update which we've just completed. So that's where we are on the agenda. We have completed what looks like the items through 1:15 p.m.

We will begin after lunch with the project update from SC&A and continue from there. Are there any questions on that?

(No responses)

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

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

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

MR. KATZ: Yes, just --

DR. ZIEMER: In training.

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

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

PROJECT UPDATE

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

DR. MAURO: Good afternoon, everyone. Good afternoon, everyone. For those of you who haven't met me before, I'm John Mauro and I've been the project manager for SC&A for the past five years -- sort of surprised the fa-- those five years went by pretty quickly.

What I'm going to do is give a fairly high level overview of where we are, what we've

accomplished, what we've yet to accomplish, and -- but we can dive into the weeds anywhere you'd like, on any particular project, where we are, its status and so forth. So please, as I'm going through the presentation, feel free to question any one of the projects where perhaps there in the middle of the workgroup meeting and may want to get a little bit of an update of where we are on any particular item.

I'm going to start at the end. I always like to start a presentation with the bottom line. The bottom line is that we -- our co-- our project, which began in 2004, had an overall budget of $13.4 million. We spent $11.7 million of that over the five-year period. We've got $1.7 million left. That's good news, and let me explain why.

Our contract is ending I guess the first week in October, and I know we're about to enter -- and there's going to be a recompete, and there's always a time period where, between the current contractor and the new contractor. We're in the fortunate position of having sufficient resources, without having to go for additional resources, to keep the project going

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

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

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

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

Now we get abou-- into the -- get into -- a

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

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

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

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

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

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

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

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

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

Yes?

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

DR. MAURO: Is that correct?

MR. PRESLEY: Yes.

DR. ZIEMER: Yeah.

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

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

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

closed out 38 out of the 133 procedures. And then another 30 are mostly closed out. So there's a -- it's a living process.

And I'd like to also add that as part and parcel to the management of this assignment, working with Wanda and the other members of the team, we've put in place a fairly sophisticated issues tracking system that seems to be working out fairly well. We worked out a lot of the bugs. In fact, we had our last workgroup meeting where we actually used it in -- in real time, just the way we're working now. We had the system up on the screen and we worked directly from it, as opposed to the -- the hand-- we usual-- have these matrices where we hand out stacks of paper, which became pretty cumbersome, especially when you're dealing with 133 procedures, each of which may have ten or 15 comments. So I think we've gotten pretty sophisticated in not only keeping track of the status of the issues, but we now have a -- almost like a legacy document. The way in which we achieve closure has been completely documented and is being completely documented, so anyone who would want to go back to an ar--

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

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

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

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

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

review -- and this is a document that's on file and it's served us well -- and also to prepare a critique of the protocols that are being -- were used -- the procedures that were being used by NIOSH. And those were delivered and the reviews have been complete, so those first two items you see complete across.

Now the next -- the third row down, we have been assigned 18 SEC petition reviews/evaluation reports over the five-year period and -- and we could start marching down and you could see on this page the -- the -- you could see which ones we've completed in terms of delivering a report, and which ones have been completed in terms of we've gone through the closeout process -- Y-12, we're -- we're -- we're completed. The Ames site, it's completed. Rocky Flats, completed, all the issues have been addressed, resolved -- that doesn't mean there may not be some residual issues that I know you're concerned about, but from SC&A's perspective, I think we've fulfilled our obligations in delivering all the work products associated with the closeout process.

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

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

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

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

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

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

There was a -- a -- a Lawrence Livermore focused review that we delivered, and I believe all our work is completed. I think we've answered the Board's questions regarding that particular matter to -- to your satisfaction.

Texas City was recently completed. Now we're getting to the ones that are relatively current. The Texas City focused review has been delivered. However, really there has been no action taken related to that matter.

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

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

still some workgroup activity related to that particular SEC petition.

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

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

in terms of delivery. Some of it is protracted. For example, the first bullet says ongoing site profile closeouts. I think that that is going -- there are many site profiles that are currently in the process of a workgroup, engaged in closing out the issues. There are many site profiles where a workgroup has not formed yet, and that process has not begun. I see that as a long-term process.

We owe you Weldon Spring site profile review. That is the last site profile review that's on our agenda that we owe you, and we will deliver that before the end of September, and that would effectively complete all our site profile review deliveries.

I mentioned earlier with regard to procedures, we still owe you a review of OTIB-66 -- and that is instrumental, by the way, and important to the review of Pinellas and other sites where tritides are at issue. We -- that document has been basically complete and it will be delivered to you before the end of this month.

We owe you, under Task IV, the ninth set of 40 cases. We will deliver that product to you by the end of this month. And we owe you two

blind dose reconstruction reviews that will be delivered by the end of the month.

Finally, there is the ongoing SEC review process. The ones that are foremost before us as of this point in time include Mound, Fernald, Hanford and NTS as being the -- what I would say major undertakings -- undertakings that SC&A is very active in helping to resolve.

This slide just points out that there are 20 DRs and two blind dose reconstructions, as I mentioned earlier, where we are really awaiting the Board to authorize us to do the work. So of course we haven't taken any action on that. It's -- it's something that we're on the receiving end.

In theory, there are four SEC petition reviews that you could authorize us to do that are within the scope of our current mandate but have not been authorized as of yet. And of course the second bullet, ongoing closeout process, awaiting new workgroups to form to address site profiles that have not yet been activated. So this is in effect the work that remains to be done.

And again, just to summarize the budget status,

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

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

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

Any questions?

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

MR. STAUDT: Hey, Dr. Ziemer?

DR. ZIEMER: Is someone on the line?

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

DR. ZIEMER: Oh, hello, David.

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

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

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

through December 1st.

DR. ZIEMER: Okay, roughly two months.

MR. STAUDT: Right, exactly.

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

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

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

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

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

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

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

memo so let me share.

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

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

DR. MAURO: That's correct.

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

DR. MAURO: Correct.

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

UNIDENTIFIED: Hello?

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

UNIDENTIFIED: What's that?

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

UNIDENTIFIED: Hello?

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

UNIDENTIFIED: Yes.

DR. ZIEMER: -- Santa Susana --

UNIDENTIFIED: Can you hear me?

DR. ZIEMER: -- and Los Alamos.

UNIDENTIFIED: Okay, I can he--

UNIDENTIFIED: Can you hear me?

UNIDENTIFIED: Yes.

DR. ZIEMER: Is that David still on?

UNIDENTIFIED: I can hear you.

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

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

UNIDENTIFIED: No.

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

UNIDENTIFIED: I talked to Mike (unintelligible) --

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

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

UNIDENTIFIED: Okay.

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

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

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

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

that site profile?

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

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

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

MR. CLAWSON: Right.

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

DR. MAURO: No.

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

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

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

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

moved to the back burner.

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

Wanda?

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

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

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

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

DR. MAURO: Yes.

MS. MUNN: There's a spot.

DR. MAURO: Yes.

MS. MUNN: So -- good.

DR. MAURO: It's there.

MS. MUNN: All right.

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

MS. MUNN: Yes.

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

MS. MUNN: Yes.

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

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

DR. MAURO: Goes to the place.

MS. MUNN: -- wherever the place is.

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

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

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

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

DR. MAURO: A sub--

MS. MUNN: -- procedure itself.

DR. MAURO: -- a subset.

MS. MUNN: Okay, thank you.

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

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

DR. ZIEMER: Go ahead.

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

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

DR. MAURO: Thank you.

DR. ZIEMER: -- for your report. I will insert an additional comment here. I want to again announce that the Fernald workgroup will be meeting today at 15 minutes after the recess of this Board, which would be approximately 4:15. But whatever time we recess, then that workgroup will meet. The announcement of that meeting has appeared on the web site. Individuals and members of the public who are not here locally that wish to participate can use the current call-in number for this meeting to participate in that workgroup, and the

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

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

SEC PETITION UPDATE

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

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

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

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

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

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

Chapman Valve, we approved that evaluation

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

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

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

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

during the November 2007 Advisory Board conference call.

DOE presented their findings at the January 2008 meeting that there's no -- or that the Dean Street facility should be included as a covered facility, but there was no indication of any additional radiological activities.

NIOSH indicated at that meeting that we would revise the Chapman Valve evaluation report based on the DOE findings, but also indicated that we did not expect that the -- the findings to change our -- our feasibility determination.

We issued that revised evaluation report on February 5th of 2008 and at the February 2008 Advisory Board conference call the Board asked SC&A to do a focused review of the new information provided by DOE, and asked that the information be available prior to the April Board meeting. SC&A provided that report to the workgroup on March 12th of 2008.

NIOSH presented the revision to the evaluation report at the April Board meeting and, as previously expected, we -- our feasibility determination did not change. The Advisory Board decided to reconvene the workgroup to

discuss a path forward.
The workgroup met on May 1st, 2008. At that time they asked NIOSH to send a letter to DOE inquiring about the extent of their evaluation. In addition, NIOSH agreed to continue looking for the pedigree of the enriched uranium analysis.
The Advisory Board again voted on a motion to deny adding a class to the SEC at the June 2008 Advisory Board meeting. However, the final outcome of that motion could not be determined and was not available at the time of my preparation of this presentation.
Current status is the petition and evaluation report are with the Advisory Board for recommendation, and I expect an update will be provided at this meeting.
Blockson Chemical, the evaluation report was initially approved and sent to the Advisory Board and petitioners on September 5th, 2006 and we presented our -- that evaluation report at the December 2006 Advisory Board meeting. However, we withdrew that evaluation report because we determined at that meeting that the evaluation report did not address all covered

exposures.
At the December 2006 meeting the Advisory Board established a workgroup to review the evaluation report, and NIOSH reissued a revised evaluation report on July 3rd of 2007.
We presented the revised evaluation report at the July 2007 meeting and the workgroup met in Cincinnati on August 28th of 2007. Public meeting was held in September 12th of 2007 to explain changes made to the dose reconstruction technical approach, and the workgroup held a conference call on November 2nd, 2007.
At the January 2008 Advisory Board meeting Dr. Melius indicated he wanted to review the pedigree of the bioassay data, and he wanted to discuss the radon model with Mark Griffon.
At the -- there was no changes in the status of the petition at the April Board meeting, and the workgroup met on June 5th of 2008. The workgroup met again on June 24th and 25th to discuss resolution of the radon issues and any outstanding issues.
The Advisory Board deliberated over the SEC petition at the June 2008 meeting. However, the Board determined that they wanted to see

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

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

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

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

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

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

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

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

DR. ZIEMER: Today.

MR. GRIFFON: Today.

MR. CLAWSON: Today.

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

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

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

recommendation.
Hanford, Part 2 -- I say Hanford part two because we actually -- we did this as two separate evaluations because it covered a very long period of time, and we made a recommendation for the early years. And Hanford, Part 2 is basically the -- the post years or the years after that earlier period of 1947 to 1990.
The evaluation report was approved and sent to the Advisory Board and petitioners on September 11th of 2007. We presented the evaluation report at the October Advisory Board meeting and the Advisory Board sent the report to their contractor and Hanford working group for review. That Hanford workgroup had already been established to review the site profile. The Advisory Board's contractor issued a white paper questioning whether additional buildings should be included in the proposed class definition. Based on that and further review done by our own SEC team, we issued a revised evaluation report with a modified class definition in March of 2008. NIOSH presented the revised -- actually NIOSH presented the

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

The remaining years of the petition and evaluation report are still with the Advisory Board, workgroup and SC&A for review.

Nevada Test Site, the evaluation report was approved and sent to the Advisory Board and the petitioners in September of 2007. NIOSH presented the evaluation report at the January 2008 Board meeting, and the Advisory Board sent the report to their contractor and the NTS Board workgroup for review. That workgroup had already been established as well.

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

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

workgroup.
The Mound workgroup met on April 1st, 2008 and on July 14th, 2008.
Status of petition and evaluation report are with the Advisory Board, workgroup and SC&A for review.
Texas City Chemical, evaluation report was approved and sent to the Board and petitioners on January 18th of 2008. We presented that evaluation report at the April 2008 Advisory Board meeting, and the Advisory Board gave the petition and evaluation report to the surrogate data workgroup for review. The petition and report are still with the workgroup -- surrogate data workgroup and Advisory Board for recommendation.
Area IV Santa Susana, the evaluation report was approved and sent to the Advisory Board and petitioners on February 15th of 2008. We presented our evaluation at the April 2008 Advisory Board meeting. The Advisory Board indicated they would not take action on that petition until SC&A had completed their site prof-- the site profile review.
SC&A issued their draft review of the site --

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

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

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

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

Pantex, evaluation report was approved and sent

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

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

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

Additional questions on that?

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

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

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

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

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

We do plan -- a site visit was planned for the end of this month, and I'm not sure if it was conducted -- end of August it was planned and -- but we do plan to present this evaluation report at the December Advisory Board meeting.

Savannah River Site, we received this petition on November 19th, and that evaluation is ongoing. We do plan on completing that evaluation in November and we plan to present that evaluation at the December Advisory Board meeting.

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

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

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

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

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

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

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

DR. MELIUS: Where is that?

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

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

UNIDENTIFIED: Oh, okay.

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

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

pursuing an 83.14 on that one.
Winchester Engineering and Analytical Center, the -- this site we only have one claim for. That claim has a non-presumptive cancer and so we've completed the process of developing our feasibility determination. However, we will not move forward until we can get a -- a presumptive cancer (unintelligible) 83.14 (unintelligible).
And then there are 12 other sites that we are going through the process of determining if dose reconstruction is feasible.
I do want to point out that -- or actually I want to point out that there are -- currently there are ten SEC si-- with the Board for recommendation, and the December Board meeting we're looking at about six 83.13 SECs that will be going to the Board for recommendation, along with two or three 83.14s -- SECs, so just wanted to... Questions?
DR. ZIEMER: Okay, thank you very much. Questions, comments?
(No responses)
Okay, thank you LaVon. We appreciate the update and keeping us current on all those

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

MS. MUNN: Oh, goody.

