

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

convenes the

TWENTY-SECOND MEETING

ADVISORY BOARD ON  
RADIATION AND WORKER HEALTH

TELECONFERENCE

The verbatim transcript of the Meeting of the  
Advisory Board on Radiation and Worker Health held  
telephonically on March 11, 2004.

C O N T E N T S

March 11, 2004

ROLL CALL  
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## TRANSCRIPT LEGEND

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In the following transcript "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

In the following transcript "\*" denotes a spelling based on phonetics, without reference available.

In the following transcript (inaudible) signifies speaker failure, usually failure to use a microphone.

P A R T I C I P A N T S

(By Group, in Alphabetical Order)

BOARD MEMBERS

CHAIR

ZIEMER, Paul L., Ph.D.  
Professor Emeritus  
School of Health Sciences  
Purdue University  
Lafayette, Indiana

EXECUTIVE SECRETARY

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Director, Office of Compensation Analysis and Support  
National Institute for Occupational Safety and Health  
Centers for Disease Control and Prevention  
Cincinnati, Ohio

MEMBERSHIP

ANDERSON, Henry A., M.D.  
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Occupational and Environmental Health  
Wisconsin Division of Public Health  
Madison, Wisconsin

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Group Leader  
Radiation Protection Services Group  
Los Alamos National Laboratory  
Los Alamos, New Mexico

GIBSON, Michael H.  
President  
Paper, Allied-Industrial, Chemical, and Energy Union  
Local 5-4200  
Miamisburg, Ohio

GRIFFON, Mark A.  
President  
Creative Pollution Solutions, Inc.  
Salem, New Hampshire

MELIUS, James Malcom, M.D., Ph.D.  
Director  
New York State Laborers' Health and Safety Trust Fund  
Albany, New York

MUNN, Wanda I.  
Senior Nuclear Engineer (Retired)  
Richland, Washington

OWENS, Charles Leon  
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Paper, Allied-Industrial, Chemical, and Energy Union  
Local 5-550  
Paducah, Kentucky

PRESLEY, Robert W.  
Special Projects Engineer  
BWXT Y12 National Security Complex  
Clinton, Tennessee

ROESSLER, Genevieve S., Ph.D.  
Professor Emeritus  
University of Florida  
Elysian, Minnesota

#### STAFF/VENDORS

CORI HOMER, Committee Management Specialist, NIOSH  
STEVEN RAY GREEN, Certified Merit Court Reporter

#### PUBLIC PARTICIPANTS/FEDERAL EMPLOYEES/CONTRACTORS

BEILING, HANS  
BERRY, TERRY  
DIMUZIO, MARTHA  
DOMINGUEZ, SYLVIA  
FITZGERALD, JOE  
HENSHAW, RUSS  
JOSEPH, DR. TIMOTHY  
KATZ, TED  
KOTSCH, JEFF  
LAWSON, HOWARD  
MAURO, DR. JOHN  
MILLER, RICHARD  
NAIMON, DAVID  
NETON, DR. JIM

ROSA, JOHNNIE  
TOOHEY, DICK

P R O C E E D I N G S

1:00 p.m.

**ROLL CALL**

**DR. ZIEMER:** Let's go ahead and what we'll do is we'll take an official roll call of the Board, then I'd like to have Federal agency officials formally identify themselves for the reporter, then any contractor employees identify themselves, and then other members of the public.

**MS. HOMER:** Okay.

**DR. ZIEMER:** So let's begin with an official roster call of the Board members again. Ziemer's here.

**MS. HOMER:** Yes, Dr. Ziemer. Dr. Anderson?

(No response)

**DR. ZIEMER:** Not here, okay.

**MS. HOMER:** Dr. Andrade?

**DR. ANDRADE:** Here.

**MS. HOMER:** Rich Espinosa?

(No response)

**MS. HOMER:** Michael Gibson?

**MR. GIBSON:** Here.

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1 MS. HOMER: Mark Griffon?  
2 MR. GRIFFON: Here.  
3 MS. HOMER: Dr. Melius?  
4 DR. MELIUS: Here.  
5 MS. HOMER: Wanda Munn?  
6 MS. MUNN: Here.  
7 MS. HOMER: Leon Owens?  
8 MR. OWENS: Here.  
9 DR. ZIEMER: Okay, Leon's aboard now. Thanks.  
10 MS. HOMER: Okay, good. Robert Presley?  
11 MR. PRESLEY: Here.  
12 MS. HOMER: And Genevieve Roessler?  
13 DR. ROESSLER: Here.  
14 MS. HOMER: We do have a quorum.  
15 DR. ZIEMER: Okay, we have a quorum. The only ones  
16 missing at the moment are Rich Espinosa --  
17 MS. HOMER: Uh-huh.  
18 DR. ZIEMER: -- and Henry Anderson.  
19 MS. HOMER: Right.  
20 DR. ZIEMER: Now let's have identifica-- and of course  
21 Larry Elliott, the Executive Secretary, is aboard.  
22 Other Federal agency staff people on the call?



1 DR. MAURO: Yes, this is John Mauro.  
2 DR. ZIEMER: Okay John, welcome.  
3 MR. BEILING: Hans Beiling, SC&A.  
4 MR. FITZGERALD: Joe Fitzgerald, SC&A.  
5 DR. ZIEMER: Okay, Joe. Any others from the other  
6 contractors?  
7 DR. TOOHEY: Dick Toohey, ORAU.  
8 DR. ZIEMER: Okay, Dick Toohey. Anyone else from ORAU,  
9 Dick, aboard?  
10 DR. TOOHEY: I don't think so.  
11 DR. ZIEMER: Apparently not, okay. Let's ask for  
12 members of the public to identify themselves then.  
13 MS. ROSA: This is Johnnie Rosa.  
14 DR. ZIEMER: And if the Court Reporter needs to have  
15 you spell the name, well, so indicate.  
16 Anyone else?  
17 MS. BERRY: This is Terry Berry.  
18 DR. ZIEMER: Terry Berry, thank you. Any others?  
19 MR. MILLER: Richard Miller.  
20 DR. ZIEMER: Richard Miller. Thank you.  
21 MR. LAWSON: Howard Lawson, Atomic Trades & Labor  
22 Council, health and safety representative at Oak Ridge

1 Y-12 plant.

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

3 (No responses)

4 **REVIEW OF THE DRAFT SITE PROFILE REVIEW PROCEDURES**

5 **SUBMITTED TO THE BOARD BY THE CONTRACTOR, SC&A**

6 **DR. ZIEMER:** Okay. If others come aboard we should  
7 hear a signal and we can have folks identify themselves  
8 at that point. So let me officially call to order this  
9 telephone conference call of the Advisory Board on  
10 Radiation and Worker Health. The agenda was  
11 distributed and is on the web site. And we have just  
12 one item on the agenda today and that item is the  
13 review of the draft site profile review procedures that  
14 have been submitted to the Board by the contractor,  
15 SC&A.

16 Let me make a couple of preliminary remarks, in terms  
17 of the task before us today, and then we will proceed  
18 from that point. Let me remind the Board that the  
19 deliverable for task one -- and I'm using the current  
20 task numbers. Task one originally was called task two.

21 This confuses things, but it was the first one  
22 awarded, so the deliverable for task one was a draft

1 site profile review procedure. That deliverable was  
2 due 30 days after the awarding of that task order, and  
3 that is the item that has been received from SC&A and  
4 which was distributed several days ago to the Board  
5 members for their review.

6 So SC&A has provided us with the draft of their  
7 procedures for conducting site profile reviews. You  
8 recall the Board asked for this deliverable in order  
9 to, in a sense, establish some sort of agreed-upon  
10 approach for conducting the reviews of the site  
11 profiles. And as I see it, in terms of our task today,  
12 we need to provide feedback to our contractor, SC&A, as  
13 to the acceptability of these review procedures.

