

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-THIRD MEETING

ADVISORY BOARD ON
RADIATION AND WORKER HEALTH

VOL. II

The verbatim transcript of the Meeting of the
Advisory Board on Radiation and Worker Health held at
the Red Lion Hotel, 802 George Washington Way,
Richland, Washington, on April 21, 2004.

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TRANSCRIPT LEGEND

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

(By Group, in Alphabetical Order)

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Mr. Joseph Fitzgerald, SC&A

Mr. Hans Behling, SC&A

Dr. Jim Neton, NIOSH

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STEVEN RAY GREEN, Certified Merit Court Reporter

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FAITH, CYNTHIA
FIX, JACK
FORD, LOUIS K.
HANEY, ROLAND
HELTON, WILLIAM R.
HENSHAW, RUSS
HENSLEY, JANEL
HEPNER, RICHARD
HERBERT, NICHOLE
HICKEY, NIP
HICKEY, PAT
HOFFMAN, OWEN
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TENFORDE, THOMAS S.
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TRENT, FRANK
ULLOM, ERNEST

UNDERWOOD, DAVID H.
WEALTHY, WALLACE
WILHELM, DEBRA
WILLIAMSON, JIM
WOLF, SAM H.

1 Yes, Roy DeHart.

2 **DR. DEHART:** On page three it's noted that the --
3 those present for that telephone conference included the
4 following. My name is listed on page three. It should
5 be excluded. It is noted in other places in the
6 minutes.

7 **DR. ZIEMER:** Okay, everyone catch that, exclude the
8 name of Dr. Roy DeHart. He was there in spirit. There
9 may have been someone there impersonating you who -- we
10 don't know that.

11 Okay, we will exclude Dr. DeHart's name. Are there
12 other corrections or additions to the minutes? If not,
13 we'll accept a motion to approve the minutes with that
14 minor correction.

15 **MS. MUNN:** So moved.

16 **MR. PRESLEY:** Second.

17 **DR. ZIEMER:** Moved and seconded. All in favor of
18 approving the minutes will say aye.

19 (Affirmative responses)

20 **DR. ZIEMER:** Those opposed, no?

21 (No responses)

22 **DR. ZIEMER:** Abstentions?

23 (No responses)

24 **DR. ZIEMER:** The minutes are passed. Thank you.

25 Next I want to officially recognize a letter that

1 was received -- a letter dated April 6th from three
2 members of Congress. This is a letter that is in
3 response to a letter that I had written after our last
4 meeting, informing Representatives Quinn, Reynolds and
5 Slaughter of our decision on the site profile audits,
6 and this is a follow-up letter that they have sent. You
7 may recall also at the last meeting that this Board
8 requested that in the case of Congressional letters that
9 the Board be informed of them and participate in the
10 response. So we want to do that this morning and we may
11 wait to actually do that unt-- or do it this afternoon
12 during our working session. But I want you to make sure
13 you have a copy of that letter -- I believe they were
14 distributed yesterday. Make sure you have a copy, and
15 then be considering the manner in which this letter
16 should be responded to and we'll consider that part of
17 our working effort this afternoon to craft some sort of
18 response to that letter.

19 I'm going to ask Cori Homer if she has any
20 administrative items that she wishes to relate to the
21 Board.

22 **MS. HOMER:** Good morning. Just a couple of things.
23 I did want to announce that our next meeting is June 2nd
24 and 3rd. We will be meeting in Buffalo. I am working
25 on a site for us to meet, and will pass that information

1 on as soon as I have it.

2 We will need to schedule the meeting following that
3 this morning. But one thing before we schedule the next
4 meeting, I wanted to let the Board know in regards to
5 travel, we've had some problems come up with travel over
6 the past couple of meetings, and I wanted to remind you,
7 please do not contact SADO* travel office until your
8 tickets have been issued. It makes my job a little more
9 difficult because the ticket and your travel order must
10 match exactly or I cannot get the ticket issued. SADO
11 will be more than happy to change your ticket, but if it
12 doesn't -- again, if it doesn't match the travel order,
13 I can't get that ticket issued and then I have to amend
14 the travel order and it's double the work for me, and it
15 delays you getting your ticket.