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

DR. BRANCHE: Certainly.

ANNOUNCEMENT OF CHANGES IN NIOSH OFFICE OF THE DIRECTOR;

REVIEW OF REMAINING VOTES FROM JUNE MMETING

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

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

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

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

DR. ZIEMER: No, no --

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

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

DR. MELIUS: Not -- not now.

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

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

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

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

your mind on the Chapman Valve issue.
Now are we ready to hear from Emily then?
DR. BRANCHE: Yes, thank you.
DR. ZIEMER: Now let me preface this, before Emily Howell comes -- I had mentioned it earlier, I think this morning, that this document is one that we could consider should the Board agree to change the status of the procedures workgroup to that of a subcommittee. We won't necessarily determine that now; we can do that during our work period tomorrow, but I think Emily can advise us as to what it -- what needs to be done, should we go that direction.
MS. HOWELL: I don't have much to offer here. Dr. Ziemer passed out some language to you all earlier this morning that is a draft request to establish a subcommittee from the procedures workgroup, similar to the subcommittee that we currently have for dose reconstruction reviews. This was something that staff and agency officials had discussed previously, simply because one of the definitions within FACA of a subcommittee is a group that has an ongoing task associated with it for which -- it's not necessarily a finite task. And just as the

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

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

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

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

DR. MELIUS: Oh, okay.

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

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

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

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

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

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

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

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

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

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

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

DR. MELIUS: Yeah, that was --

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

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

MS. MUNN: No, it doesn't.

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

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

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

committee -- subcommittee --

DR. ZIEMER: Right.

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

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

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

DR. ZIEMER: But I -- I --

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

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

DR. MELIUS: The other document that I --

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

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

of us.

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

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

DR. ZIEMER: -- both tomorrow.

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

DR. ZIEMER: That'd be helpful.

DR. MELIUS: Yeah.

DR. ZIEMER: Right. Thank you. Brad.

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

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

DR. ZIEMER: No, this -- under -- we'll let Emily speak to this, too. Under the rules -- I think this is HHS rules -- a subcommittee is one which operates under FACA -- is this not correct?

MS. HOWELL: Right.

DR. ZIEMER: Workgroups do not, although we have opened our workgroups so they look the same. But workgroups -- we're not required to have open meetings or -- or to take -- make transcripts or have public input to workgroups. We are -- we would be on a subcommittee.

MR. CLAWSON: Okay.

DR. ZIEMER: Subcommittee meetings must be announced in the *Federal Register*, and a subcommittee is on, which Emily described, has an ongoing activity as opposed to a workgroup, which is more ad hoc. It's going to address say Bethlehem Steel, and when it's done, the workgroup is over.

MR. CLAWSON: Okay, I -- I was just wondering -

- I just was wondering if -- because we were doing something wrong or just why we were doing it and that's -- that's why I wanted to clarify --

DR. ZIEMER: There's no guarantee that it'll make it more efficient.

MR. CLAWSON: Well, I -- I'll look at Wanda and discuss that, but --

MS. MUNN: I'd really like it if you could figure out a way to make it work better, Brad. I'm all for that.

DR. ZIEMER: Maybe it will help.

MR. CLAWSON: I just -- I just wanted to make sure if -- if there was a reason --

DR. ZIEMER: No, it has to do with the requirements. Any -- Emily.

MS. HOWELL: Right, just because it's an ongoing function and task, it's better to have it organized as a subcommittee, and there are certain requirements that we would then have to follow, including *Federal Register* notices. But I think since the work of the procedures workgroup has risen to the level where having the protections of the *Federal Register* notice and what-not are really called for because it's

doing such important work, just as the subcommittee on dose reconstruction reviews does, and it's ongoing in nature and that's really the main distinction we're making.

MR. CLAWSON: Okay. Thank you.

DR. ZIEMER: We're not saying that the Fernald work is unimportant, however, Brad.

MR. CLAWSON: Okay, just wanted to make sure.

DR. ZIEMER: Okay. Other comments on this --

DR. MELIUS: You know, if anybody would confess to having written this document and could help us tomorrow interpret it, it would be --

DR. ZIEMER: I'll be ready to confess after I study it further.

MS. MUNN: Well, there -- there are a few things that one can observe about the way it's written, even though I had nothing whatever to do with it-- with its writing.

DR. MELIUS: That you remember?

MS. MUNN: Well, this is a -- this issue has been, certainly for the chair of this group, a two-edged sword because what Ms. Howell had to say with respect to the level of -- of work that is now involved and the level of importance of what transpires there is

certainly true. Moving into subcommittee status removes some of the flexibility that you have in a workgroup, and the ability to be able to call meetings quickly and meet on issues of real importance was a major issue at the time that we established this workgroup and, as a matter of fact, continues to be a concern for us from time to time. So when we're required by law to perform actions like *Federal Register* notices, this immediately places us in a position of removing some of our ability to respond quickly to ongoing changes in procedures, new procedures that are being awaited very eagerly by either claimants or by -- by NIOSH for clearance. So it's -- it's not a clear-cut issue as to how you go.

With respect to the second item there and the reference to SEC tasks, our original charter, as -- as we've reported it on line doesn't include that, but you could easily read it into the statement that we have where the workgroup is responsible for reviewing the outcomes of SC&A Task III and related assignments, which is the review of all NIOSH, OCAS and ORAU procedures used in the dose reconstruction

process. Obviously anything that is that expansive is going to get into procedures that are used in SEC issues as well. So by -- by logical extension, one can see where that language might crop up.

DR. ZIEMER: I now have discovered where it cropped up. It appears in the charge to the dose reconstruction subcommittee in a slightly different form, and I think in your original charge when you had some SEC responsibilities as well, it might have included the term SEC. Right now the -- it says clarify Board intent regarding technical scope of tasks assigned to the audit contractor. And the implication is tasks related to dose reconstruction, they would clarify them to the contractor. If we assigned doing a blind review, they would spell that out.

I suspect somehow that terminology got moved here. I don't know why the SE-- and I -- maybe I did it, but obviously it would have to say procedures review tasks, certainly not SEC, but I see that it parallels what was in the other one.

MS. MUNN: Yep.

DR. ZIEMER: That's probably how it arose. But anyway, we have the opportunity to word that any way we please tomorrow, but use that as a starting point.

Other comments or questions?

(No responses)

Okay, let's see how we're doing on time -- it's just about 2:00 o'clock. I'm going to go ahead and have us take our break. It says 2:15 to 2:30. It's going to be 2:00 o'clock to 2:30 because we have a -- during the break we -- oh, there's a surprise going to occur during the break. This is not part of the official business, so we -- we will not record the surprise nor let anybody know what it is, but we're going to recess for a break till 2:30.

(Whereupon, a recess was taken from 2:00 p.m. to 2:30 p.m.)

MR. KATZ: Just checking, if someone can hear us on the phone? Hello? Is anyone on the phone?

UNIDENTIFIED: Yes.

MR. KATZ: Great, thank you. And let me remind you, please, all on the phone to mute your phones, press star-6, please, and don't put us

on hold. Disconnect instead if you have to break from the line. Thanks.

SUBCOMMITTEE, WORK GROUP REPORTS

DR. ZIEMER: Okay, thank you. We're going to reconvene now and we're ready to start some things which were on tomorrow morning's schedule, namely reports of the subcommittee and the workgroups. So before we do that -- comment? Oh, is there a question?

MS. MUNN: I was --

DR. ZIEMER: You were not ready?

MS. MUNN: I was not prepared to do that this afternoon, no.

DR. BRANCHE: Well, fortunately you're a P, so you...

DR. ZIEMER: Well, we can do some other things and postpone that.

MS. MUNN: Well, you need not postpone anything except mine.

DR. ZIEMER: You won't be ready tomorrow, either. Is that right?

DR. MELIUS: (Off microphone) (Unintelligible) for one and one for all.

DR. POSTON: She would prefer the -- the active word, "ignore".

MS. MUNN: Yes, this is true.

DR. ZIEMER: Well, let's proceed to the extent we can, and if any need to be -- we can postpone any particular ones if necessary.

MS. MUNN: I had -- it was my intent to provide two additional slides --

DR. ZIEMER: Okay.

MS. MUNN: -- to the presentation that I had made with respect to Blockson at the last meeting, and there will be -- just simply repeat what was there for the sake of refreshing everyone's memory, and --

DR. ZIEMER: And some additional -- but we can do that tomorrow. We'll do the ones that we can and come back --

MS. MUNN: Fine.

DR. ZIEMER: -- tomorrow, but for the sake of efficiency, just -- we'll go ahead and move ahead. Mark, are -- do you want to go ahead and report?

MR. GRIFFON: On -- on which, the subcommittee?

DR. ZIEMER: Yes.

MR. GRIFFON: Yeah, I guess --

DR. ZIEMER: While you're getting the materials there, let me kick -- kick yours off, as it

were, by reporting to the Board that the package for cases 61 through 100 has now been submitted to the Secretary. I e-mailed copies of that document to you all over the weekend, so if your -- if your e-mails accept fairly large sets of documents, then you would have gotten it. It does -- I think it's several megabytes of stuff. But anyway, that package has gone out so the Secretary now has reports on the first 100 cases.

And Mark, do you want to take it from there?

MR. GRIFFON: Yeah. Okay. We had a subcommittee meeting -- I'm trying to remember the date. I also wasn't quite prepared, but we had a subcommittee meeting a few weeks back prior to this meeting. We did continue along our -- we're on the sixth set of case reviews and the seventh set, and we went through the sixth set matrix. We -- I think we're close to resolution on almost all findings in the sixth set, and we made it through a full first pass of the seventh set of -- of findings. We have a little more work to do on -- in that regard, but we are steadily working along. As you know, SC&A -- we're -- we're coming up on the

tenth set of cases to -- to assign them, so we're -- we're not too far behind SC&A's work at this point, which is good. So the -- the subcommittee meetings that we have in between the Board meetings usually focus on these matrices and the individual findings for all the cases where we can have these sort of detailed discussions. And so we're moving along on the sixth set and seventh set, which I believe both have 20 cases in, so that'd be 40 more cases that we're -- that we're running through the audit process.

The other thing that occurred at the last meeting was we had agreed to -- to have a first 100 cases sort of summary report, so -- so to date we've issued three, now that Paul just mentioned this latest one -- we've sent three separate letter reports to the Secretary. I believe it was the first 20 cases, then the --

DR. ZIEMER: Then 40.

MR. GRIFFON: -- then 40 and then --

DR. ZIEMER: Forty.

MR. GRIFFON: -- 40, right, which would give us the total of 100. And we agreed to do like a summary report of the first 100 in the -- in

their entirety. And at the last subcommittee meeting I -- I brought out a -- a very draft -- early draft report regarding the first 100 cases and asked the subcom-- we discussed it and I asked the subcommittee members for their input into that. I think we -- we nee-- it's an early draft, we need work on that so we need to work on the language, and we're also going to try to pull in some more information from NIOSH to include in that report. But it is underway. It's possible by the December Board meeting that we'll be able to bring a -- we're -- I'm hopeful that we can bring a final report back for the Board's consideration on the first 100 cases in the December meeting.

And finally, the last update I have -- I feel like I'm probably missing something, but the last major update item is recently we -- we were working on selecting a tenth set of cases. And as you know, we have the two-step sort of process where we preselect cases and then we ask NIOSH, based on these preselected cases, can you give us more information about how the dose reconstruction was conducted so we can kind of look at the specifics of whether it was

a -- an overestimating approach or was a -- whether it was a best estimate or whether it included a neutron dose reconstruction component -- we had these other fields that we asked them to give us more information on. Stu Hinnefeld has now provided that in a -- in an e-mail that -- I'm not sure if you sent this to all -- all the Advisory Board or to the subcommittee, I --

MR. HINNEFELD: (Off microphone) Subcommittee.

MR. GRIFFON: Okay, so the subcommittee should have received this last set, and we were hoping that at this meeting the subcommittee can -- this list now is down to 22 cases, and part of the reason is that several of the cases on the original list were pulled because they were undergoing PER review or -- so they were no longer available for us to -- to access for our audit process. So we're hopeful that by the end of this meeting we can -- as -- as a subcommittee and as a Board -- basically approve 20 of those cases for SC&A to work on for the 10th set of cases. So I'm not sure how to -- to -- how to handle this procedurally 'cause right now the subcommittee has this

listing, but I'd almost say that we -- we might as well just address it as a full Board and if we can get copies of the -- that matrix to all Board members we can try to select 20 cases out of those and ho-- and that would be something we'd have to do tomorrow during our working session, if that was --

DR. ZIEMER: If you can bring it to us tomorrow I think it would -- I don't think you want to wait till December to --

MR. GRIFFON: No, no, no, we want to -- we'd like to -- you know, we'd like to get the final --

DR. ZIEMER: That -- is that the --

MR. GRIFFON: -- set in --

DR. ZIEMER: -- tenth set?

MR. GRIFFON: Yes.

DR. ZIEMER: And let me ask this question. On the eighth set, SC&A, have you completed all the reviews with Board members on set eight? Is John here?