14 And there can be one of several outcomes that can  
15 result today. One would be to accept this draft  
16 procedure document as provided and instruct the  
17 contractor to proceed with the reviews. We could  
18 accept this document with minor modifications and  
19 instruct the contractor to proceed. Or another  
20 alternative, I suppose you might call it, is that there  
21 could be major modifications needed, in which case we  
22 might instruct the contractor to make such revisions

1 and then return to the Board with an amended procedure.

2 So that seems to me to be what our options are today,  
3 to establish some sort of position on the acceptability  
4 of these procedures in order that the contractor might  
5 proceed.

6 What I'm going to propose in terms of process is the  
7 following. We have in the document on page 2 a sort of  
8 summary of the objectives of the review and like to ask  
9 -- I'd like to ask the Board members to look at those  
10 overall objectives as stated by the contractor and  
11 determine acceptability.

12 Then on page 3 you'll see procedural approaches, which  
13 is kind of an overall approach. Again I'd like to have  
14 us look at that and make a determination of general  
15 acceptability of the approach.

16 You will see on page 5, which is section 4.1 to 4.3, a  
17 very brief statement of the roles, responsibilities and  
18 deliverables. I think those are straightforward. We  
19 may want to officially confirm those.

20 And then beginning with section 4.4 we have a very  
21 detailed specification of actual procedures. These are  
22 very detailed. It's clear that not all the items or

1 questions apply to all sites, but this appears to be an  
2 all-encompassing effort to -- by the contractor to make  
3 sure they covered all the bases. And I would hope that  
4 we would be willing to offer the contractor some level  
5 of flexibility on this. That is, if issues or  
6 questions arise that have not been covered or  
7 anticipated here, we certainly might specify that the  
8 contractor should not be precluded from asking other  
9 things that he hasn't thought of at this point.  
10 Likewise, if experience shows that some of the  
11 questions aren't really useful or that the information  
12 is already covered by other portions of the review,  
13 that perhaps he should have the freedom to drop some of  
14 those questions. So I think experience may dictate the  
15 extent to which this is a complete set of questions.  
16 So I think that, if it's agreeable, we would proceed on  
17 the basis that I've just described. And when we get  
18 into the procedures themselves, I certainly take them  
19 as an indication of how the contractor is approaching  
20 various issues and we need to ask, basically, are there  
21 major issues or considerations that the contractor has  
22 failed to include in this review process. That seems

1 to me to be the key question that we need to ask.  
2 Now let me ask for sort of reactions. I've described a  
3 method of proceeding and if you wish to react to that  
4 or propose some alternative approaches to how we handle  
5 the document, that will be fine. Any comments or  
6 suggestions?

7 **DR. NETON:** Dr. Ziemer, this is Jim Neton. I just  
8 wondered, was it your intention not to go over anything  
9 on page 1? I mean you sort of suggested we start with  
10 the objectives, but the introduction --

11 **DR. ZIEMER:** Well, no, it's certainly not my intent to  
12 omit anything, and actually there is an introduction  
13 and if there's issues there -- the objectives also  
14 start on page 1, but we can certainly include anything  
15 in the introduction that appears -- if there's any  
16 flags that appear there, why, that's fine. Yeah, we  
17 certainly will begin there.

18 **DR. NETON:** Okay, thanks.

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

20 **MS. MUNN:** This is Wanda Munn. I am pleased that Dr.  
21 Ziemer mentioned the flexibility that may be necessary  
22 for the contractor. I noted that in several instances

1 great care was taken to cover the potential for needing  
2 to expand this particular, painfully thorough set of  
3 questions, but did not indicate any text where the  
4 potential for reducing the scope process might have  
5 been included. It's my personal feeling that as  
6 experience is expanded in this process, it may very  
7 possibly be reasonable for the scope to be reduced  
8 considerably. And my personal feeling is that  
9 flexibility needs to be one of the attributes that we  
10 would expect from the contractor.

11 **DR. ZIEMER:** Thank you, Wanda. And -- and this is  
12 Ziemer again. My point there was that I hope we do not  
13 feel that these would necessarily be the only questions  
14 asked -- these and these only, number one. Number two,  
15 that these must be asked in every case, 'cause in some  
16 cases they may not even be appropriate. So there has  
17 to be some level of flexibility, I would think.

18 **DR. ANDERSON:** This is Andy, just to let you know I  
19 just got on.

20 **DR. ZIEMER:** Thank you, Andy. We had just talked about  
21 how we would proceed to review the document.

22 **DR. ANDERSON:** Okay.



1 physical forms of the radionuclides -- it talks about  
2 things that are in the site profiles.

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

4 **DR. NETON:** It specifically mentions that incidents and  
5 accidents are included in these documents, and they are  
6 not. They're not specifically targeted for inclusion  
7 in the site profiles, so -- I don't know that that  
8 should be in there. I'm not trying to set a value  
9 judgment whether they should or should not, but it's  
10 stating that we have put them in there, and they are  
11 not.

12 **DR. ZIEMER:** Okay. Well, I'll simply ask John Monroe  
13 (sic) to make a note of that and recognize that that  
14 information is not in the profile itself. Is that  
15 correct?

16 **DR. NETON:** Right.

17 **DR. ZIEMER:** But what is being done with such  
18 information -- let's take the criticality accident at  
19 Y-12. Where does that appear in the record?

20 **DR. NETON:** Right, that would be in the individual dose  
21 reconstruction itself as a full, comprehensive report  
22 on that. And so those are -- those are covered

1 separately under separate documents when there are --

2 **DR. ZIEMER:** Okay, but a description of the incident,  
3 where does that show up then? As a separate document?

4 **DR. NETON:** As a separate document that would be  
5 included in the -- in the analysis record for the  
6 individual cases.

7 **DR. ZIEMER:** Uh-huh. So the Board may, as part of the  
8 site profile review, nonetheless want the contractor to  
9 review associated documents which may bear on things.

10 **DR. NETON:** Correct, but they are not formally  
11 considered part of the site profile.

12 **DR. ZIEMER:** Okay, understood.

13 **DR. NETON:** And then in the second paragraph, just a  
14 point of clarification, it's -- the first sentence says  
15 that Sanford Cohen will evaluate the approach taken by  
16 NIOSH to gauge the adequacy, completeness and validity  
17 of the information used to determine individual  
18 eligibility for compensation. We don't do that, of  
19 course. We actually perform dose reconstructions the  
20 Department of Labor could use to determine eligibility  
21 for compensation. So I think --

22 **DR. ZIEMER:** Yeah, the technical difference there, and

1 probably just for accuracy -- John Monroe (sic) make a  
2 note of that, that NIOSH doesn't determine the  
3 eligibility for the compensation, but they do the dose  
4 reconstruction.

5 **DR. NETON:** That's all I had, Dr. Ziemer.

6 **DR. ZIEMER:** Thank you. Well, with those  
7 clarifications, if we could go on to the objectives,  
8 and basically there are five of them. They are on page  
9 2. They are: completeness of data sources, technical  
10 accuracy, adequacy of data, consistency among site  
11 profiles, and regulatory compliance. And again, these  
12 are intended I think to be sort of over-arching. They  
13 are not spelled out in detail here, but are at this  
14 point of the document sort of conceptual objectives.  
15 Are there -- let me ask if there's any concerns about  
16 those objectives? Are there other objectives that  
17 should be included?

18 (No responses)

19 **DR. ZIEMER:** I hear no response. Do I take that as  
20 passive agreement that the objectives are suitable?

21 **UNIDENTIFIED:** Does that allow a lay person to  
22 interject here?

1           **DR. ZIEMER:** Actually we will permit later a chance for  
2 members of the public. The deliberations here are  
3 restricted to the Board --

4           **UNIDENTIFIED:** Okay. Okay, that's fine.