16 I guess we can move on to the next meeting if you
17 guys want to pull out your travel schedules -- your
18 meeting schedules for the next few months.

19 **DR. ZIEMER:** In connection with that, there was a
20 request -- it might have been from Dr. DeHart -- that we
21 look ahead for the full year. Was that -- no, who --
22 did -- did somebody request that? No, no one --

23 **DR. ANDERSON:** (Off microphone) At least three
24 months.

25 **DR. ZIEMER:** Oh, oh, okay. I thought somebody had

1 step and select the site profiles to be reviewed, and
2 that -- we'll hear from John in a little bit and we'll
3 see. There is a possibility we may need to make a -- an
4 additional decision shortly -- more -- more quickly
5 after this meeting than August. In fact, I'm sure there
6 will be.

7 **MR. ELLIOTT:** Martha regrets that she couldn't be
8 here, but she equipped me with some information on
9 procurement processes. And we have a annual cycle we
10 run through in procurement and so this is regarding the
11 cutoff time points in that. Dr. Melius I'm sure is very
12 familiar with it from his past, but cutoff for task
13 order modifications where the task order for re-- such
14 as the task order for review of dose reconstructions,
15 task four, it will expire in August and the Board needs
16 to modify the procedures review task, and the cutoff for
17 that task is June 14th, 2004. Any new task orders the
18 cutoff date will be July 6th, 2004. So you'd have to
19 modify the one before June 14th and -- so you'd need to
20 take it up today or first Board meeting in June, and
21 July 6th is the last day you could effect a new task
22 order this -- this fiscal year. So that complicates
23 things.

24 Thank you, Jim. I'm reminded that that also
25 includes your independent government cost estimate

1 which, as you know, we have to do a closed session to
2 arrive at, so...

3 **DR. ZIEMER:** Okay, I'm thinking right now that it
4 might be better if we waited till later in this meeting
5 to do this till we see where we are on the SCA
6 contractual things.

7 **DR. MELIUS:** And also with the subcommittee?

8 **DR. ZIEMER:** And on the subcommittee.

9 **DR. MELIUS:** It may be that some of this we can --

10 **DR. ZIEMER:** Can authorize --

11 **DR. MELIUS:** -- authorize and --

12 **DR. ZIEMER:** Right.

13 **DR. MELIUS:** -- maybe the subcommittee can --

14 **DR. ZIEMER:** And so let's agree to, after we've
15 completed the regular business, to come back to
16 establishing dates. Is that agreeable with everyone?
17 It appears to be, and so we'll take it by consent that
18 we'll return to this later in the meeting.

19 **MS. HOMER:** Okay.

20 **DR. ZIEMER:** Okay. Thank you, Cori. Next I would
21 like to report to the Board on several items that have
22 come to the Chair in relation to our contractor. You
23 may recall that at the last meeting the question arose
24 as to what interaction can individuals have with the
25 contractor -- Board members. And there were several

1 things that were specified or authorized for the Chair
2 to take care of on behalf of the Board. I want to
3 report to you those items.

4 First of all, there was a progress report dated
5 March 15th on task order one, a progress report on task
6 order two, and a progress -- I'm sorry -- yes, and a
7 progress report on task order three, all three dated
8 March 15th. These progress reports really are reports
9 indicating time and effort spent by the contractor on
10 these various tasks, and they are, in essence, invoice-
11 related materials. And these come to me for me to okay
12 -- I do not do any technical review, but look at these
13 and give the okay to NIOSH to pay the bills. So on
14 these first three, those that I just identified, I have
15 approved those for payment.

16 Is there any question on that? So these come to me
17 simply as a cover letter, a summary of the hours and
18 costs in the various labor categories for the task as it
19 was done, and a report on the percent of the task
20 completed. It's a simple progress report. Actually
21 these can probably be made available to Board members if
22 they wish. I assume they can and simply -- if you want
23 a copy, just let us know; we'll make them available.
24 They do not actually contain technical information per
25 se.