MS. ROBERTSON-DEMERS: (Off microphone) (Unintelligible)

DR. ZIEMER: Okay. Or -- or Mark, you know if --

MR. GRIFFON: I'm not sure on the face to face meetings where we stand -- yeah, I'm not sure on that.

DR. ZIEMER: Yeah, here's John. John, I was asking on set eight of the dose reconstruction reviews, have all of the reviews with the Board members been done by SC&A now on the eighth --

DR. MAURO: The eight set --

DR. ZIEMER: -- eighth set?

DR. MAURO: -- has been delivered. The big binder.

MR. GRIFFON: Yeah, right.

DR. MAURO: That's in hand.

MR. GRIFFON: Have you done the individual Board member meetings, you know how you --

DR. ZIEMER: The team --

MR. GRIFFON: -- the team meetings?

DR. MAURO: Yeah --

DR. ZIEMER: You've done the team meetings?

DR. MAURO: -- it's the ninth set that I think you're talking about.

DR. ZIEMER: No, I've asked about the eighth.

DR. MAURO: Eighth set has been done.

MR. GRIFFON: Eighth set's done and the report's been issued.

DR. ZIEMER: Okay, okay.

DR. MAURO: The report's issued, the one-on-ones have been had, it's all completed and sitting on the shelf ready to go to closeout.

DR. ZIEMER: Ninth set you don't have team members for yet. Is that correct?

DR. MAURO: I -- I have to say I don't recall receiving that letter. Usually you send me a letter with the --

DR. ZIEMER: Right.

DR. MAURO: -- one-on-one connections.

DR. ZIEMER: I don't think --

DR. MAURO: I don't -- I don't recall --

DR. ZIEMER: I don't think that's been --

DR. MAURO: -- seeing that.

DR. ZIEMER: -- done. Where are we on set nine?

DR. MAURO: We're -- we're -- we probably -- out of the 40, I'd say we've got a little over 30 done. We're going to have the rest done --

DR. ZIEMER: So you will be ready for the team assignments --

DR. MAURO: I would say within --

DR. ZIEMER: -- within a month?

DR. MAURO: -- a week or -- no, we -- we're --

our plan is to finish this thing up by the -- well, by the end of this month. The only thing will slow us down is the one-on-ones 'cause we're real close to having those -- those one-on-one meetings scheduled, so we'd like to schedule them as soon as possible.

DR. ZIEMER: Okay, so I'll get you team assignments --

DR. MAURO: Please.

DR. ZIEMER: -- this next week.

DR. MAURO: That'll be great.

MR. GRIFFON: So if -- maybe if NIOSH can make hard copies of the -- the matrix that Stu sent to the subcommittee and get them -- get those to all Board members, then we can -- I'd ask that everybody just consider those. I -- I don't think we need another step where the subcommittee comes back with a consideration 'cause right now it's basically down to 22 anyway, and we'd like to get 20. But on the other hand, if -- if these cases don't -- you know, if -- if what's left is not reasonable, then you know, we might be less than 20 but we'll at least get some cases to SC&A out of this listing, is my hope. And we -- I'd like

maybe to take that up during the working session tomorrow.

DR. ZIEMER: Right. In fact, what -- what you might do, Mark, we might just ask the full Board to, in a sense, approve the full 20 in case you lose one between now and when they actually are reviewing. You've lost some simply because --

MR. GRIFFON: Yeah.

DR. ZIEMER: -- they've been pulled for one reason or another.

MR. GRIFFON: Right.

DR. ZIEMER: Would that --

MR. GRIFFON: I -- I just want to make sure that all Board members take an opportunity to look through them, though --

DR. ZIEMER: Yeah.

MR. GRIFFON: -- because if we look down and -- sometimes what we thought were going to be best estimate cases, when you look at it, you know, it says overestimating appro-- you know, so if -- if -- if a lot of these cases don't live up to what we thought they were going to be on -- in our first screening, I'm not sure we should just do them just to do numbers, you know. So

I'd like everybody to at least consider --

DR. ZIEMER: Yeah, but you'll --

MR. GRIFFON: -- obviously --

DR. ZIEMER: -- bring the 22 cases and we'll look at them?

MR. GRIFFON: Yeah, well, I'm asking NIOSH to distribute those now --

DR. ZIEMER: Oh, now, okay.

MR. GRIFFON: -- so everybody can have them to look at tonight and consider tomorrow.

MR. HINNEFELD: Start working on it.

MR. GRIFFON: Yeah -- oh, okay.

DR. ZIEMER: Thank you, Stu.

MR. GRIFFON: Thanks.

DR. ZIEMER: Okay, thank you. Anything else?

MR. GRIFFON: I -- I think that's it unless other members of the subcommittee -- I think that's -- brief update.

MR. KATZ: The first on the list is Blockson Chemical, but we have that scheduled for tomorrow and there are people that are going to be calling in for that so we're going to skip over that and that leads us then to Chapman Valve, Dr. Poston, chair.

MS. HOMOKI-TITUS: Ted, I'm sorry to interrupt

-- this is Liz Homoki-Titus. I just want to remind the Board that I believe the information that Mark has asked be distributed may have Privacy Act information in it that needs to -- and those documents need to be protected.

DR. ZIEMER: Which information?

MS. HOMOKI-TITUS: I believe the document that Mark has asked be distributed to the Board may have Privacy Act information in it.

DR. ZIEMER: Oh.

MS. HOMOKI-TITUS: So I just want to remind everyone that that -- those documents need to be protected from further release.

DR. ZIEMER: Thank you.

MR. KATZ: Thank you.

MS. HOMOKI-TITUS: Okay.

DR. POSTON: Mr. Chairman, we've made no progress since the last meeting, as was -- Christine indicated. The last vote that we've had, which was the second vote by the subcommittee (sic), was six to six -- or I'm -- by the -- by the Board --

DR. ZIEMER: The Board.

DR. POSTON: -- based on our subcommittee (sic) recommendation. I'm a little bit at a loss as

to where we go from here because we're now out of the realm of what we can do and into the realm of what-if, and it's very, very difficult to address those what-if issues because we -- you can continue to raise those and raise those and raise those. Right now the Board seems to be divided on -- on how to proceed and I don't know what the solution to such a -- such a thing is.

DR. ZIEMER: Well, let -- let the Chair suggest something and then you can react to it. And I've discussed this with counsel. The -- with a six-to-six split, we have no recommendation for the Secretary. That is, we can neither recommend that we support the NIOSH recommendation to -- to deny or that they can do dose reconstruction, nor can we recommend that a class be added to the SEC. In the absence of either of those recommendations, there's no action that the Secretary takes because the Secretary needs a recommendation from us to move things up the chain, as it were -- that is, if he's to recommend a class to the SEC.

Counsel has recommended, however, that we do

report to the Secretary that the split has occurred, as a matter of courtesy, to officially tell him that we -- we neither support the NIOSH recommendation nor do we support a new class for the SEC, which is what it amounts to -- simply report that. In -- in the absence of any action on the SEC, the status quo continues, which would be that NIOSH would continue to do dose reconstructions, as they have for that particular site.

Now it's conceivable that at some point in the future additional information might emerge. One -- this Board could instruct either its contractor or the workgroup to pursue some line of -- of investigation. Or we can, in a sense, put it to rest and say well, we've done the best we can. If new information emerges for some reason or another in the -- in the future, we can always reopen the issue. But -- at least it is my intent, unless there's an objection from the Board, to at least report to the Secretary officially that the split vote has occurred and that we therefore have no recommendation to make. And I'd like to get any reaction to that -- yes, Dr. Melius.

DR. MELIUS: I'd like to hear from Emily about the legal implications of that, if there are any, and then from Larry or -- Larry's not here, someone can speak on behalf of OCAS -- Jim, maybe you -- I don't want to assign -- appoint somebody, but -- about the programmatic implications of that. Thank you.

MS. HOWELL: Certainly a letter to the Secretary reporting that you are at a six-six vote and do not foresee any ability to change that vote is not within -- is most likely not what would be con-- termed a recommendation under the law and regulations. However, it would offer some closure on the issue for the petitioners and for the agency. I mean this is something you can discuss further, but if the Board felt that there were some additional scientific items that needed to be looked into that could have -- that could sway the vote, then I would certainly encourage you to do that. But this is the second time you've tied on this and I'm not sure I've heard anybody mention a new scientific issue that could change the outcome.

So legally, you can do nothing and sit on it.

You can send a letter to the Secretary at least advising the Secretary of where you stand. Do you have any other questions?

DR. MELIUS: Yeah -- no, just when you say scientific -- I think you would include that sort of technical information.

MS. HOWELL: Yes, what you are --

DR. MELIUS: Yeah, I mean --

MS. HOWELL: -- allowed to look at when determining whether or not --

DR. MELIUS: Yeah, I suppose. I know you're -- we're not -- we don't look at legal whatever -- or policy or whatever.

MS. HOWELL: Right.

DR. MELIUS: Yeah, okay. I just want to clarify that. Tha-- thank you.

DR. ZIEMER: Yeah, I think somewhat a generic way -- further pertinent information that we would consider.

DR. MELIUS: Relevant to the Board's function, I -- okay, that's (unintelligible).

DR. ZIEMER: And Larry's here now. You want to --

DR. MELIUS: Teach you to leave the room, Larry -- or to come back in.

DR. ZIEMER: Larry, we have posed the question of the implication of the six-six vote, and I've indicated that perhaps we will report that to the Secretary. But we also would like to hear from NIOSH --

DR. MELIUS: Yeah.

DR. ZIEMER: -- I believe the implication is you would continue to operate as you have and do dose reconstructions. Is that not correct?

MR. ELLIOTT: That is correct. I'm sorry, I've -- I've had to switch --

DR. ZIEMER: Chapman Valve --

MR. ELLIOTT: Chapman Valve, and yes --

DR. ZIEMER: -- six-six (unintelligible).

MR. ELLIOTT: -- in our evaluation report we determined that it was feasible for us to reconstruct doses, and that's what we are doing at this point in time.

Now it comes to my mind, though, that we're going to have to turn around to the petitioner and somehow -- and we're going to have to ask general counsel to help us with this -- what do we do with closing out? Do we administratively close this petition, how do we inform the petitioner -- because I think we owe the

petitioner some kind of re-- you know, documentation of where things stand, so -- does that answer your question? I'm sorry.

DR. ZIEMER: Yes, that's helpful. Jim, it was your question, do you want to pursue it?

DR. MELIUS: Then I -- no, I -- that's fine. I just had another comment or question, and that's in -- I mean I wasn't at the last meeting where this was discussed but I read the -- the transcripts, and so to the extent they reflected what was discussed on the record for that and -- and I didn't hear -- see any discussion there at -- at the last meeting of potential next steps or whatever. I think the assumption was we were going to vote and then -- obviously I wasn't there and so you need to collect my vote, so -- I'm sort of --

DR. ZIEMER: Well, we -- we -- I thought it would be premature to talk about next steps in the absence of the vote.

DR. MELIUS: Yeah -- no, no, I agree, I'm not disagreeing with that, so -- so I -- I would also think that it would be helpful to talk -- are there next steps. I think the -- Dr. Poston was saying that he didn't think so, you

know, based on his work and -- and I guess I'd like to have some, you know, further discussion of that from other people on -- on the workgroup and been involved and possibly what else was talked about at the last meeting.

DR. ZIEMER: And I'll -- just to refresh memories, you recall that kind of the last item that was pursued was the enriched uranium sample and the pedigree of the identification of that. And I think we were -- were given the information that the pedigree appeared good, that it truly was enriched uranium. It was a single sample. No evidence of any other urani-- enriched on the site, and so I think it came down to folks trying to evaluate what to do with that one single sample and the implication of that, but each one made their own decision. Wanda, you have a comment, and then John.

MS. MUNN: Simply that it would appear to be a responsibility of ours to report something to the Secretary.

DR. ZIEMER: And to the petition, as well.

MS. MUNN: And to the petitioners. There's no other way that we can legitimately walk away from an assigned task without at least a

commentary about how to close it.

DR. ZIEMER: Thank you. Michael?

DR. POSTON: I thought I was next.

DR. ZIEMER: Yeah -- oh, you are next, and then Mike. Go ahead.

DR. POSTON: Well, as I recall, there were only two samples so it's inconclusive, in my opinion, since you have one that has a slightly enriched signature and you have another one that shows no enrichment at all. It wasn't -- I think the sample that showed the enrichment was not in the area that was cons-- that we -- with which we were concerned, but it was in part of the building, I think, so that there are lots of unknowns here. The -- the working group did agree several times in several of our sub-- working group meetings that NIOSH could construct -- reconstruct the external doses, 'cause they had dosimetry from film badges and so forth. And it was our -- my position, and I think some of the others on the -- on the working group position, that the approach taken by NIOSH to bound the internal doses was such that it was so conservative in terms of -- or being compensable or of applicant favorable or

whatever the PC word is, that -- that there was -- that even if we assumed that there was enriched uranium at that low concentration of around two percent, it would only double the internal doses and it still would not make the -- the petitioners or the individuals that -- for which the dose re-- reconstructions were being made, it still wouldn't really influence their -- their dose, because the internal dose was a small part of the external dose. So that was the -- that -- that's where we left it. We don't have -- we did the best we could in terms of going beyond the pale to establish was that a real sample or not. We concluded that it probably was. It's still some question because the person at Oak Ridge who we talked to couldn't answer all the questions. It's a long time ago. He couldn't remember exactly. And we do have some statements by -- by the petitioners that they did receive equipment from Oak Ridge. We have no indication that that happens to be the truth. I'm not saying that it's not, I'm just saying we have no records of any shipments from Oak Ridge to Chapman Valve. We have a tremendous number of

records of shipments from Chapman Valve to Oak Ridge, but no returns. So we have -- even though that's a petitioner's statement, we have no confirmation that that is in fact the truth. So -- so the -- the -- both times when the -- in the subcommittee (sic) and when it came to this committee -- to the Board, the recommendation was that the petition be denied. Okay? So that's -- that's -- that was the conclusion, so -- and members of the working group who voted in favor of that then voted against it when it came to the Board, so that leaves some question as what's going on. I mean the record will show that the first time the working group met and made the motion after considering it, the data, and made the motion that the SEC petition be denied, the vote was unanimous.