5           **DR. ZIEMER:** -- and its immediate consultants.

6           **UNIDENTIFIED:** Okay.

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

8           **MS. MUNN:** This is Wanda Munn. I had only one mild  
9 concern when I was reading these objectives. And I'm  
10 not sure how I would suggest any change that might be  
11 in order, if there even is one. But objective four,  
12 consistency among site profiles, bothered me just a  
13 little bit as I was reading it because I understand the  
14 intent here, but because of the wide variation among  
15 activities that occurred at varying sites, there was  
16 some question in my mind whether the concept of  
17 consistency of the site profiles themselves was really  
18 the goal.

19           **DR. ZIEMER:** Let me respond to that in part and then we  
20 can perhaps get some other comments on that. One of  
21 the important things here is insofar as there are  
22 common elements to be looked at at the sites, I think

1 they were talking about consistency from site to site  
2 where there are commonalities. Those might be -- and  
3 maybe John Monroe (sic), if you could clarify what the  
4 thinking of SC&A was in terms of that wording, but this  
5 had to do with -- for example, whether or not if there  
6 were inconsistencies in the way that say a urine  
7 analysis is done from site to site or something like  
8 that. Is that what we're talking about?

9 **DR. MAURO:** Yes, this is John. Our inten-- intention  
10 was -- as you may recall from our contract, that is we  
11 are operating on two levels. One is the individual  
12 site profiles, but at the end there is this aggregate.

13 If you recall, part of scope of the review process is  
14 a more over-arching review to see if there -- our  
15 expectation is there might be differing groups of  
16 people preparing site profiles, different technical  
17 groups working with NIOSH, and we were concerned and  
18 the reason for these words is that there is parity --  
19 parity on one level that is -- that is the level of  
20 detail. If we're talking about bioassay, the level of  
21 detail, the kinds of information provided and the  
22 degree to which that information is addressed, whether

1           it's internal dosimetry, information regarding the type  
2           of dosimetry or bioassay, that there is a suitable  
3           level playing field that is -- so that each dose  
4           reconstructor, as he utilizes the site profile record -  
5           - site profile information, that whether it's being  
6           done for someone that worked at Hanford versus someone  
7           that worked at Savannah River, the same kinds of level  
8           of detail are present if -- where -- where they should  
9           be. Certainly we recognize that different -- if such  
10          information is available. Certainly we realize that  
11          there may be large differences in the nature of the  
12          operations that of course cannot be captured and be  
13          equivalencies. But there are the areas where there  
14          should be equivalencies, and I think that was our  
15          intention.

16         **DR. ZIEMER:** So this has to do with consistency with  
17          the type and level and depth of information gathered by  
18          one team versus another that does the dose  
19          reconstructions.

20         **MS. MUNN:** I thought that was the intent and was  
21          somewhat reassured by the final phrase in that  
22          paragraph, but just wanted to touch on that as being an

1 issue.

2 **DR. ZIEMER:** Okay. Any other comments on that -- on  
3 the objectives?

4 (No responses)

5 **DR. ZIEMER:** Can we take it by consent then that  
6 there's agreement that the objectives are suitable and  
7 appropriate? Any objection, without a formal vote?

8 **MS. MUNN:** None here.

9 **DR. ZIEMER:** Okay. Unless I hear objections, we will  
10 proceed.

11 (No responses)

12 **DR. ZIEMER:** Next, the procedural approach, which is  
13 outlined mainly on page 3 and the top of page 4, which  
14 -- and there's a threefold approach described, which is  
15 the so-called horizontal review, the vertical probe in  
16 depth on certain items, and then the review of worst  
17 case estimates. Let me ask if there are any -- and  
18 again, this is a general description of procedures.  
19 These are not the procedures, but a description of an  
20 approach. Let me ask if there are any concerns or  
21 comments on this section?

22 **DR. ROESSLER:** This is Gen. I have one question, I

1 guess, and it has to do with the first bullet thing on  
2 page 3, the interviews with NIOSH, ORAU and so on.  
3 This also comes up on page 7 where they talk about  
4 interviewing site profile authors. I think this is  
5 valid, but I'm wondering to what extent that they plan  
6 to do this. I'm thinking about the time that might be  
7 involved and the -- I'm just -- just wondering how  
8 extensive that the plan is to do these interviews.

9 **DR. ZIEMER:** Let me ask -- we had some discussions on  
10 these before. The process would require a request from  
11 the contractor to NIOSH. And that, incidentally, would  
12 come through me now, the way we've set it up. I would  
13 pass the request along. But they would request to  
14 interview certain people relative to certain profiles.  
15 John, I don't -- John Monroe (sic), I don't know if  
16 you've established the extent to which this sampling of  
17 -- in terms of numbers of people and so on. You  
18 haven't gotten that far, I don't think, have you?

19 **DR. MAURO:** No, not at all. The intent here was that -  
20 -

21 **DR. ZIEMER:** You're not suggesting that you're going to  
22 interview every person who worked on a site profile.

1           **DR. MAURO:** As indicated right in the opening -- right  
2           on that page where it starts, procedural approach,  
3           you'll notice the italicized "as deemed appropriate" in  
4           that first sentence.

5           **DR. ZIEMER:** Right.

6           **DR. MAURO:** What we're saying here is our expectation  
7           is that certain of the site profiles may very well have  
8           drawn upon information gathered from interviews, so  
9           when that has been done and when it becomes an  
10          important factor in filling out the story that's being  
11          told regarding a given site, we will certainly -- that  
12          will be part of our review. And the depth to which we  
13          make our review of that particular issue will very much  
14          be a judgmental call, that will be documented, as to  
15          the need to go into depth because if it becomes a  
16          critical factor in terms of understanding the nature of  
17          the setting of exposure and affects possibly the  
18          outcome eventually of a dose reconstruction, then we  
19          will be going into quite a bit of depth. So this is  
20          going to be very much a living process, and what we --  
21          and as the review unfolds before us and we move into  
22          these realms, we certainly expect to be interacting

1 very closely with the Board regarding such observations  
2 and where they're taking us. We're going to let the  
3 site profile review process unfold before us as a  
4 living process and an interactive, iterative process  
5 where we probe as appropriate. And if something does  
6 expand, whether we're talking about something related  
7 to internal dosimetry or information obtained related  
8 to interviews that make up part of the site profile, we  
9 will probe as we deem appropriate, but in collaboration  
10 with the Board.

11 **DR. ROESSLER:** Paul, I think one thing I had forgotten  
12 on this is that the decision was made for their request  
13 to go through you, and I think with that provision in  
14 it, I would not have any reservations about it.

15 **DR. ZIEMER:** Yeah. I just might mention just as a  
16 sidelight operationally because John's group already,  
17 as they got underway on these first two tasks, had need  
18 for some information. And so I had a -- Larry and I  
19 talked about this and decided that it would be best if  
20 we insulated our contractor from direct interaction  
21 with Jim Neton and the staff at NIOSH or from ORAU.  
22 And the insulation would be that if John needs

1 something, he lets me know; I go back and pass that  
2 along to Larry and Jim and request that such  
3 information -- data, whatever it may be -- be  
4 transmitted back to our contractor.

5 **DR. ROESSLER:** Okay. I -- yeah.

6 **DR. ZIEMER:** That provides a level of insulation so  
7 that John Monroe (sic), for example, and Jim Neton  
8 aren't going -- interacting directly without anybody's  
9 knowledge, either in the NIOSH side or in the Board's  
10 side.

11 **DR. ROESSLER:** Okay. I remembered now. I think it  
12 didn't hurt, though, to reconfirm that because I think  
13 that is an important issue.