DR. ZIEMER: Thank you. Michael, you had a comment?

MR. GIBSON: Yeah. There is no evidence that additional enriched uranium work went on, there's still no explanation for that sample and no evidence to the contrary so, you know, that's just...

DR. ZIEMER: Thank you. Any further comments on -- on this. Mike -- Brad.

MR. CLAWSON: You know, I've got to agree with it, and has John has stated, I guess one of my biggest problems and issues with it is when you look at an SEC, this ability to be able to do all these things and -- but what one of my underlying issues is is there's so many unanswered questions out there. And basically my feeling is is that we've got to err in the side of the claimant. There may not be a lot of -- we all know how terrible a lot of these records are that have come in and come out, and just because there is nothing coming back from Oak Ridge doesn't mean that it didn't happen. Some of these things still happen today. I have product that I store that I have no paperwork for because it is somebody else's product. These are some of the issues that -- that still bother me and so forth like that, and that's -- that's why we've got into this. I -- I just -- you know, we're -- we're trying to reconstruct something from how many years ago, and -- and I know it's a very difficult source, but -- but I just -- I -- I feel that

we've got to -- we've really got to look at this and be able to give the claimants everything that we can.

DR. ZIEMER: Well, we don't need to redo the -- the debate on this site, which we went through thoroughly, but we need to decide what to do going forward. Jim and then John again.

DR. MELIUS: I think we also have to look at one other issue, which is what I'm trying to focus on 'cause I agree, I'm not sure redoing the debate is going to change where we were, but -- but is there some other source or type of information that -- that could be pursued, or should be pursued, that may or may not be -- be -- be helpful in -- in this effort. So one is -- is, you know, has a thorough search been done for what could be the, you know, potential types of operations at that facility and, you know, potential sources of exposure. Secondly, it's my recollection from the -- again, just from the transcripts of the last meeting and the discussion of the famous samples, enriched samples, was the -- that the -- the contact person that provided the letter report for -- for NIOSH also discussed it with

a number of other reference -- other people that -- that he -- I believe it was a he -- had contacted that were involved in the original operation. And my -- one of my other questions would be has NIOSH directly contacted those people to see if they could be -- provide additional information. We're relying on, you know, one person having done this sort of so-called investigation for us. Now that -- that may not be fruitful. You may have already thought about that. You may have already done that, I -- I'm going from my memory on -- on the -- the thing, but -- but I -- I think -- I like to be, before taking any action or any inaction, I guess, be assured that we had actually looked at every possibility that -- that we could.

DR. NETON: This is Jim Neton. The letter report that we commissioned to be written was -- was drafted or written by the person who was responsible for the collection of those samples and the writing of the report itself.

DR. MELIUS: Uh-huh.

DR. NETON: So we believe it would be the best source of information for the origin of that

sample. I believe that the references that he made, and I'd have to go back and look at the letter report, were sort of ancillary personnel who were not there or present, and they were just more sort of reference material, but I didn't -- I didn't get the sense that -- at least when I read it -- that there was anything worth following up with the people that he had mentioned in the report.

DR. ZIEMER: John?

DR. POSTON: Just to correct what Dr. Melius said -- he used the word "samples," there was one sample. I'd like to make sure that's on the record.

Secondly, I don't want to debate this, but in a scientific method I think it would be fair to have a way forward for the working group, and if Brad and Jim have questions that they think they would like to see answered, as chairman of the working group I'd be happy to receive those so that we can address those concerns. I don't know what those -- all those concerns are. And if there is a path forward, then let's -- let's lay it out and get it done. But right now we just have a what-if situation and I don't even

know what the questions are the working group is supposed to answer for the -- for the members who have concerns that we haven't looked at everything. So I'll be happy to receive a list. I'll be happy to convene the working group. And we'll be happy to try to address those issues. But I -- first I have to know what they are.

DR. ZIEMER: Well, even if there are issues, I'm proposing that at this point I think we have an obligation to at least inform the Secretary officially as to where we are, because this particular case has -- has gone on for quite some time. We've had two votes on it; both have been split. I -- unless there's great objection from -- from the Board, I think it would be appropriate to at least report where we are. This doesn't preclude, if -- if we can identify other issues that need to be addressed, that occurring.

Mark.

MR. GRIFFON: I also would say -- I guess there's two -- as far as what else can be looked at or considered, I guess there's two things that I've brought up in the past that --

and -- and I understand, Jim's already shaking his head -- but if -- if there's been any -- any luck in finding remediation reports or that sort of thing. I don't think there has been. And then the other thread, which I think -- the only thing I -- I -- I know there's some -- I know -- I know the reasons why this is not viewed as a -- necessarily a popular recommendation, but I think it could impact many other sites, and that's to pursue this whole Naval operations question, whether there was any Naval operations there in later years, because I think -- I -- I know for a fact that several of these sites also did Naval work, so if it shows up in residual periods, this could well explain the enriched sample that's there. It could be from activities not related to the -- the AWE period, but --

DR. POSTON: Yeah.

MR. GRIFFON: -- you know, so those are two things. And I -- I think that they -- they're both -- I understand some concerns about doing both of those and I understand why NIOSH hasn't really chased those, especially the Naval one. But --

DR. NETON: That's correct. The Naval one, we've had very -- very little luck getting information out of Department of Defense in this regard. And I would also suggest that if it is a Naval sample, then it's not covered under the -- it would put closure maybe to the issue and identify it as a sample, but you know, it's not covered under this program.

MR. GRIFFON: No, I underst--

DR. NETON: Secondly, though, you know, the -- we -- we looked at the closeout docket for the FUSRAP program on this site. There's like -- it's on our O drive. There's 400-plus pages or more of the closeout of that -- of that remediation effort, and we've found no indication in there about any enriched uranium samples whatsoever. We've looked at that. So I -- I am very skeptical that we would find any more information looking at remediation. I wouldn't even know where to begin looking (unintelligible) remediation.

MR. GRIFFON: I thought at one point you were contacting -- was it Bechtel or -- or whoever the contractor was and you --

DR. NETON: That's true.

MR. GRIFFON: -- you weren't able to get --

DR. NETON: We weren't able to get any information --

MR. GRIFFON: -- in touch with them --

DR. NETON: -- out of Bechtel.

MR. GRIFFON: -- and that was the only -- and also the waste disposal. I imagine it would have been --

DR. NETON: But again, in their --

MR. GRIFFON: -- Utah or something, yeah.

DR. NETON: -- in their official closeout reports for the site, with the -- with the disposition of all the materials, there was not one mention made of any enriched uranium during the closeout.

MR. GRIFFON: Yeah.

DR. ZIEMER: Okay.

UNIDENTIFIED: Excuse me --

DR. ZIEMER: I understand that we have someone from Senator Kennedy's staff on the line relative to Chapman Valve. Is that correct?

UNIDENTIFIED: You have someone from State Senator Sheila Kuehl's office.

DR. ZIEMER: Oh.

UNIDENTIFIED: I was told to call in at 3:00

o'clock today --

DR. ZIEMER: No, no, no, we're still --

UNIDENTIFIED: -- (unintelligible) call.

DR. ZIEMER: -- on Chapman Valve.

UNIDENTIFIED: Okay.

DR. ZIEMER: Is someone from Senator Kennedy's office on the line?

UNIDENTIFIED: Okay.

DR. ZIEMER: Someone...

(No responses)

Jason, are you here? We don't have anyone from Senator Kennedy's office identifying -- do you know if --

MR. BROEHM: We've been kind of back and forth. I understood that you were going to take this up tomorrow after your earlier discussion on the vote, so I told her no. Then I --

DR. ZIEMER: Oh --

MR. BROEHM: -- e-mailed her back and said we're on -- they're discussing it, so I don't know if that second message has reached her or if she able --

DR. ZIEMER: Okay --

MR. BROEHM: -- but I know that she wanted to speak.

DR. ZIEMER: Okay. Well, I'll -- I'll just -- I'm going to interrupt it at the moment then. We're going to interrupt Chapman Valve. We do have someone from Senator Kuehl's office on the line. This is the individual who tried to reach us yesterday evening, Laura Plotkin, I believe. Laura, are you on the line?

MS. PLOTKIN: Yes, that's me, and I'm really sorry -- I mean I -- I jumped in this -- middle of this call and I was just waiting for a word I recognized --

DR. ZIEMER: No, that's --

MS. PLOTKIN: -- and I heard NIOSH (unintelligible) --

DR. ZIEMER: -- we knew you were calling in, so pleased to hear from you now, Laura.

MS. PLOTKIN: -- (unintelligible) for -- for coming into the middle of -- of another subject here but --

DR. ZIEMER: That's all right.

MS. PLOTKIN: -- I'm just going to take a minute. I have a very brief statement to read and there was no way for me to -- to leave it when I called yesterday, so if you don't mind --

DR. ZIEMER: No, we're pleased to hear it now.

MS. PLOTKIN: -- I'll take a few seconds. Thank you very much.

My name is Laura Plotkin and I'm California State Senator Sheila Kuehl's District Director, and I'm calling to officially support the Special Exposure Cohort petition number 093 that was written by Bonnie Klea, whom I'm sure many of you know and have heard from over the years, for the Santa Susana Field Laboratory workers who worked in Area IV of the former Rocketdyne site and were exposed to radiation there. We have noticed that the compensation rates for workers' claims are extremely low for this site, only about ten percent, whereas the national average is about 35 percent, and California as a whole, 19 percent. We urgently request that you more fairly respond to these claims and distribute compensation to address the longstanding needs of these deserving and long-suffering Santa Susana Field Lab workers and their families. Thank you very much.

DR. ZIEMER: Okay, thank you very much, Laura, for coming back today after your frustrations of last evening.

MS. PLOTKIN: Yes, well, I appreciate your taking the time out of what you were doing when I called to listen to the statement, and I hope that you will help these people. I've been working with them for 14 years and they deserve some attention.

DR. ZIEMER: Thank you very much.

MS. PLOTKIN: Thank you very much. Bye bye.

DR. ZIEMER: We -- we can certainly return also to this topic tomorrow, did -- since we were at that point in the subcom-- or the workgroup reports so at least wanted to get some initial --

MS. PLOTKIN: Yes, also there's one other comment --

DR. ZIEMER: Oh --

MS. PLOTKIN: -- just before I -- I sign off that I would like --

DR. ZIEMER: Oh, okay --

MS. PLOTKIN: I had --

DR. ZIEMER: -- go ahead.

MS. PLOTKIN: I had heard earlier today that you were thinking of just only doing the compensation for the badged workers, and I know that Ms. Klea is someone who worked as a

secretary a few feet away from where the badged workers worked and got [Personal Identifier redacted]. And I think you might want to relook at that issue with some of these claims. And that's all I'm going to say.

DR. ZIEMER: Yes, and in fact, that -- that will not be the case. We -- we don't usually restrict this to badged workers. It's usually --

MR. GRIFFON: No, no, no, it is.

DR. ZIEMER: Huh?

MR. GRIFFON: It's written that way.

DR. ZIEMER: It's written that way, but that's -- is that --

MR. GRIFFON: That was the intent by NIOSH.

DR. ZIEMER: The in-- no, Larry, could you clarify the intent by NIOSH was to restrict this to badged workers for Santa Susana?

MR. GRIFFON: Monitored. Monitored workers.

MR. RUTHERFORD: The evaluation report was for just monitored workers, and it was based on the external exposures for -- it was based on the workers that worked in the radiological areas at that site, which were well-defined during that period. Based on interviews that we had

with certain individuals, all those individuals were monitored -- or had badges, meaning --

DR. ZIEMER: That's what you've recommended.

MR. RUTHERFORD: Yes, that is what we've recommended.

MR. GRIFFON: Right.

MR. RUTHERFORD: So it is -- that is the case, the recommendation is just for monitored workers. It's very similar to Lawrence Livermore National Lab recommendation.

DR. ZIEMER: Does that say unmonitored workers did not have access to radiological areas?

MR. RUTHERFORD: What -- what it said was if they went into -- yes, if they went into radiological areas, they were badged, monitored.

MS. PLOTKIN: But what if they just worked a few feet away? Would -- would they -- would there be a danger for exposure to radiation if you work in the building right next door to it?

MR. RUTHERFORD: Well, obviously we'd have to look at that -- the situation which she's talking about 'cause we don't know if -- I mean the workers could have been badged and could have wore their badges out in un-- you know, in

areas that weren't radiological areas and -- and in that situation they would be standing right next to -- to workers that weren't badged, so --

MS. PLOTKIN: Well, if you would speak to her about it, she -- she has a long history and a lot of information, and I think it would be good --

DR. ZIEMER: Well, we've heard -- heard the comment and --

MS. PLOTKIN: Okay.

MR. GRIFFON: Yeah.

DR. ZIEMER: -- that'll certainly be looked at --

MS. PLOTKIN: Okay.

DR. ZIEMER: -- as we proceed.

MS. PLOTKIN: Thank you so -- thank you so much.

DR. ZIEMER: Yeah, thank you.

MS. PLOTKIN: Bye bye.

DR. ZIEMER: Well, I was saying we -- we can return also tomorrow to Chapman Valve if we want to think further on -- as John described it, path forward would require identifying specific steps, but even -- even with that, I'm

still raising the question of reporting where we are, because taking additional steps, we may be talking about another six months or a year or something. I mean this can drag out. In the meantime -- yes, Emily, you have a comment on that?

MS. HOWELL: I guess I would just offer that if additional steps are going to be taken by the working group that perhaps they should be framed in terms of what it would take to arrive at a determination about whether bounding dose would be possible if you can determine things with sufficient accuracy, because if the steps are just incremental steps that aren't going to allow you to reach that threshold question, is it worthwhile, the expenditure of time and resources?

DR. ZIEMER: Thank you. Further comments on this? Jim, did you have an additional comment or --

DR. MELIUS: Not now.

DR. ZIEMER: Okay, we're going to return to it tomorrow I think when we have the Chapman Valve person on the line as well. Thank you. Let's go ahead.

MR. KATZ: Yes, next we have Fernald site profile. That's Mr. Clawson.

MR. CLAWSON: On the Fernald workgroup we've -- we've met twice. In the last month I've tried to set up some other meetings. We are meeting at 4:30 today. Part of things that we're -- we're getting into is data integrity and this is, this afternoon, what the meeting is going to be over. We've requested -- SC&A did a sample to show us -- just to be able to assure that the information that we do have is reliable and so forth. And then after we get through the year end, we -- going to be setting up another workgroup meeting, proceeding on.

DR. ZIEMER: Thank you.

MR. KATZ: Okay. And next we have Hanford site profile and Special Exposure Cohort; that's Dr. Melius.

DR. MELIUS: As I dis-- as we discussed a little bit earlier when I was asking questions to Dr. Worthington, really all further progress on Hanford has been stopped pending access to information, both by NIOSH and SC&A and -- at the site. And I think we heard the information's -- check's in the mail or getting

close to being in the mail. I think there's -- you know, I would just add, I -- I have cont-- contin-- continued concerns as to how long this process has dragged on for and the very significant delays that it's made in any further -- ability to have any further progress on the -- on this SEC petition. NIOSH is proposing to make some major changes in the site profile so they -- they needed access to considerable information, and that's even preceding what SC&A's ability to -- to -- or be able to review most of this information, so we're really at a -- may be facing even further delay. I don't think it's fair to ask NIOSH how long it's going to take them to do what they need to do 'cause they haven't even seen the information yet and a lot will depend on -- on -- on what they need to access and I think it's -- continues to be problematic. I don't know if anybody from SC&A wants to comment or elaborate. And then I -- I -- if not, the -- the -- just one other thing is the -- would add that Brad -- there was an informational meeting that Department of Labor held -- you end up go-- you ended up going to, I believe.

MR. CLAWSON: (Off microphone) (Unintelligible)

DR. MELIUS: I don't know if you want to add -- say anything about that -- we sort of got invited to at the last minute.

MR. CLAWSON: Yeah, actually we were requested by Hamtech, which is the union up there, if a member of the workgroup was going to come to that, which I was asked to come and I went to. And Department of Labor came in and had a -- had a fairly good turnout. I believe the first night was 200-something people. The second night was almost 160. That was to go over the DOL part of the chemical exposure and so forth, and they were explaining to them how the process worked. And in talking with Department of Labor after that, they had quite a backlog, which has been taken down substantially and is now down to about 200 people -- 200 cases, excuse me.

DR. MELIUS: I -- I -- I would just also add that, you know, as we're trying out this new process of sort of SC&A working through NIOSH to get access to records and then this review by these -- whatever the -- however many steps of review there are in terms of access from the

Department of Energy for security reasons, I think it's -- behooves us as a Board to make sure that we keep, you know, very careful track of -- of the process and assuring -- being able to ensure the petitioners and others that are involved in this process that we are documenting and understand what is being accessed and making sure that if information is being refused access to SC&A for any reason, or to the Board, that we unders-- you know, that's documented also. And so I would hope that, as Larry does his spreadsheet, whatever this is going to be describing -- flow chart describing this process that we include that.

DR. ZIEMER: Well, hopefully the process will be more efficient so there's not a double asking of the same documents by our contractor and by NIOSH. And of course if SC&A is running into issues, you'll need to let the Board know, of course.

DR. MELIUS: The -- the start-up has not been efficient, so...

DR. ZIEMER: Okay --

DR. MELIUS: I -- we'll give it time.

DR. ZIEMER: -- let's proceed.

MR. KATZ: Okay, before -- let me just ask again, someone on the line has their phone open, it's not muted. Can you please mute it or press star-6? Thanks.

And we're up to Los Alamos National Lab, site profile and Special Exposure Cohort petition, and that's Mr. Griffon.

MR. GRIFFON: Yeah, I think LaVon gave the update for this. We're -- we're holding out. We -- we will convene as soon -- I noticed John's slide saying that the workgroup hasn't been for-- we -- we have a workgroup, we've just delayed our meeting pending the evaluation report from NIOSH 'cause we -- we don't want to double-work this issue, so I expect October/November I think is what LaVon is -- is expecting -- yeah, he's nodding his head yes, so as soon as we get a report from that, we'll -- we'll -- we'll move on that and have a workgroup meeting and start that process.

DR. ZIEMER: Thank you.

MR. KATZ: And the next workgroup is Mound Special Exposure Cohort petition, and that's Ms. Beach.

MS. BEACH: Okay, Mound met the last -- for the

second time on July 14th. We were able to close out one of our 21 matric (sic) items at that time -- at that meeting. Both NIOSH and SC&A have the action items they are working on, pulling documents. SC&A at this time has a scheduled interviews in Cincinnati next week and I am working -- talking with some of the workgroup members, actually all of them, to schedule our next workgroup meeting for the last week of October.

MR. KATZ: Okay, and the next is Nevada Test Site profile, Special Exposure Cohort petition, and that's Mr. Presley.

MR. PRESLEY: The working group has not met since the 23rd of June, our last meeting in St. Louis, but that's not to say that there hasn't been a tremendous amount of work going on behind the scenes.

In St. Louis three items came forward that SC&A had some issues with. Those three items were -- were and have been discussed by SC&A and NIOSH. At this time I'm going to ask John Mauro to stand up and give us a report on those three items since we've not had a meeting, to tell us the outcome of those, and then I'll

continue.

DR. MAURO: The three items -- first one has to do with the reconstruction of the internal exposures to workers who were outdoors, not going into radiation control areas, were outdoors, exposed to airborne resuspended dust. The methodology that we discussed at length at our last meeting had to do with taking advantage of the large number of air sampling stations that were distributed around the site. At the time of the meeting we were gathering information on the degree to which these air sampling stations -- which were I believe in place around 1971/'72 time frame and collecting air samples, and of course our interest and all our interest is to reconstruct the internal exposures to those outdoor workers who were there pa-- after the -- during the above-- below-ground testing period, post-1962. So in effect, what we have here is we need a way in which to reconstruct internal exposures to outdoor workers, not -- not entering control zones, present outdoors from '63 onward. And the plan being that you could start with the air sampling that was collected in 1972,

starting at that time period.
A number of concerns were raised at that time that the location of the air sampling -- it's a big site -- the location of the air sampling stations relative to where the workers were doing their jobs might have been relatively large, like miles apart. In addition, there was some concern regarding differences in elevation, so -- and -- and there were also some concerns that were discussed regarding some cleanup that may have taken place between the time of the work activities, let's say in '63, '64, '65, where material might have been removed and therefore the relevance of the samples collected in 1972, so -- and these matters have been all put on the table. I think that there is an ongoing dialogue, an effort to achieve closure on these issues.
I'd like to point out that we're really dealing with an issue that -- can you use, on a very, very large site, sampling stations that really are capturing almost like an overall ambient set of conditions, when you're concerned about perhaps some localized area where some aggressive activity might be going on where a

localized amount of dust is being dis-- generated that could have some residue in it from historical fallout, and whether or not you -- you -- you can ma-- map the two. So that's issue number one.

Issue num--

DR. ZIEMER: Well, let me interrupt here.

DR. MAURO: Yeah.

DR. ZIEMER: So who is developing the model for this? Is it SC&A or NIOSH?

DR. MAURO: The way we left it was NIOSH's contractor indicated that they have a considerable amount of bioassay data, from security guards that were widespread throughout the area from '63 to '72, which would confirm that -- that there was no elevated exposures that -- in other words, there -- that there was no incompatibilities betw-- so it's sort of like a way to validate that the air sampling that were tak-- was taken in '72 is consistent and compatible with the bioassay data that was collected by the security guards who were working the areas at the time. And that -- and I'm hoping I'm communicating this correctly, tha-- so from that perspective, the -- it's my

understanding that that's an action that NIOSH has taken.

In the interim, I have a great deal of material -- well, material has been transmitted to all of us by John Funke related to the fa-- this very same issue and the distances and the elevations and the locations and their representativeness, and now he called me on a number of occasions to alert me to the fact that this information is before us. SC&A has not taken any action on that -- on (unintelligible) --

DR. ZIEMER: Well, I'm asking my usual question, you know, and that is I -- I want to make sure that SC&A is not doing NIOSH work --

DR. MAURO: And the answer is we have not taken any action on that item at all.

DR. ZIEMER: Yeah.

DR. MAURO: Okay? Second item. The second item is -- has to do with the ability to again reconstruct internal exposures, but now we're talking about a different group of workers. We're talking about workers that have gone into the mines, you know, or in-- or in radiation control areas where there's a much greater

potential for internal exposure. NIOSH has come up, in their evaluation report, with a strategy for building a coworker model to reconstruct the internal doses to workers who might have been internally exposed. The approach basically is selecting 100 workers that had the highest external -- cumulative external exposures and collect all of their bioassay data, under the assumption that the workers that experienced the highest external exposure were likely to be more or less representative of the workers that experienced the highest internal exposures. And -- and then on that basis, they've got a pool of workers with bioassay data that can be used to construct a coworker model for internal exposures to all workers who may have experienced internal exposures during the post-aboveground testing period.

SC&A has been given a mandate to evaluate that strategy, and that work is largely complete. And let me explain what that strat-- what we have done. We downloaded all of the bioassay data for all 100 workers that represent the group -- the cohort of workers that are being

used for the co-- the coworker database. We collected all of their bioassay data and put it into a large database. So now we have all of that data and we're -- step one, we're trying to determine if there is in fact a direct correlation that those who have the highest external exposure also have the highest internal exposure, to test that premise. There's reason to believe that there's good -- that might be true, but until we actually test that premise, which is the rock that this whole concept is standing on so we will know that we will know that very soon.

The second thing we did is say to ourselves -- but there are different categ-- you grabbed 100 workers, but we know that there are also different categories of workers that went into the tunnels. There were -- there were safety personnel, there were carpenters, there were welders. In fact, we identified I believe seven different worker categories, and we're saying is it possible that those -- one or more of those categories of workers may have experienced internal exposures which are not captured -- or the high end exposures which are

not captured by the high end exposures from the group of 100.

We have -- what we've done then is we have access to the database, we went -- we grouped all of the workers post-- again, this is post-'62 -- into seven worker categories and from those seven categories we sampled -- randomly sampled 20 from each category. Okay? And we download-- this is all done already -- we downloaded the internal bioassay data, which generally is plutonium, tritium, gross gamma, iodine -- I think that might be it -- and we're creating a table. And you can almost visualize this table. We take the hi-- let's say we're talking plutonium. We take the 100 -- all the plutonium readings for the group of 100 and rank them from highest to lowest observed in picocuries per liter in urine. Then we go to our group, group number one, highest to lowest; group number two, highest to lowest. If we find that the highest -- that the -- that the hierarchy, this -- the listing for the group of 100 does in fa-- is either comparable to the highest in any of the other group, or higher -- well, there's good reason to believe that group

of 100 is pretty good. If it turns out we find out no, there are certain groups of workers -- one of our seven categories -- where we're seeing substantially higher concentrations of plutonium, for example, in the urine, that means that something is -- something's not working well.

We're done with that. That's all been done. We have the entire database and it's this far away from being delivered to you folks for consideration. It's more a question of this -- taking this very complex array of data and getting it into a form -- sort of boiling it down to a form where everybody could look at it and ask it some very simple questions of the type I just mentioned. That's the second thing, and we're just about done with that.

The third thing, which I consider to be perhaps the most import, is badges left behind. Okay? There is this big issue, as you know -- and we have a two-pronged approach to -- and we -- and we're just about done with that work, too -- two-pronged approach. One is interviews, interviewing all of the workers who claim that they did in fact leave -- and get -- and get

their story, and we have a -- there'll be a report that says here's the results of our interviews with all of these workers and who -- who have claimed that they've left their badges behind, so we're going to hear their story. But completely separate from that, we went in and we sampled ten workers that had the -- what I considered to be the potential for the highest exposures in -- and the -- in -- under the idea that the workers that had tendency to have the highest potential exposures, in theory, might have had a greater motivation to leave their badges behind. And then this is -- and then we did this analysis that was suggested by Dr. Lockey quite a while ago, is to go through that worker's day by day work history, every day -- 'cause there's a log, a written log of this worker where each day he goes in we get a PIC reading and we get -- and if it's a positive PIC reading, they pull his film badge and they read his film badge. If there's not a positive PIC reading, they don't pull the film badge. So what we did was we took these workers -- and there's quite a lot -- you can imagine the number of records. We're

talking about a worker that, on a day by day basis, went into a controlled area. And what we're doing is we're saying is there parity between the PIC readings -- day by day PIC readings and the individual film badge readings that are either individual dai-- reading 'cause they pulled it or they're weekly or quarterly, and -- and we're -- and again, it's a comparison, the idea being if there is a gross incongruity between the PIC readings and -- the Pocket Ionization Chamber readings and the film badge readings, that would be an indication that something isn't right.