14 **DR. ZIEMER:** Right. So that's how we will operate I  
15 think on an ongoing basis, unless need changes in some  
16 way and we need to re-evaluate it.

17 **DR. ROESSLER:** Okay.

18 **DR. ZIEMER:** Okay. Other questions on the procedure --  
19 procedural approach?

20 **MR. GRIFFON:** Yeah, Paul, this is Mark Griffon.

21 **DR. ZIEMER:** Mark.

22 **MR. GRIFFON:** Yeah, just one thing. In looking at the

1 -- under 3.0, the third bullet, review of worst-case  
2 dose estimates. I think in the overall look at the  
3 site profiles I think we also want them to review --  
4 I've got a phrase here, review the outline guidance for  
5 general dose estimates. I think that --

6 **DR. ZIEMER:** Not just worst-case?

7 **MR. GRIFFON:** Right, not just worst-case 'cause I think  
8 part of what NIOSH is doing in these site profiles is  
9 they're building a sort of -- in some cases, anyway --  
10 building -- as applicable, I guess we would say, 'cause  
11 in some cases they are building a sort of a template or  
12 guidance for doing individual reconstructions, and  
13 they're not -- it's not just worst-cases.

14 **DR. ZIEMER:** And this is easily remedied, if it's  
15 agreeable to both the Board and to John, by saying  
16 review of worst-case and other dose estimates that  
17 result from the site profiles. That's a kind of a --  
18 an easy way to solve that. Would that be agreeable, do  
19 you think, Mark?

20 **MR. GRIFFON:** I think that's a -- yeah, I think it's a  
21 -- a -- a friendly change, yeah.

22 **DR. ZIEMER:** It's more inclusive than just that -- the

1           worst-case estimates.

2           **MR. GRIFFON:** Right, but it looks at those same kind of  
3 things that are under that in that paragraph. Right,  
4 right.

5           **DR. ZIEMER:** John Monroe (sic) okay on that?

6           **DR. MAURO:** Absolutely.

7           **DR. ZIEMER:** Board members, any other on that or other  
8 items on procedural approach?

9                               (No responses)

10          **DR. ZIEMER:** Okay. Can I then again take it by consent  
11 that we're in agreement that the procedural approach,  
12 with that slight modification, is acceptable?

13                               (No responses)

14          **DR. ZIEMER:** And let's look at roles, responsibilities  
15 and deliverables -- 4.1 is the role of the Board. This  
16 -- this is -- I think our contractor here is  
17 reiterating what we said we're going to do. I don't  
18 see any problem there. We're going to select the site  
19 profiles and we're going to select the -- well, in this  
20 case only the site profiles are being discussed, so we  
21 select them and review progress.

22          SCA is telling what they'll do and what the

1 deliverables are, which are spelled out in the task  
2 order, in any event.

3 The role of NIOSH -- I believe John is describing what  
4 he thinks NIOSH is supposed to do and not what he's  
5 mandating that they do.

6 **DR. MAURO:** Of course.

7 **DR. ZIEMER:** Larry and Jim, are those statements okay  
8 for 4.3?

9 **DR. NETON:** They're okay with me.

10 **MR. ELLIOTT:** Yes, we're okay with them.

11 **DR. ZIEMER:** Any questions on roles, responsibilities  
12 and deliverables?

13 (No responses)

14 **DR. ZIEMER:** If not, we'll again take it by consent  
15 that those are appropriate and acceptable.

16 (No responses)

17 **DR. ZIEMER:** Now we come to the heart of the document,  
18 the procedures.

19 First of all, there's a schematic on page 5 which gives  
20 the overall sort of flow of the review process. You  
21 will note that each of the boxes there has a  
22 designation, A, B, C1, C2 and 3 and the D's and E's and

1 up through H. Those different blocks are spelled out  
2 in the following text in great detail in each case.  
3 And I was pondering exactly how to go through all this.

4 What I sort of finally came up with is the following,  
5 and see how this works.

6 Number one, I don't want us to get into wordsmithing  
7 any of these procedures, per se. What I'd like to do  
8 is see if there are red flags. Are there items that  
9 are of concern, items that you think are missing.

10 Let's overall view these as how the contractor plans to  
11 approach the various issues, whether it be the worker  
12 categories, the types of dosimeters, the missed dose,  
13 the medical exposures, bioassay. And I think what we  
14 should ask are are there major issues or considerations  
15 that our contractor has failed to include in the review  
16 process. And so that's -- at least in my mind, that's  
17 what we have to ask, and then say okay, where are the  
18 red flags in here. Again, I don't want to be  
19 wordsmithing things, but -- so much as identifying  
20 issues, items, red flags. And if that's agreeable,  
21 we'll proceed on that basis. And not necessarily even  
22 go through it section by section, but just take things

1 as people raise issues. Is that agreeable? Any  
2 objection?

3 (No responses)

4 **DR. ZIEMER:** Okay, there don't appear to be any  
5 objections. Let me just start it off and maybe sort of  
6 -- this'll give us some ideas to -- how to proceed. As  
7 an example, on page 23 under bioassay data, there's a  
8 statement here under -- the first procedure under  
9 bioassay data evaluation. It says: Are there bioassay  
10 data available for periods of potential inhalation; if  
11 so, do they look valid. Now --

12 And there's a similar statement on the next page in  
13 item 19, do they look valid. Now there's a case --  
14 again, I don't want to wordsmith, but I don't know what  
15 that means in terms of evaluation, does something look  
16 valid. I might even ask John what that means. But I  
17 think in cases like that, I would rather see statements  
18 where the contractor says something like has NIOSH  
19 established the validity of -- of this data, or  
20 something like that. Or how have they established it,  
21 as opposed to a very subjective statement of does it  
22 look valid. Those kind of things -- and again, one

1           could argue that that's wordsmithing, but that's the  
2           kind -- that -- that jumps out at me when we have  
3           statements like that.

4           On the other hand, it appeared to me that the  
5           document's very comprehensive in covering a vast  
6           variety of aspects of all of the issues that one might  
7           think about. In fact, I thought, you know, if you're  
8           getting a team to sit down and ask what are all the  
9           possible questions you could ask about a site, they  
10          seem to have come up with an awfully big inventory  
11          there.

12         **MR. GRIFFON:** Paul, Mark Griffon.

13         **DR. ZIEMER:** Yeah, Mark.

14         **MR. GRIFFON:** I still don't know -- I agree with the  
15          point you just brought up and -- and the spirit of not  
16          wordsmithing. Mine's kind of similar. I -- there is a  
17          section on missed dose and --

18         **DR. ZIEMER:** Give the page so --

19         **MR. GRIFFON:** Yeah, and I think within it John also --  
20          or whoever developed this also sort of covers an area  
21          which we'd been sort of referring to as unmonitored  
22          dose, and --

1           **DR. ZIEMER:** Are you on page --

2           **MR. GRIFFON:** -- I don't know if it's worth -- yeah,  
3 page 14 into 15. Actually number 12 on page 15 --

4           **DR. ZIEMER:** Uh-huh.

5           **MR. GRIFFON:** -- really is, you know, who were not  
6 monitored. This is unmoni-- what we've been terming  
7 unmonitored dose. And actually this one looks like  
8 internal dose to me, but anyway, that's another aside.

9           I don't know if it's worth, you know, breaking that --  
10 I think as long as they maybe headed that section as  
11 missed dose or unmonitored dose, I think that would  
12 sort of address that, but I think those are two  
13 different things, the way NIOSH has been presenting  
14 them and the way we've been discussing them, so I think  
15 it's important to make sure we distinguish between  
16 those.

17           **DR. ZIEMER:** Yeah. Again, this is something -- John,  
18 you can just make note of that.

19           **DR. MAURO:** Yeah, we're marking up a copy as you folks  
20 speak.