I could tell you -- as -- where we -- that work is done. The tables are -- I've looked at them, and the outcome of it is that by and large we're not seeing -- except in one instance, we're not seeing things that seem to be incongruent. What does that mean? That's something that we will discuss together when we present our results.

So a great deal has -- on the first item, nothing -- I mean as far as SC&A goes. But on the second and third item, a great deal of work was done. And I'd like to point out that this

idea, which I call stratified sampling, going in and carefully selecting actual real world data from -- from real people to test certain questions about the robustness of a -- of a dataset to be used as a coworker model and -- is -- is going to be the -- what I consider to be the heart of the evaluation of any SEC petition. So thi-- we've laid some groundwork on NTS that I think is going to mean -- serve us well in future evaluations.

MR. PRESLEY: Thank you, John. John and I've discussed this a few times. Most of these issues are not site profile issues but are SEC issues. That will come up in our next meeting, which -- hopefully just as soon as we can get everything in order and be able to have our meeting, we will have one to discuss SC&A's findings.

As far as the information that the gentleman from Nevada has been sending in, I think the first three letter -- or first two letters NIOSH has responded, and the last information that came in -- the middle of last week, I believe -- they are in the process of responding to that -- those comments right now,

and he should have something in his hands in the next little bit. So even though we have not met, there is a tremendous amount going on. We hope -- I say again, we hope to put this issue to bed sometime in the near future. That way we can get some of these people paid. Thank y'all.

MR. KATZ: The next group is Pinellas Special Exposure Cohort petition, Mr. Schofield.

MR. SCHOFIELD: So far we've only had one meeting, but SC&A has been working on the issues that were identified, and there has been progress made. So we hope to meet latter part of October or November to address some of these issues. Some of them do fall in areas of classification that we may not be able to put out on the web site for the public, so it -- it does present a problem for us.

MR. KATZ: The next group is procedures, but we're going to skip that till tomorrow, I believe -- right? Or are you ready to proceed with that? Okay.

MS. MUNN: Procedures we can report on. The procedures workgroup, which meets quite regularly, has met twice since our June

meeting, once on July 21st, again on August 21st, and intend to have a very brief meeting at the close of this session tomorrow.

As was reported to you earlier today, we have made the big transition from paper processing to digital processing of the material with which we're working. This we consider to be a very significant step. It's taken us the better part of a year to get that done. It now seems to be working very well. The material is on the O drive.

We did, during our last meeting, manage to get through a first cut of the entire population of the second set of the three sets of procedures that we have to deal with. We have action items from that last set which have been distributed to the workgroup members and will be the items that we will be addressing hopefully tomorrow. It's our intention at that time to establish a new date for another full day's meeting so that we can begin to work with the third set of procedures, which we understand now has been fully populated in the database.

MR. KATZ: Okay. And Rocky Flats site

profile/Special Exposure Cohort petition, Mr. Griffon.

MR. GRIFFON: Yeah, we -- we haven't had a workgroup meeting since the last Board meeting. I have been working -- talking with NIOSH and DOL to sort of understand the whole question of the SEC implementation. We're -- we're actually -- I hope to have a more definitive update at the next meeting and -- on where we stand as far as the implementation questions that were ro-- that had been raised in some newspaper articles and we followed up on with the workgroup. But now we're -- we're trying to make sure that -- my main goal is to make sure that we're all talking apples and apples so we -- we actually -- I -- I've also contacted Margaret Ruttenber at the University of Colorado and want to bring her in the loop and make sure that we, again, are talking about the same things and -- and make sure that the implementation is working effectively. And once -- once I get more information on that, I will either reconvene the workgroup or report it back to the Board. I'll -- we'll -- we'll figure that out as we go, but right now it's --

it's been some phone contact outside of the Board meetings, but nothing as far as the workgroup goes.

MR. KATZ: And Santa Susana Field Laboratory Special Exposure Cohort petition, Mr. Gibson.

MR. GIBSON: Yeah, we met last week in Cincinnati. We began reviewing the site profile. We really didn't anticipate making a whole lot of progress closing issues because the material was still tied up with DOE or whoever has it, and the petitioners were not able to look at that. So we want them to be able to raise any concerns they have before we close issues.

It also -- it did become apparent that we're running into a lot of SEC issues and it's like a parallel track, so SC&A's only been tasked to review the site profile, so the workgroup would like to recommend to the Board that they task SC&A to begin the SEC petition review.

And as far as the NIOSH recommendation on the -- their recommendation on the SEC petition, we generally thought that we could probably support that originally, but due to some information, you know, that's come to light

recently, I haven't talked to other members of the workgroup, but I can't not support recommending that decision at this time without further information.

DR. ZIEMER: Could I ask a question here, Mike, or maybe some clarification. I'm trying to remember, didn't we set up the task group in the framework of the SEC recommendation? Did we not task SC&A to do a -- we only tasked -- just for clarity, I don't remember, actually.

DR. MAURO: We were tasked to do a site profile review, but in the process read -- review the evaluation report and identify site profile issues that we believe have the potential to be SEC issues. I have to say that in -- in --

DR. ZIEMER: And when it -- we did the tasking last meeting, was it?

DR. MAURO: Was it last meeting? Or it might have been the one before, I'm not sure.

MS. BEACH: It was the one before.

DR. ZIEMER: Well -- was it the last full Board -- face to face in St. --

MS. BEACH: No, it was prior to the last one.

DR. ZIEMER: Okay.

MS. BEACH: It was two meetings ago.

DR. ZIEMER: Two meetings ago, okay.

DR. MAURO: Now --

DR. ZIEMER: Whenever it was.

DR. MAURO: -- we -- we have do-- been doing a lot of soul-searching, saying okay, we just finished our site profile review and delivered it, and we've identified a number of issues that we feel are potential SEC issues. And then the question was posed to us, legitimately so, well, SC&A, do you believe that the 1955 to '58 -- I believe the time period was -- the data are so inadequate, as concluded by NIOSH, that you also concur in their finding.

Well, quite frankly, we did not look at that the way -- I guess the way -- given that we're -- we -- we should have. I -- and I'm hesitant to say here and now that yes, we had -- we ent-- agree entirely, we looked at the data, we see the nature of its deficiencies. What we did find is a great deal of deficiencies in the data, not only during that time period but even after that time period. And so I -- I have to say that I really don't feel comfortable right now saying yes, we looked explicitly at that question and --

DR. ZIEMER: No, I was really asking -- I was just asking -- I was trying to remember what our actual tasking was. I guess Mike's right then, it was just the site profile.

MR. GIBSON: Yeah, I believe.

DR. ZIEMER: So tomorrow when we do our tasking we can talk about whether we need to modify that.

MR. GIBSON: Okay.

DR. ZIEMER: Thank you, Mike. Thanks, John.

MR. KATZ: Okay, and Savannah River Site profile, Mr. Griffon.

MR. GRIFFON: The Savannah River workgroup hasn't met, either, and part of the delay here is that NIOSH has been in the process of getting records -- I'm looking for LaVon or Sam -- maybe Sam can help me out if I need help, but I think NIOSH is still in the process of getting some records. We had an initial meeting, and then we had some requests for data and -- and I think we're still in the process of trying to get some of that data.

MR. RUTHERFORD: Yeah, we're pulling data together right now, but we al-- I mean we're also finishing the evaluation report up for --

MR. GRIFFON: Right.

MR. RUTHERFORD: -- Savannah River Site --

MR. GRIFFON: Well, that's the oth-- that's the second part of my question is right now our workgroup is specifically for the site profile. In the meantime, an SEC evaluation report is -- is being completed.

MR. RUTHERFORD: And we will present at the December Board meeting.

MR. GRIFFON: And I think it might make sense, I don't know, if -- you know, if -- if it's agreeable to -- you know, I think we need to vote on this, but if the Board says for our workgroup to also take up that SEC, I think we would roll them together and do that at the same time, so --

DR. ZIEMER: Okay, thank you.

MR. GRIFFON: -- but no report other than that.

MR. KATZ: All right. And next, Special Exposure Cohort issues group, which includes the 250-day issue and preliminary review of 83.14 SEC petitions, Dr. Melius.

DR. MELIUS: Yeah, actually includes one other thing. We have a -- on the 250-day issue we need to schedule a meeting. We've got some

updates. We're focusing on the 250-day issue re-- re-- specific to two sites. Initially one is the Iowa -- Ames, Iowa site and the other is the Nevada Test Site, and so I think we sort of split up work last time. SC&A pursued one le-- at Nevada Test Site, NIOSH did -- was doing some work on Ames. We just need to get the -- the groups together and -- and ha-- and have a meeting. I think it probably needs to be a face to face, though we might be able to do that by phone, but the -- the other site that we're involved in is the Dow site, just assigned to us.

And that one, we are currently waiting for a follow-up report on -- I mean NI-- NIOSH had modified its evaluation and now SC&A has reviewed that evaluation -- I believe it is the second. Right? Second or third. And that -- that report from SC&A is in Privacy Act review. That got confirmed this afternoon. For informational purposes, it's been there since August 8th, so we expect -- hope it will come out of there shortly and -- and then we'll -- once we have that, I think we can start to act and again probably need to schedule a face to

face meeting to go over the -- the issues on -- on that site and -- and discuss that.

I would just add that -- I know Dr. McKeel's been corresponding with the Board and with Larry and I think Dr. Ziemer and myself. It's a number of informational issues that I think are outstanding for Dr. McKeel and the other petitioners on that site, and I would urge whoever has any control over those issues there's an FOI request that's at least a year old, and maybe longer. I don't understand the delays on that, but I would hope that we could get those taken care of 'cause it would certainly be helpful to the review process if we had all the information available and -- to the extent that it can be made, you know, available to the petitioners that it -- that take place.

DR. ZIEMER: Let me insert at this point I think Dr. Branche has looked into those Freedom of Information requests and -- maybe you can update us, Christine, but I think most of Dr. McKeel's requests now have --

DR. BRANCHE: Yes.

DR. ZIEMER: -- have been granted -- right? Or

followed up on in...

DR. BRANCHE: Those that were within NIOSH's purview have been addressed. There was a delay. The delay was explained -- I understand his frustration, but in trying to respond to a number of questions that he had, as well as some other Freedom of Information Act requests, there did pose a delay. That's a distinctive issue from Dr. McKeel's additional questions about an appeal that he made, and so we helped Dr. McKeel sort through the unfortunate bureaucracy of who is responsible for which parts of his appeal. And so now he is saddled with that information and is pursuing clarification and a rectification of his issues with those various offices.

DR. ZIEMER: And -- and also related to Dow, I think that SC&A just got us the radon report on Building 40, wasn't that --

MR. GRIFFON: That's Blockson.

DR. ZIEMER: Oh, that was Blockson. Yeah, yeah.

DR. MELIUS: Yeah, no, the -- the report on Dow is in Privacy Act review. And as I said, hopefully -- Christine, I think it would be

helpful if you can sort of copy the workgroup or copy me and Dr. Ziemer on some of the correspondence back to Dr. McKeel, if you haven't already. You may have. There's a lot of e-mail traffic, but it would just be helpful so we know the status of the information. It's -- it's confusing at times.

DR. BRANCHE: Where concerned, where NIOSH's responsibilities are, I know I copied Dr. Ziemer. I'm almost sure I did not copy you, so I will take care of that.

DR. MELIUS: Okay, appreciate it. Thank you.

DR. MAURO: Excuse me, Dr. Ziemer, one thing that might be helpful. I just got a phone call, the Dow II report, just to help out, was just delivered from NIOSH to Nancy Johnson and it is -- be going out to the full Board within a day or so. So Dow II is out of the PA process and is about to be distributed.

DR. ZIEMER: That's good. Thank you.

MR. KATZ: Yeah, good news.

DR. MELIUS: Do I get two more wishes?

DR. ZIEMER: You've used them up.

MR. KATZ: TBD-6000 and 6001, Dr. Ziemer.

DR. ZIEMER: TBD-6000 and 6001 was -- is the

newest workgroup. It was transferred from the procedures workgroup just recently. We are awaiting the NIOSH analysis of the film badge data for the General Steel Industries site, which is covered by Appendix BB, which is going to be the initial focus and was the initial focus when we picked it up from the procedures workgroup. So as soon as that material is available for us, we'll have our first face to face meeting.

MR. KATZ: The use of surrogate data, Dr. Melius again.

DR. MELIUS: I thought we got skipped there. I guess we're a U not a --

MR. KATZ: You're a U.

DR. MELIUS: Yeah, I guess the -- two issues on that. The -- I've submitted now to the workgroup a second revision to the original document that we circulated. I'm waiting to hear back from the workgroup on that. And then the next step would be then to share it with the -- the Board on that, and then we also have a document from NIOSH that we haven't -- I don't know if it's on the web site yet or not. The last I knew, it wasn't, but on surrogate

data that Larry described yesterday and I think we need to figure out where that -- that fits in. But little bit difficult until we've seen it, I -- frankly, so I don't (unintelligible).

DR. NETON: It's on the web site.

DR. MELIUS: Oh, it is? Okay. Well, I can't access the web site now, so -- it figures.

MR. KATZ: Worker outreach, Mr. Gibson.

MR. GIBSON: Yeah, we have not had additional meetings, and as I've reported previously, we've waiting on NIOSH further developing their procedure and their new database, but it's -- you know, I had a little chat with Larry at lunch last week, it's -- you know, most of our workgroups -- we wait for a NIOSH document, then we have SC&A review that document and put out a -- a matrix and go through it, and it doesn't really seem that that's going to fit the need of this particular workgroup. So I'd like to try to convene a meeting of the workgroup in the very near future and see if we can't develop a more real live type criteria to -- to assess how the program is developing with regards to workers and their input and the outreach group at NIOSH.

DR. ZIEMER: I think you're exactly right, Mike, because the worker outreach activity clearly is different from the others, and I think you have kind of an open charter, as it were, to define how you evaluate worker outreach. You may want to look at are there enough programs, what are they doing, how are they doing it, what are they accomplishing, and I think you're quite right. The workgroup may, you know, have to do some brainstorming and see how they can best evaluate the effectiveness of the worker outreach program. So I think that would be very good.

I think that concludes our reports. We will return tomorrow to discuss further the Blockson, Chapman Valve, and we'll be talking about some other things in that -- we also have the CANEL issue to talk about under SECs tomorrow as well.

DR. MELIUS: Yeah, that letter will be ready -- distributed in the morning, so --

DR. ZIEMER: Good.

DR. MELIUS: -- it's all...

DR. ZIEMER: I'd like to recognize Larry Elliott for some additional information for the

Board right now.

MR. ELLIOTT: Well, I'm going to start off with an apology and regrets. I misinformed the Board this morning about CANEL. I had this picture in my mind of a letter that was sent to DOL on CANEL, and it certainly was a letter on CANEL but it wasn't regarding the residual -- or the remediation period. CANEL is a DOE site and we typically think of residual contamination with regards to Atomic Weapons Employer sites, and that's the report that NIOSH has been authorized and required to develop, and so we kind of tend to forget what goes on with DOE facilities.

We assume that remediation activities in DOE facilities are covered in the covered period in the covered facility designation, and in this instance we have documentation that, to us, indicates that there was a small period of remediation outside of the covered facility designation, and we have not shared that with DOL yet. I've instructed staff to locate the documentation, give it to DOL, and Jeff has assured me that they will look at it in short quick order.

There's -- there's some questions that we have raised about the remediation period because the site transferred from DOE to -- the operator of the site at the time was Pratt-Whitney, and so they -- the information that we have seems to indicate that Pratt-Whitney took on that whole thing, so now the legal question becomes is it DOE-owned or is it not DOW-owned, will it be covered or will it not be covered, so that'll be the Department of Labor's responsibility to make that determination.

My apologies for misinforming the Board. I had just a barrage of input coming at me at one point in time and I -- I regret some of my actions this morning and some of my statements. I hope it didn't cause confusion, and I hope this clears it up for you.

DR. ZIEMER: And so I -- I think in part that answers your questions, Jim, in terms of informing --

DR. MELIUS: Yeah.

DR. ZIEMER: -- both DOE and Labor on that issue -- right? -- 'cause you were looking for confirmation on where they were on that.

DR. MELIUS: What the status was and so forth.

MR. ELLIOTT: Well, let's play a scenario out here. Let's say DOL does their job and they say well, there's a -- an extended time frame here that needs to be covered. Right now we don't have any claims for that time period, but we would attend to that under an 83.14 addition.

DR. MELIUS: Right, yeah, I mean talking -- this is sort of independent of the letter and what we send to the Secretary, but in talking to Larry's staff earlier this afternoon, what I thought would be helpful if we -- 'cause there is this time period in -- in question and so forth -- is that that gets pursued, wha-- whatever time period it takes and whatever information. If we could just be kept informed of where that is going through LaVon's regular updates, you know, and maybe it's a line in a table, you know, that we see, that way we know what's going on and can -- can follow up. And I think along with that, I'm a little -- I'm concerned that we've got a site with a lot of employees and almost no claims, which tells me that -- you know, it's like over 2,000 employees there at any given time period in the

'60s, which is sig-- significant numbers, and so -- makes me question sort of the outreach that's been done there. And again, it's not an issue with NIOSH, really. I think Department of Labor's responsibility to do claims outreach, but I think it would be helpful that with -- you know, presumably approve the SEC, that there be attempt at outreach, and also as part of maybe some of the information-gathering about this time period in question, some outreach to the workers and so forth. It's a union site. Pratt & Whitney's a machinists union and -- for -- for many years and a strong union, so there should be a fair number of knowledgeable people there that might -- that might be helpful, particularly with this area in question.

But I don't have any questions about the -- the -- the SEC, as proposed, that time period, but I think that would take care of those issues.

DR. ZIEMER: I think that's an important point and I'd like to suggest even, 'cause it occurs to me, your having mentioned that, Mike, that might be a kind of parameter your workgroup could look at, the type of -- you know, how

many employees and how many claims and -- that's kind of an early indicator of maybe there's an outreach issue at a site like this, so you may want to, you know, as a first step, look at various sites and see what that ratio looks like. Maybe that's data that's already available.

MR. ELLIOTT: Well, just please understand, NIOSH has no responsibility to perform outreach to solicit claims, so our worker outreach efforts have not included that, so I just --

DR. ZIEMER: Right, so we have to be careful we're not doing the Department of Labor's stuff.

DR. MELIUS: But -- but -- but I would think that if -- I mean --

DR. ZIEMER: But it does in a --

DR. MELIUS: -- I don't want to speak for Department of Labor, but if Department of Labor, which they often do with SECs being passed, do outreach to a site which do that -- that and I've noticed recently that NIOSH, when there's issues at a site, that NIOSH people often accompany them at some of their outreach, that -- you know, we can combine -- get this

done, get the information out to people that -- that are -- have legitimate or potentially legitimate claims, get those in and at the same time whatever -- get some information-gathering that may be helpful to whatever issues may remain.

MR. KOTSCH: Right. Jim, that's what I wanted to mention is that when -- when there is a new SEC class, we do go out and sometimes NIOSH goes with us and as -- as we go out and meet with the people at the site and explain the new SEC and -- but you're right, there may be -- I think we probably combine that at this point in time with a -- you know, potentially with an outreach meeting.

DR. MELIUS: Right.

DR. ZIEMER: Thank you. Mark.

MR. GRIFFON: Nothing related to (unintelligible) just two quick items. One (unintelligible) may check with (unintelligible) surrogate data link. It's on the web site, but when I open it up it opens up the internal dose IG-002, so I don't know if that's just a little glitch or what, but I was trying to download it and it was linked to the

wrong thing.

DR. NETON: Well, it was posted, but apparently there's a -- there's a --

MR. GRIFFON: Anyway, just check it -- yeah, it's there listed, but just --

DR. NETON: Staff -- staff that's responsible for that is in the room so she'll correct it immediately.

MR. GRIFFON: I just wanted to know -- yeah, just -- just for information. I'm not, you know, pointing any -- I'm not criticizing at all.

Second thing is with the workgroup updates, and certainly I don't have any update to offer for some of these, but there are some workgroups, as noted in John's presentation, that are not quite finished with their work -- Y-12, my workgroup, being one of them. There's a site profile hanging out there. We closed out SEC and, as we often do, we prioritize and move on to other work. But I know not too long ago I -- I had some conversations with Jim Neton and others at NIOSH and we were looking for the most current matrix on the -- the Y-12 issues, and I think we exchanged some documents on

that. I think at some point we're going to want to close some of these out. Mallinckrodt's another one, and I -- I think we -- you know, I thought I was on that workgroup, but at the time I think Jim Neton -- said it at the last meeting, I think he was correct, that it was sort of a -- a workgroup that had several sites that we -- we were discussing several of the sites, so if we're going to capture some of those old site prof-- if we're going to close out some of those old site profile issues, we may have to -- you know, set up -- may have to follow through with workgroups on some of those things, so --

DR. NETON: I agree with what you said, Mark. I think Mallinckrodt, though, is virtually entirely SEC now during the operation period.

MR. GRIFFON: Well, I think we have non-SEC cla-- non-SEC cancers that you're still re--

DR. NETON: That's true.

MR. GRIFFON: -- reconstructing, right? So --

DR. NETON: That's true, but then that would be a different analysis of the site profile --

MR. GRIFFON: Yeah.

DR. NETON: -- because it's been completed

reworked to only address non-SEC --

MR. GRIFFON: Right, right.

DR. NETON: -- or to address the dose that we can reconstruct in the SEC class.

MR. GRIFFON: I mean we may want to -- it may be a matter of re--

DR. NETON: It's not been reviewed, though.

MR. GRIFFON: Yeah.

DR. NETON: But you're right, there's some loose --

MR. GRIFFON: Anyway, general --

DR. NETON: -- issues hanging out there of that nature, you're right.

DR. ZIEMER: Thank you. I think we're ready to recess for today. I'd like to remind you that the -- well, recess for now. The workgroup will reconvene in 15 minutes, the Fernald workgroup, and then we have a public comment period this evening at 7:30 local time here -- 7:30 local time here. Or 10:30 eastern time. Thank you very much.

(Whereupon, a recess was taken from 4:00 p.m. to 7:30 p.m.)

PUBLIC COMMENT

DR. ZIEMER: I'll call our meeting to order.

This is the public comment period of the Advisory Board on Radiation and Worker Health. We're going to open our session this evening with some material that was provided in written form from D'Lanie Blaze, and that will be read into the record by Dr. Branche. I would like to indicate also that in a moment we will also ask for folks who are on the line if they wish to make public comment. In all cases the comments, under our rules, are limited to ten minutes per individual.

Let us begin then with comments from D'Lanie Blaze, and they will be read into the record by Christine Branche.

DR. BRANCHE: Thank you for --

DR. ZIEMER: Oh, I'm sorry, let me interrupt you. I'm sorry -- well, we do ask that those on the phone, when you're not speaking, to mute your phone or use the star-6 button to do so if you need to.

Also, I think I need to ask the Designated Federal Official to officially read the requirements for the -- the use of the phone, particularly with respect to the rules for --

MR. KATZ: The rules for redaction.

DR. ZIEMER: -- redaction, and then we will begin. Sorry, Dr. Branche.

DR. BRANCHE: No problem.

MR. KATZ: Sure. And -- and the rules for redaction. If you are giving comment, your name will be included. There's a -- there's a transcript of this meeting, a written transcript, and that transcript will be posted to the NIOSH web site, so it'll be publicly available. If you give your name as part of your comment, your name will remain in that transcript. If you give personal information, medical information or other -- that will be retained, generally speaking, although medical information could be redacted under the Privacy Act or the Freedom of Information Act, so that -- that's uncertain, but -- but generally speaking, it would be retained, too, if you give medical information on yourself.

Now if you give information about a third party, about someone else, that information will be redacted. It will not be retained in the record. And the NIOSH policy is in this meeting hall at the back of the room, if you want to see the redaction policy. It is also

attached to the agenda that's posted on the NIOSH web site. And -- and it's also available on the NIOSH web site, generally, too, so -- and that -- that raises other points. That last -- last point I would say is if -- if you have comments but you don't want to be identified, then we can make provisions for you to have your information provided to the Board, but you'd have to contact me. That's Ted Katz.

DR. ZIEMER: Okay, thank you, Mr. Katz. Let's proceed now with the testimony from D'Lanie Blaze, as presented by Dr. Branche.

DR. BRANCHE: Ms. Blaze says (reading) Thank you for giving me the opportunity to comment and address the Board via e-mail as I will be unable to be present during the public comment period tonight at 7:30 p.m. I would very much appreciate your addition of my comments below to the record for public comment, as well as forwarding it on to the Board -- which I have done.

And so I read (reading) The Inclusion of CLL to the List of Specified Cancers:

With respect to chronic lymphocytic leukemia, CLL, the disease has already been reclassified

to be, quote, the same disease entity, end quote, and small lymphocytic lymphoma, SLL, by the World Health Organization, the Revised European American Lymphoma Classification Scheme, the Veterans Administration, and virtually every medical and scientific professional on the globe, the Department of Labor and NIOSH being the only exception. Six months ago Larry Elliott of NIOSH responded to my submission of 500 pages of recent scientific research regarding CLL with the following statement, quote, More science is needed before the rule-changing process can begin, end quote. At yesterday's Advisory Board meeting I asked him when we can anticipate the addition of CLL. He and a NIOSH physician took great pains to explain to me the complicated method of devising dose reconstructions and models of CLL before it can be included. However, the science has already been performed by the aforementioned entities, resulting in CLL's reclassification. Further, since all organizations and specialists in the field concur that CLL and SLL are indeed identical, it stands to reason that conceptual

models used for SLL can be applied to CLL, resulting in a more timely inclusion to the list of specified cancers.

Claims must cease being denied on the basis of CLL diagnosis in lieu of recent research, and CLL must be added to the list of specified cancers immediately. This is not a challenge of policy; it is now the correction of an error.

Site-wide contamination has been evidenced repeatedly and continues to surface, calling for the immediate revision of EEOICPA to include every worker of SSFL, regardless of work area. DOE maintains that their work and resulting contamination were exclusive to Area IV, 290 acres of SSFL's 2,850 acres. However, this is a misperception the DOE has attempted to perpetuate in an effort to avoid accountability. The reports that substantiate the following information are listed below, and I urge you to follow up on this matter.