21           **DR. ZIEMER:** While Mark is talking about that, if you  
22 look at 11, 12, 13 there on page 15, those items, for

1 example, as they appear right now -- and they -- I just  
2 picked these out as examples; there's a few places  
3 where this occurs elsewhere, as well -- these questions  
4 are asked, but there's no indication of what you're  
5 going to do with the answers. In other words, once you  
6 get the answer, then -- and I think intuitively we sort  
7 of know what you'll do with it, but you haven't  
8 indicated that some sort of judgment -- once you get  
9 that answer on what assumptions are used for missed  
10 dose and so on, then are these assumptions valid or how  
11 did NIOSH justify them. There's got to be a next  
12 question on many of these that doesn't show up. I  
13 think intuitively that's what you plan to do with them,  
14 but in many cases those don't appear.

15 While we're in the missed dose section, let me raise  
16 another question. One needs to distinguish between  
17 what the site did and what the site profilers did. For  
18 example, did -- on page 14, item 6, it says did the  
19 site use a lognormal distribution to determine missed  
20 dose. Well, maybe more critical is did the profilers  
21 do that. It's not -- in some cases you talk about what  
22 the profilers do and what the site does, and it's not

1 always clear to me which of those things you are  
2 evaluating. Do you mean -- always mean site when you  
3 say "site", or do you in some cases mean site  
4 profilers? Because I think in many cases the missed  
5 dose is the missed dose and it's the profilers who are  
6 having to sort of fill in the blanks and do these  
7 things that you're asking whether the site did them.  
8 You follow what I'm saying?

9 **DR. MAURO:** Yes. Are you directing this to me? This  
10 is John Mauro.

11 **DR. ZIEMER:** Well, I'm laying it out to the Board, but  
12 I think it comes back to SC&A. And if you understand  
13 the distinction, John, that -- there seems to be a lot  
14 of cases where you talk about the site and others where  
15 it's the site reviewer or site profiler. Now I think  
16 ultimately it's always going to come down eventually to  
17 the final site profile, so I'm not -- I'm not overly  
18 concerned -- and again, I don't want to necessarily  
19 wordsmith this again. But in some cases where it looks  
20 like you're asking did the site use a normal  
21 distribution when they've already missed the dose, they  
22 didn't use any distribution. You know what I'm saying?

1           **DR. MAURO:** I understand exactly what you're saying and  
2           there is a need for editing some of these questions so  
3           that they're placed in the proper context, and I agree  
4           with you.

5           **DR. ZIEMER:** And again, I don't regard that as a major  
6           issue right here. I think it's a clarification thing  
7           that is a minor issue. In my mind, it's minor. In  
8           fact -- and so it's an issue of when is it -- when is  
9           it the site and when is it the profiler or the NIOSH or  
10          ORAU person that's -- who's done that.

11          Okay. Well, we've jumped around here -- I've kind of  
12          dominated this, I -- again. Let me shut up and get  
13          some other input here. Other -- red flag issues, any -  
14          - any major omissions or outright concerns about things  
15          that should be changed?

16          **DR. ANDRADE:** Paul, this is Tony.

17          **DR. ZIEMER:** Yeah, Tony.

18          **DR. ANDRADE:** Let me take you all the way back to page  
19          6.

20          **DR. ZIEMER:** Yeah, that's good.

21          **DR. ANDRADE:** And if you look at the paragraph B called  
22          the assignment of site profile reviewers, I guess that

1 was the first uncertainty that struck me in this  
2 procedures document. About the middle of the paragraph  
3 it says "Typical teams" -- and I'm not sure what  
4 "typical" means -- "will consist of two to three health  
5 physicists and operational experts" -- well, who are  
6 the operational experts that are the personnel listed  
7 in the contract -- "led by a designated team leader" --  
8 is that team leader one of the two or three health  
9 physicists? This was just -- just a question that came  
10 to my mind.

11 **DR. ZIEMER:** John Monroe (sic), could you clarify that  
12 for us?

13 **DR. MAURO:** I'm going to pass this over to Joe  
14 Fitzgerald.

15 **DR. ZIEMER:** Okay, Joe?

16 **MR. FITZGERALD:** Yeah, let me answer that. Yeah, team  
17 leader's one of the two -- more than likely two health  
18 physicists, but possibly three if the site's large  
19 enough. And the reference to experts just simply --  
20 there may be some specialized dosimetric issues that  
21 are particular to a site profile that we may have to  
22 draw upon somebody in the SC&A team who may have, you

1 know, the expertise. It wouldn't be a member of the  
2 team. It would be a very intermittent involvement, but  
3 one that would be valuable to make sure we could  
4 evaluate that particular, you know, issue.

5 **DR. ANDRADE:** But again, those people are those --  
6 among those that are specified in the contract?

7 **MR. FITZGERALD:** Yes.

8 **DR. ANDRADE:** Okay. I just needed that clarification.

9 **DR. ZIEMER:** So Tony -- that answers your question,  
10 Tony?

11 **DR. ANDRADE:** Yes, it does.

12 **DR. ZIEMER:** Thank you. Any other items?

13 **MS. MUNN:** This is Wanda.

14 **DR. ZIEMER:** Wanda.

15 **MS. MUNN:** Since we have an awful lot of pages here, I  
16 don't know how far into this we want to go where we're  
17 asking questions here, but when -- Paul, you mentioned  
18 earlier what's going to happen with some of this  
19 information, and I had some of the same questions. For  
20 example, on page 13, item 5 under types of dosimeters,  
21 when the question is asked: Was the absolutely  
22 uncertainty at the 95 percent confidence less than the

1 lower detection of limit and -- lower limit of  
2 detection, and I wrote after it "And if it is, then  
3 what? If it's not, then what?" I'm not sure --

4 **DR. ZIEMER:** And again, I think, in a sense -- and  
5 again, I'll direct this to John and Joe. I think we,  
6 in a sense, understand that these questions don't stand  
7 by themselves and that it's not a matter of having a  
8 list of answers to a list of questions. You're going  
9 to take that information and develop it into an  
10 evaluation of the site, so we understand that.

11 **MS. MUNN:** Yeah.

12 **DR. ZIEMER:** It's just that in some cases you've told  
13 us more specifically what you do with the information.

14 Other cases you just said we're going to ask this  
15 question, but you haven't really said what you do with  
16 the answer. Again, I understand you're going to  
17 evaluate what that means in terms of the overall  
18 context.

19 **MS. MUNN:** Yes, and I'm just commenting --

20 **DR. ZIEMER:** But it's not necessarily spelled out, item  
21 by item, and I'm not even sure at this point that we  
22 would be asking you to -- to come back with all that

1 detail for us. We're -- again, we're only trying to  
2 establish, Board members, today whether or not the  
3 contractor now has a procedure by which they can go  
4 forward with site review -- with the review of the --  
5 of the site profiles. So --

6 **MS. MUNN:** I understand that, and really I'm not asking  
7 for --

8 **DR. ZIEMER:** So again, we're --

9 **MS. MUNN:** -- an answer to that question because --

10 **DR. ZIEMER:** -- I think we're just telling John and Joe  
11 that, even for your own purposes, you may just want to  
12 sharpen those things up. I don't think that -- my  
13 opinion at this point is that doesn't have to be  
14 changed in order for us to make a decision here today.

15 We're just pointing out that there's some fuzziness  
16 here, but also we understand that as you get underway,  
17 you will in fact, out of necessity, be modifying both  
18 how you ask the questions and what you ask, probably,  
19 once you gain experience with actual site profiles.

20 **MS. MUNN:** I also had a comment with respect to what  
21 may be simply a clerical miss, or on the other hand, it  
22 could be a deliberate repetition of the question with

1 the intent to verify the preceding answer; I didn't  
2 know which it was --

3 **DR. ZIEMER:** Where is this one?