Number one, SSFL's site-wide water reclamation system. Contaminated industrial wastewater from Area IV was drained to the R2A and R2B ponds, and the Silvernale Reservoir, all of

which are located beyond Area IV boundaries in Area II and III and contain contamination and sewage effluent. The Radioactive Material Disposal Facility wastewater contained transuranics, fission products, spent nuclear fuel, phosphoric and sulfuric acids, and caustic solvent known as Big-K. The water was then reclaimed from the ponds for rocket engine test stand cooling, used repeatedly by rocket engine test stand personnel. They contaminated themselves, the ground and surface water, the soil and the air.

Number two, the soil from this pit -- of, sorry, and it concerns SSFL's Burro Flats Burrow (sic) Pit, Area IV. The soil from this pit was radiologically contaminated, it was later discovered. Soil from this pit was routinely removed and transported site-wide for use at the rocket engine stands whenever extra soil was required.

Number three, Area I burn pit. Facility records detail waste which originated in Area IV's Hot Lab being transported across SSFL for disposal at the Area I burn pit through means which included combustion, ignition, oxidation

or dumping. Located approximately 1,000 feet from several rocket engine test stands, personnel were exposed to burning radiological debris on a regular basis, as this environmental crime continued for decades. To date the DOE has not provided a radiological survey of any area other than Area IV. Number four, significant release of radionuclides to the environment. There were three significant nuclear incidents on record from 1959 to 1969, as well as numerous uranium fires involving the Hot Lab. Sodium Reactor Equipment (sic), 1959, estimated to be over 200 times worse than Three Mile Island; SNAP8ER, 1964, lost fuel; SNAP8DR, 1969, lost fuel. Each incident resulted in the intentional venting of radiation to the environment. Area IV can be clearly seen from the rocket engine test stands at Area II. The general safety rule regarding radiation is that if you can see it, you can breathe it. Rocket engine test stand employees were exposed when radiation was released to the environment. The Santa Ana winds, often reaching upwards of 50 miles per hour through the canyons at SSFL, are a major

concern with respect to this issue, as well as other waste generated by DOE at Area IV which resulted in steam in the sodium pond, which is documented by numerous employees as raining black rain onto test stand personnel.

Number five, DOE contractors and subcontractors at Area IV had vested interests in all areas of SSFL. This set the stage for employee rotation, which was common and undocumented. Rocket engine test stand personnel routinely worked in Area IV, as well as all other areas of SSFL, without dosimetry badges or job descriptions that were indicative of this type of flexibility. This prohibits exposure from being adequately assessed due to job description and documented job location. This, coupled with the destruction of work records, as well as the important facts above, necessitates the immediate inclusion of all SSFL employees under the Act at once.

Number six, debris field discovered off site August of 2008. Just three weeks ago yet another 40,000 cubic foot debris field of DOE's waste was discovered at Sage Ranch State Park bordering SSFL. This waste is currently being

tested for radiological and chemical contamination, verifying once again that DOE activity impacted the entire facility and extended into off-site areas.

Number seven, ETEC, which is Energy Technology Engineering Center, SABER, which is Steam Accumulation Blowdown Evaluation Rig, Hot Fuel Storage Building and storage of strontium-90 at Area I are documented DOE activities at SSFL.

Number eight, Environmental Survey Preliminary Report of DOE activities at SSFL details the storage of DOE hazardous waste at Area II, in drums, on unpaved surfaces, et cetera.

Heroes of the space race who worked at SSFL are currently languishing without compensable recourse, and it is clear that they were exposed to DOE activities and contamination in the line of duty.

And the rest of the letter is her documentation of the reports. Thank you.

DR. ZIEMER: Thank you very much. On our sign-up list here at the meeting we had no other individuals sign up for this evening, but let me ask if there are any here in this room who do wish to make public comment this evening.

(No responses)

Okay, I will now then turn to the phone lines and ask if there is anyone on the phone lines that wishes to make public comment.

UNIDENTIFIED: Yes, hello?

DR. ZIEMER: Please identify yourself and then proceed.

MR. PETERSON: My name is Carl Peterson. I am the husband of a claimant, [Personal Identifier redacted].

DR. ZIEMER: Thank you.

MR. PETERSON: Let me excuse myself in the beginning. We just found out about the meeting this morning. We were able to download the workshop. This is in reference to Chapman Valve.

DR. ZIEMER: Okay. Thank you. Go ahead.

MR. PETERSON: I'd like to address the Board -- you know, I've just put together some notes so they will be sporadic, so please excuse me. I'd like to start by just talking about the previous speaker, because I think one of the issues at Chapman Valve is it appears that information that is speculative and prepared by a contractor who has a vested interest in not

having any problems at the site winds up preparing the reports and the panel seems to weigh heavily in their favor. And I think one -- one of -- two issues, one is I think it was talked about a number of times in the workshop how Department of Defense and Department of Energy did not keep the best of records, did not always say what was and what was not at the sites. You know, another item that I would certainly like to talk about is H. K. Ferguson's report, which is talked about quite a lot. But you know, I think the whole intent for this is to give the families the benefit of the doubt.

I am a registered architect and engineer, and as such we have what's called peer review, which I know as -- as scientists and doctors on the Board, you also have this. Here we have an incident where we have a contractor doing their own review and writing a report of their own work, and we're taking that, quite frankly, as the Bible. We -- we have no independent information as to what happened at that site and what didn't happen at that site. And -- and I don't think that information should be

weighed as heavily as factual information, one of the things being the discovery of the enriched uranium in the so-called loading dock area.

Now granted, I -- I do not have professional expertise in uranium, the storage of or movement of, but I think as a layman I have a basic understanding. And as the previous speaker spoke, if it's in the area and you could see it, you could breathe it, or -- or be exposed to it. So I -- I think the Board limiting themselves to say well, it was just in a little area at the loading dock is not -- is not operational. If you're going to take Ferguson's report as the Bible and say everything in that is perfect, then I -- I think the only factual piece of information is you know that the uranium was there.

Now again, you say well, it could be there from the Navy, it could be there from the Nautilus program, it could be there from the Department of Defense, but we don't know that. Again, I -- I'd like to emphasize the benefit of the doubt. It was there. I mean we've -- so far we've spent as much time as -- or more time

than World War II (unintelligible) 60 years later, some information. Now the information might not have been there originally. They might have kept that information secret or just not documented that information, but we know it was there. We know -- I mean I would assume you have to know it as scientists, but having -- having that particular material in the loading dock area does not limit it to the loading dock area unless maybe it was lead shields. I would tend to doubt that. But -- so it seems to me as we go along and -- and I'm very disconcerted that -- that it's a tie vote and everyone knows that -- and we've listened to you talk earlier today -- that that's a death knell for the program 'cause that was stated in the meeting earlier today, NIOSH is not going to do anything more if you submit to the Secretary a tie vote. And -- and I put forward to you -- I have a number of pages of -- of (unintelligible) I've gone over here in terms of a lot of your members bringing up these own questions about documentation of records, you know, not being able to find records, which doesn't surprise me. It's 60

years later.
But -- but isn't the whole thought of this process that families should be given the benefit of the doubt? If we know something does exist, does it really matter now when -- if you -- if you can't find a document that said when it existed, then you have to go on the premise that it was there. I mean if you're using the Ferguson report, then you -- you have to use the contrary information that you have as scientists.
You know, the Chapman Valve families have been sitting here now for years and years and years and -- and I know -- I know you have a lot of projects to consider, but this one is as important to these families as the other families on the other sites. And it just appears to me that over and over again the word is it could be something else. Well, I don't really think that's good enough. You know, unless you have documentation that it is something else, then I don't think you could use that as a variable to just say we're going to pass this on and we can't make a decision.
I -- I would think in -- in good conscience you

-- you should allow this process to continue. If you're a tie vote, then just based on that alone you should give the benefit of the doubt to these families and let the process continue, not just let it die here tonight, because there are unanswered questions and -- and we can't -- you should not -- you should not be able to live on speculation and comfort yourself that well, it could have been something else. It's just not good enough. I mean I -- I think these families have been hung out there too long. If you are in fact a tie vote, then someone should step up and just say we should recommend to the Secretary -- because there's enough of us, there are enough of us that say this should continue and -- you know, I -- I could go on and on, but -- but I think that gives you the gist of -- of what I'm saying. There's more documentation. If I had more time, you know, I would write it down. You know, I just -- one of the things in the Folle* report (unintelligible) unlikely but not out of the realm of possibility that something more happened. I -- I guess the big question here is there was something that happened there, but

none of us know how it got there or when it left there or how much stayed there. And just that alone should -- should force you to tell that Secretary this should continue. And I guess -- I guess that's my point right now. I mean I would really wish that the panel would -- would go back and -- and -- and think about this, not just use facts. I mean one of the clear things in my mind is when I have a contractor and I'm building a building, I don't have him test the concrete and steel. It's just not done and -- and we also all know documentation, because of the secrecy of all these programs and such, it probably does not exist and never will. So again, I just reiterate, you know, if you have a split vote, why should that not go in the favor of the families. I just don't understand. And I -- I thank you very much for -- for the -- listening to me.

DR. ZIEMER: Okay, thank you very much for your comments.

Let me ask now if there are others on the line that wish to make comments this evening.

MR. FUNKE: Yes, Dr. Zimmer (sic).

DR. ZIEMER: Yes.

MR. FUNKE: This is John Funke. I've got a couple items I missed out the other day and I'd like to bring them to the Board's attention.

DR. ZIEMER: Okay, that's fine, John. Please proceed.

MR. FUNKE: Okay, I don't know, I -- I missed part of your discussions, but I don't know whether the subject of Area 51 has been brought up. As we know by now, the government has finally admitted that Area 51 did indeed exist, and it was a DO (sic) covered facility. And now this is going to expand the site profile considerably and it's going to create a lot more problems related to the site profile, and I was just wondering if the Board has taken that into consideration.

And there's one other problem because of Area 51 and also existing problem on the Test Site, we have another problem with certain types of employees. As you're aware, there were Defense Nuclear Agency people working on Nevada Test Site during the testing, representing the various departments of -- of Defense -- I mean the -- the Pentagon. There was Air Force, Army

Navy, Marines, just about all of them were represented in this Defense Nuclear Agency. So these people worked right elbow to elbow with me, with the rest of them. However, because their badges are another color, DoD, they are not allowed to participate in this program. And I understand there was a considerable amount of lobbying went on by the Department of Defense to have these people, you know, left out of the process. However, I don't think this was right and I -- I know the Board may not -- it may be out of your realm to do anything about this, but you might consider some discussions on it or maybe finding out from DOL what can be done about it, but these people are being -- falling through the cracks, so to speak, because they -- because it's a Department of Energy program, and they are Department of Defense workers, they're not included. However, they were -- some of them were subject to more exposure than we were. And this also covers Area 51. We had four contractors over there that were captive contractors. We had REECo Systems, which was REECo. We had Holmes and Narver, we had

Wackenhut Guard Service, and we had EG&G Special Projects. And of these three contractors, one of them wore a DoD badge and that was EG&G Special Projects. These -- they can't -- not get covered under the Department of Defense programs because they were civilian employees. Some of these people were injured out there and could not even file state industrial insurance claims because Area 51 didn't exist, therefore they couldn't prove their case before the state industrial insurance system. Now we're going into this process of who gets covered where, it seems that EG&G Special Projects has been dropped off once again, and there was quite a few people that worked for EG&G Special Projects and they were supportive of REECo and the other captive contractors, and they were indeed a captive contractor as well. So this also needs to be looked into to see if we could possibly get these people covered.

Now see, there was one other thing there. On the -- on the rocket test stands the lady talked about, there was a -- as you were aware, NRDS area of Nevada Test Site carried on tests

from atomic rockets which use liquid hydrogen as a fuel. And she was absolutely correct, when these things did run, they did put off quite amount of water into the atmosphere, and it was visible. I have photographs that shows that, so that -- whatever supporting that -- to her claim, I would go ahead and like you to pass that on, any information I provide. I do have one book that explains how that takes place and how that does happen.

Other than that, that's pretty much it. Thank you very much for the time.

DR. ZIEMER: Okay, thank you, John, for your comments and your points are so noted.

Are there others on the line that wish to speak?

MR. PETERSON: Yes, Mr. Chairman, this is Mr. Peterson again. I just have a question for you.

DR. ZIEMER: Yes.

MR. PETERSON: You -- you had mentioned earlier today that you were continuing and talking about Chapman Valve tomorrow?

DR. ZIEMER: Yes, we do have that on the agenda tomorrow again in the morning. I -- I don't --

MR. PETERSON: (Unintelligible)

DR. ZIEMER: Let me check the time here, just looking at --

It's one of the early things in the morning, so shortly after 8:30 that will come up again.

MR. PETERSON: Okay.

DR. ZIEMER: So you're welcome to be listening in again for those comments --

MR. PETERSON: Yes.

DR. ZIEMER: -- and discussion. Right.

MR. PETERSON: Thank you very much.

DR. BRANCHE: 8:30 local time.

DR. ZIEMER: What time?

DR. BRANCHE: 8:30 local time.

DR. ZIEMER: 8:30 local time here.

MR. PETERSON: Oh, okay, I realize that.

DR. ZIEMER: Right. Middle of the day there, probably. Right? Okay. Thank you.

Other comments?

(No responses)

Okay, let me give one more opportunity here locally. Anyone here in the room that wishes to comment?

(No responses)

If not, let me thank you all for your

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.)

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.

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October 17, 2008

Paul L. Ziemer, Ph.D.
Chair, Advisory Board on Radiation and Worker Health