4 **MS. MUNN:** -- but they're on page 24 and 25 under  
5 bioassay data. The same question is asked in item 14  
6 as in item 23, I believe.

7 **DR. ZIEMER:** Yeah, I think those are the same and it's  
8 probably just an editing issue, John, right?

9 **DR. MAURO:** Yeah, I'm looking at that right now.  
10 They're identical; that's an editing problem.

11 **MR. GRIFFON:** Good catch.

12 **DR. ZIEMER:** Okay, any other issues? Again, I want to  
13 -- red flag, any major concerns? Most of these things  
14 we've talked about are a little more into the sort of  
15 details, as opposed to red flags.

16 **MR. PRESLEY:** Hey, Paul?

17 **DR. ZIEMER:** Yeah.

18 **MR. PRESLEY:** Bob Presley.

19 **DR. ZIEMER:** Yeah, Bob.

20 **MR. PRESLEY:** On page 7, C.1, interviewing site profile  
21 authors, second line. It's got authors and  
22 contributors responsible for their development. Does

1 this mean that they have the go-ahead to interview  
2 people that have filed?

3 **DR. ZIEMER:** People that have what?

4 **MR. PRESLEY:** People that have filed.

5 **MR. GRIFFON:** No, not claimants. I don't think it's --

6 **DR. ZIEMER:** No, not claimants.

7 **MR. PRESLEY:** Okay.

8 **MR. GRIFFON:** -- that's contributed to a report.

9 **MR. PRESLEY:** I wanted to make sure of that.

10 **DR. ZIEMER:** Yeah.

11 **MR. PRESLEY:** Thank you.

12 **DR. ZIEMER:** Any others?

13 (No responses)

14 **DR. ZIEMER:** The silence suggests to me that, in  
15 general, the Board has found the procedural document to  
16 be acceptable to the level that we could instruct the  
17 contractor to proceed with the review process. If that  
18 is the case, the Chair would entertain a motion to  
19 accept the procedure as submitted, with the  
20 understanding that those minor items that we discussed  
21 would be taken into consideration by the contractor as  
22 they proceed with the process. Does someone wish to

1 make such a motion?

2 **MS. MUNN:** I'd be glad to make that motion. This is  
3 Wanda.

4 **DR. ZIEMER:** Wanda has made that motion. I don't know  
5 what the motion was. Is there a second?

6 **MR. PRESLEY:** This is Bob Presley. I'll second it.

7 **DR. ZIEMER:** The motion basically is to accept the  
8 procedure as provided by the contractor, with the  
9 understanding that the contractor would take into  
10 consideration those minor points that we discussed in  
11 our deliberations here. I probably didn't work that  
12 exactly the same the second time, but that's the  
13 intent, certainly.

14 And now let's discuss that further. Any concerns --

15 **MS. MUNN:** This is Wanda --

16 **DR. ZIEMER:** -- about the motion to -- basically to  
17 approve or to accept the draft procedure and instruct  
18 the contractor to proceed with their review process?

19 **MS. MUNN:** This is Wanda again. There was one other  
20 item that I had marked, which again is one of those  
21 philosophical things. I'm not sure how one approaches  
22 it one way or the other, but on page 32, when we were

1 talking about occupational medical exposure, under item  
2 4, the question is asked: How reliable is the  
3 information obtained on photofluorographic use as to  
4 when, where and how any such items -- exams were  
5 performed. And there was a question in my mind as to  
6 how in the world anyone was going to judge --

7 **DR. ZIEMER:** The reliability?

8 **MS. MUNN:** -- the answer to that question, yes. And  
9 since -- when there's a question in my mind as to how  
10 you do that, I guess the next question was is it  
11 appropriate to even identify that item, unless there --  
12 the authors and the experts may have a better format  
13 for determining that --

14 **DR. ZIEMER:** Yeah, again, I think -- I think we can  
15 probably allow that to proceed for them to use as they  
16 see fit. For example, if they -- I can think of cases  
17 where they go back and they say okay, how many X-rays  
18 were received every year, and if there's not a well-  
19 documented issue -- or record, they may be relying on  
20 people's memory, but -- you know, I can't remember  
21 whether there was two or three a year or something. Is  
22 that what we're talking about here, John, where --

1           **DR. MAURO:** Yes, we are --

2           **DR. ZIEMER:** So that the information is somewhat  
3           questionable, which then affects error bars and so on.

4           **MS. MUNN:** Okay, the question really --

5           **DR. ZIEMER:** Understood, yeah. It's -- it may not be  
6           an easy question to answer.

7           I want to raise one final thing here before us. And  
8           this -- this probably is my only red flag item -- real  
9           red flag item, and that is item -- on page 36, the  
10          issue on chemical data. In fact, I may need help from  
11          NIOSH people.

12          The contractor is proposing as part of this to examine  
13          chemical exposure issues --

14          **MS. MUNN:** Uh-huh.

15          **DR. ZIEMER:** -- which sounds fine on the surface, but -  
16          - and to do this because of the potential eventually of  
17          including cancer risk. The legislation certainly  
18          allows that. But it's not being done. We don't have  
19          risk models to combine cancer and radiological risk,  
20          and it's not likely we will have in the short future.  
21          So I'm wondering if that section's not beyond the scope  
22          here and I'd like some input both from the Board and

1 from perhaps NIOSH.

2 **MR. ELLIOTT:** John -- or Paul, this is Larry Elliott.

3 **DR. ZIEMER:** Yes.

4 **MR. ELLIOTT:** I would speak to this and say that it is  
5 beyond the scope of the task and the contract that's  
6 been awarded.

7 **MS. MUNN:** This is Wanda. I was a little concerned --  
8 I marked it with an "oops" out by the margin to try to  
9 deal with that a little more thoroughly myself.

10 **DR. ZIEMER:** Well, and I think eventually if we reach  
11 the point where those issues can be considered, we  
12 could task it. It's clear that it would be more  
13 efficient to be able to gather the data now for use  
14 later, but since we have no guarantee we'll be using it  
15 later, we probably can't justify expenditure of funds  
16 under this task to do that. So I think that, if it's  
17 agreeable, that we should probably include in the  
18 motion that that paragraph is beyond the scope of the  
19 review process. Is that agreeable to the mover and  
20 seconder?

21 **MR. PRESLEY:** This is Bob Presley. That's agreeable to  
22 me.

1           **DR. ZIEMER:** Wanda, to you?

2           **MS. MUNN:** The only reason I'm hesitating, I agree that  
3 I believe it's outside the scope. I don't have any  
4 real problem personally with including the first  
5 sentence of that statement, but it appears reasonable  
6 to me to then follow it with the statement, such review  
7 is outside the scope of this document.

8           **DR. ZIEMER:** Well, the part that would be the concern  
9 is making an evaluation as to whether the site profile  
10 includes sufficient information about the scope of  
11 chemical carcinogens present.

12           **MS. MUNN:** Right.

13           **DR. ZIEMER:** It's my understanding that NIOSH is not  
14 necessarily even collecting that information, are they?

15           **DR. NETON:** That's correct. This is Jim Neton.

16           **DR. ZIEMER:** Right.

17           **MR. ELLIOTT:** Paul, this is Larry Elliott. The first  
18 sentence here really comes from our regulation.

19           **DR. ZIEMER:** Yeah, that part's not the issue.

20           **MR. ELLIOTT:** It's really -- the problem is in the  
21 following two sentences, I guess, or one sentence -- I  
22 don't know if that's one or --



1 the contractor will take into consideration those  
2 issues that we raised. So all in favor -- well, Cori,  
3 let's take a roll call here. We're on the phone. Just  
4 go down through the list, starting with Andrade.

5 **MS. HOMER:** Okay.

6 **DR. ZIEMER:** Or let's see, Henry came on board, didn't  
7 he?

8 **MS. HOMER:** Henry came in, yes. Henry Anderson?

9 (No response)

10 **MS. HOMER:** We may have lost Henry. Tony Andrade?

11 **DR. ANDRADE:** Accept.

12 **MS. HOMER:** Okay. Rich Espinosa?

13 (No response)

14 **MS. HOMER:** Okay. Michael Gibson?

15 **MR. GIBSON:** Yes.

16 **MS. HOMER:** Mark Griffon?

17 **MR. GRIFFON:** Accept.

18 **MS. HOMER:** Jim Melius?

19 **DR. MELIUS:** Accept.

20 **MS. HOMER:** Wanda Munn?

21 **MS. MUNN:** Accept.

22 **MS. HOMER:** I take that as a yes. Okay. Leon Owens?

1 MR. OWENS: Accept.

2 MS. HOMER: Bob Presley?

3 MR. PRESLEY: Accept.

4 MS. HOMER: Gen Roessler?

5 DR. ROESSLER: Accept.

6 DR. ZIEMER: And the Chair votes yes, also.

7 MS. HOMER: Okay.

8 DR. ZIEMER: There are no abstentions. Then the motion  
9 passes and we're pleased to instruct SCA folks to  
10 proceed.

11 Let me just mention that we don't have on the agenda,  
12 but Board members did receive in their packet task two.

13 Task two simply is provided as a deliverable and you  
14 have it. Okay? It doesn't require any action at this  
15 time.

16 **PUBLIC COMMENT**

17 Now I indicated at the beginning -- was asked whether  
18 anyone -- if members of the public could comment, and  
19 we can open the floor for comments. It's not on the  
20 agenda, but since we have members -- at least some  
21 members of the public requested that, is that lady  
22 still on the line and --

1           **UNIDENTIFIED:** Yes, I am still here.

2           **DR. ZIEMER:** Identify yourself, please, and --

3           **MS. ROSA:** I am Ms. Johnnie Rosa.

4           **DR. ZIEMER:** -- then provide your comments. Uh-huh.

5           **MS. ROSA:** I want to address to --

6           **DR. ZIEMER:** Did you get the -- the recorder get the  
7           name?

8           **MS. HOMER:** Yes, we got it.

9           **DR. ZIEMER:** Could you state your name just once again?

10          **MS. ROSA:** Johnnie, J-o-h-n-n-i-e, last name is Rosa,  
11          R-o-s-a.

12          **DR. ZIEMER:** Okay.

13          **MS. ROSA:** Okay. I want to address on the first  
14          section that you were discussion -- discussing  
15          concerning the dosimeters and the levels, the missed  
16          dose.

17          **DR. ZIEMER:** Uh-huh.

18          **MS. ROSA:** Okay?

19          **DR. ZIEMER:** Yes.

20          **MS. ROSA:** The unmonitored dose.

21          **DR. ZIEMER:** Right.

22          **MS. ROSA:** Under that, NIOSH has a piece of software

1 called IMBA. I have requested, through their  
2 scientist, David Allen, to be able to get into that  
3 IMBA software. This is a privatized piece of software  
4 that a lay person cannot get ahold of. It was  
5 announced to me maybe through a union that we could get  
6 this piece of software, or through an attorney we could  
7 get this piece of software. In the worst case  
8 scenario, and I'm going to go back to the code of 82 --  
9 hold on one minute here -- that NIOSH has -- under  
10 worst case scenario is my concern because many people  
11 are being denied. They are being denied their  
12 compensation due to the fact of this dose level, dose  
13 reconstruction, missed dose and worst case scenario and  
14 we don't have access, and I thought under freedom of  
15 the Information Act we would be able to get ahold of  
16 IMBA, which I am pursuing, so that we could have this  
17 piece of our information that was supposed to be open  
18 to all the public, anything that was established in any  
19 criteria was supposed to be passed down to the public  
20 in meetings -- public meetings and/or documents that we  
21 could get our hands onto, which we have not been able  
22 to on the IMBA software.

1 In your discussion here, these are not minor items,  
2 these are major items and a clarification of an  
3 awardment (sic) to a widow whose husband may have  
4 worked 40 years in a nuclear plant, exposed to  
5 plutonium, every form of plutonium -- gamma, alpha --  
6 on exposure rate of the mortality rate, which I have,  
7 this person was exposed 297 times and this person was  
8 denied. But under the cohort recommendation of  
9 illnesses allowed, this person also was in a denial,  
10 which we're in appeals right now.

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

12 **MS. ROSA:** But these are not minor items that you're  
13 discussing here. These site profilers are determining.  
14 These are lives of people that have worked for years  
15 and years and given 40 years to a nuclear site, come up  
16 with a latent cancer that is produced by a daughter --  
17 a daughter element and then 20 years down the road they  
18 come up with these cancers and then they're being  
19 denied because of a dose level recommendation, because  
20 of a worst case scenario that you say you give the  
21 highest levels there on every area. Well, if that is  
22 so, then many of these people would not be denied.

1 Under the exposures of this one individual who worked  
2 at Savannah River Site for almost -- I think it was  
3 approximately from the opening of it to 1982. This  
4 person died. The widow applied in the compensation  
5 package and of course she received her package the  
6 other day, you are denied. And he was exposed 297  
7 times, acute, to plutonium, to uranium. He was chronic  
8 all the way through on gamma, which is ionizing  
9 radiation which is the tissues, the lungs especially,  
10 which produces cancer. The epidemiology which I have  
11 done has gone all the way back to where it produces  
12 squamous cell. So there is things here that y'all need  
13 to be made aware of that have to be opened up to a  
14 layman's terms. These people can grasp what you are  
15 sending to their doorsteps. When they get this piece  
16 of information they have no knowledge how to read a  
17 chart. They have no knowledge of any understanding of  
18 your codes, anything at all. And it's unfair. Even if  
19 they get on the web site and they go in and some of  
20 these old widows don't have computers. They wouldn't  
21 even know how to run one if they had one. Okay?

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

1       **MS. ROSA:** And most of these women are widows of  
2       nuclear workers and they are approaching age 80. I  
3       have one lady who is age 80 and she was denied. She  
4       called me crying. I said just -- it's -- this is  
5       unconceivable (sic) that a man was exposed this many  
6       times, and by the charts he was well above on every --  
7       on every contaminated -- from -- from whatever area  
8       that he was in, and he was in the whole site and every  
9       different area and he was exposed to every probably  
10      known element that could -- he could have been exposed  
11      to, acute and chronic, and he was denied. So there's  
12      definitely not minor things here in this procedural  
13      report that the site profile is for doing. They are  
14      major. Especially the missed dose conception and how  
15      it is come up with. Okay? And the reason I'm very  
16      adamant about this is because these are widows. These  
17      are also minor children at the time of their father's  
18      death. These were minor children who are now not going  
19      to receive an awardment (sic). They're not going to  
20      receive an awardment. The minor children are not going  
21      to receive an awardment. At the time they were minor,  
22      but now it has been re-recommended that it is a minor

1 child now that will receive the awardment, not the time  
2 of their father's death. And so there's got to be some  
3 type of understanding that these dose recommendations,  
4 missed dose, the IMBA software which we need to get  
5 into as individuals, we need to see that software.  
6 Things that go back in a scenario 40 years ago when the  
7 elements that you're saying is the highest dose level,  
8 using the highest level in that piece of software,  
9 apparently however that is being set up, it is causing  
10 many people to lose their awardment, missed dose, the  
11 dose levels. Now if a man was exposed 297 times of  
12 acute to uranium, to plutonium, and I've got every one  
13 of his plutoniums (sic) that he was exposed to. I've  
14 got his epidemiology. There is no way this man should  
15 have been denied his -- his widow should have been  
16 denied her awardment (sic). Now that's what I want to  
17 come in on. These are not minor issues. These are  
18 major issues. These profilers need to go back in --  
19 maybe your -- your calculations that I have talked to a  
20 scientist, Dr. David Allen at NIOSH, and I have asked  
21 him to get into that IMBA, and he has explained to me  
22 that is privatized. If I get a group from a union,

1 they can open it up. If I send an attorney, it can be  
2 opened. And so this is where I'm coming from and the  
3 epidemiology is there in this case concerning this  
4 person, that they were well in the level of where this  
5 cancer was not a probability of causation, which you  
6 are using to deny people, or at least as likely to have  
7 caused -- believe me, these are human beings out here,  
8 and these widows have been denied a husband, a child's  
9 father has been taken away due to a cancer caused by  
10 the ionizing radiation and beryllium, and here they are  
11 sitting in their house crying because they cannot  
12 believe they've been denied. This comes down to the  
13 human level. This doesn't come down to scientific  
14 protocols. This comes down to the human compassionate  
15 level of how can you deny a person, knowing her husband  
16 was exposed 297 times, acute and chronic, to every  
17 ionizing radiation there was and the daughters that it  
18 breaks down to in latent cancers. So that's my comment  
19 for today.

20 **DR. ZIEMER:** Well, we thank you for your comments. But  
21 I know the issue on that software is still being looked  
22 at. NIOSH itself --

1           **MS. ROSA:** Well, under your 82.30 --

2           **DR. ZIEMER:** -- does not control the availability of

3           that, but -- and I'm not sure what the status of that

4           is now. Is there some --

5           **MS. ROSA:** Well, let's go to your status of what was

6           put in by NIOSH, which was under 82 --

7           **DR. ZIEMER:** No. Well, our Board will have --

8           **MS. ROSA:** Okay, 82-2 --

9           **DR. ZIEMER:** Well, our Board will have accessibility to

10          that in terms of our contractor when we go back --

11          **MS. ROSA:** I would appreciate it --

12          **DR. ZIEMER:** -- and review the NIOSH findings so we'll

13          certainly make use of that. I don't know where it

14          stands with respect to being made available to members

15          of the public --

16          **MS. ROSA:** Well, I think under the Freedom of

17          Information Act it should be made aware to the public.

18          We should be able to get in that software to see how

19          they are doing a dose reconstruction of individuals.

20          **DR. ZIEMER:** I suspect if it was a government software

21          program, that would work. I don't know if any of the

22          staff knows --

1           **MS. ROSA:** Under the Freedom --  
2           **DR. ZIEMER:** -- the status of that --  
3           **MS. ROSA:** -- of Information Act --  
4           **MR. ELLIOTT:** Paul --  
5           **DR. ZIEMER:** Yeah.  
6           **MR. ELLIOTT:** Paul, this is Larry Elliott.  
7           **DR. ZIEMER:** Yeah, Larry.  
8           **MR. ELLIOTT:** If I might speak to this just a moment.  
9           Yes, ma'am, Ms. Rosa, we -- this is Larry Elliott, I'm  
10          the --  
11          **MS. ROSA:** I know on your -- I'm on your profile. I  
12          have your sheet in front of me.  
13          **MR. ELLIOTT:** Okay.  
14          **MS. ROSA:** I'm very efficient down here.  
15          **MR. ELLIOTT:** Okay. We are looking into how we can  
16          make IMBA available by -- either through a help desk or  
17          by look-up tables -- a help desk which would serve an  
18          individual to understand how IMBA works, look-up tables  
19          for, you know, if a person had a health physicist  
20          working with them might be able to use the -- if they  
21          couldn't get their hands on the software, could use the  
22          look-up tables and work with the individual, as well.

1           **MS. ROSA:** Okay.

2           **MR. ELLIOTT:** So we're working on that. But let me --

3           let me also say to you that these models that appear in

4           this IMBA software --

5           **MS. ROSA:** Uh-huh.

6           **MR. ELLIOTT:** -- are international consensus models.

7           **MS. ROSA:** I understand that.

8           **MR. ELLIOTT:** They have been published.

9           **MS. ROSA:** I'm very well aware of that.

10          **MR. ELLIOTT:** And so they are accessible.

11          **MS. ROSA:** I'm very well aware of that.

12          **MR. ELLIOTT:** They are of public domain.

13          **MS. ROSA:** There is still, though, some discrepancy

14          among scientists concerning the different variables

15          there. There are some discrepancies and what is

16          allowable. As I am saying, you're dealing with human

17          beings who have lost fathers and husbands. You are

18          dealing here with widows, many widows of nuclear

19          workers who worked in the very cold war years and being

20          denied with layman terms. They don't understand any of

21          this stuff. They couldn't read it if they wanted to.

22          They couldn't understand what you mailed to their front

1 doorstep no more than a man in the moon. Okay? And  
2 it's unfair, to me, that when they receive this, they  
3 look at it and they give up and they sign that waiver  
4 on the back page and they literally lose what is  
5 obviously -- obviously this is a very fair -- obviously  
6 should be deserving. And as I said, these guidelines  
7 were set, and every time we turn around there's  
8 amendments, there's amendments, there's changes,  
9 there's dose levels. It's either stay one way and  
10 leave it, the dose levels that I have on every element  
11 that go all the way from inhalation to ground to water  
12 to tissues, all the way down to mortality, the rates of  
13 levels that this person would receive that would cause  
14 a cancer that would be a death-causing cancer. I have  
15 all those rates and they are not the same. And these  
16 are the most current ones that are available. This is  
17 what's concerning me. Leave it, if you're going to, to  
18 keep changing or you're not going to let us get in to  
19 see this information and then we're denied, that is a  
20 very unfair practice. And I believe, like I said --  
21 and thank God I'm hearing you say that IMBA's going to  
22 be opened up partially so a layman can get into it and

1 be able to maybe understand some of it. Okay?

2 **DR. ZIEMER:** Thank you. We hope that that will happen  
3 before very long --

4 **MS. ROSA:** Okay, and I hope so, too --

5 **DR. ZIEMER:** -- for you and others, and we appreciate  
6 your comment --

7 **MS. ROSA:** -- and I hope that you will not look at  
8 these as minor in your procedure --

9 **DR. ZIEMER:** No, we understand that.

10 **MS. ROSA:** -- with contractors today, it's not minor.  
11 Bioassay is not minor.

12 **DR. ZIEMER:** Okay.

13 **MS. ROSA:** None of those things are minor. Okay? They  
14 are major. When you talk of a man's life or a woman's  
15 life when they have lost a concerning -- their life  
16 giving to the nation during the cold war and then they  
17 get no recompense for this, none whatsoever, and  
18 knowing these dose levels. Okay? We know those dose  
19 levels. I know them. Laymens (sic) don't, but I know  
20 those dose levels and it is unfair to these people.  
21 It's very unfair, and I'm going to address this all the  
22 way up. I'm going to address this all the way up back

1 and again to say this is not fair and this is going all  
2 the way to the President again. This is unfair that a  
3 individual for these cold war or families is unfair.  
4 Okay?

5 **DR. ZIEMER:** And that's fine. That's the route that  
6 probably is most effective for you anyway at this  
7 point, so thank you very much for --

8 **MS. ROSA:** Thank you.

9 **DR. ZIEMER:** -- those comments. Let me ask if there  
10 are other members of the public on the call that wish  
11 to make any comment today?

12 (No responses)

13 **DR. ZIEMER:** If there are not, then I will declare the  
14 meeting adjourned and thank everyone for their  
15 participation. Thank you very much.

16 **MS. HOMER:** Thank you.

17 **DR. ZIEMER:** This meeting is adjourned.

18 (Meeting adjourned at 2:20 p.m.)  
19  
20