1 Secondly, with dates of April 15th, there have been
2 two additional progress reports received, one on task
3 order three and one on task order four. These two --
4 and they're similar types of reports -- I really just
5 received before I came to this meeting and I will in
6 turn give the okay to NIOSH to proceed with the payment
7 of these two. So in total there will be five of these
8 that I will have processed.

9 Any questions on that? And three of them I have
10 officially signed off on the invoice. What happens
11 after these come in, I think they go back and they are
12 reviewed by somebody in the agency, I know not whom, to
13 make sure that they match up with whatever Federal
14 requirements there are, and then I'm actually given a
15 piece of paper to sign to okay the payment, so --

16 **MR. ELLIOTT:** The contracting officer reviews the
17 voucher and Martha DiMuzio in my office then effects the
18 approval memo that you sign, based upon the contracting
19 officer's assessment of the cost in the voucher.

20 **DR. ZIEMER:** So those actions are taken on behalf
21 of the Board -- simply report them to you.

22 I believe that completes our administrative items.
23 Can any-- Larry or Cori, are there any others that we
24 need to address right now?

25 **MR. ELLIOTT:** I don't believe so.

1 will be, what our deliverables will be, who will work on
2 the project. And we have -- to date have been
3 authorized to proceed with four tasks.

4 I guess fundamentally our main mission is to
5 perform independent technical reviews of adjudicated
6 dose reconstructions. That is dose reconstructions that
7 have been completed by NIOSH, they have been adjudicated
8 and we will receive some sampling of those dose
9 reconstructions to perform independent technical review.
10 In fact, that's task four. To date we haven't received
11 any cases for review, but nevertheless we've been quite
12 busy on the other three tasks.

13 Primarily what we've been working on are tasks one,
14 two and three. Task one relates to site profiles. As
15 we all know, the site profiles are a very important part
16 of the dose reconstruction process, so we've been asked
17 to review the site profiles. Our contract actually
18 calls for us to review up to 16 site profiles over the
19 course of the following year, the year beginning -- we
20 were authorized on February 3rd to begin, so over that
21 one-year period we're called upon to review 16 site
22 profiles. Our first deliverable, though, was not actual
23 review, but a procedure that we will use to perform the
24 reviews.

25 Now as it turns out, we delivered that procedure to

1 the Board on March 3rd, and on April 2nd the Board
2 approved that procedure, with some suggestions and
3 modifications which we are working on. And we actually
4 began work on performing those actual reviews recently,
5 on April 5th. Joe Fitzgerald, that's part of our team,
6 is our task one manager and right after I'm through
7 he'll be giving a status report on those activities.

8 Task two is what we call our case tracking
9 software. What that basically is is you can envision
10 that under task four we will be receiving a number of
11 cases for review. The way in which our contract is laid
12 out is we expect to see perhaps two and a half percent
13 of the totality of all of the dose reconstructions will
14 actually undergo an audit. Now the purpose of the case
15 tracking is to maintain a database. It's basically a
16 relational database that will help us advise the Board
17 the degree to which the cases that we are auditing are
18 representative, a good cross-section, of the totality of
19 cases. So in effect it's going to be a database which
20 will, as we proceed through the actual audits and
21 reviews, we will be loading up that database with
22 information which will tell us what percentage of our
23 audits were Hanford, what percentage were a certain type
24 of cancer.

25 It will also load up the data of the results of our

1 audits. For example, from the database should emerge
2 trends where we gain some insight into perhaps areas
3 where the dose reconstruction process could be improved,
4 so it's also not only a system to make sure that the
5 cases that we're auditing are representative, but also
6 it will help us gain insight into areas where there may
7 be certain places where the dose reconstruction process
8 can be improved.

9 The other task we've been authorized -- oh, by the
10 way, we did deliver on April 3rd the software and the
11 report. That's our case tracking system and I guess
12 we're awaiting any comments. That -- that's a software
13 program that could be -- we expect it to be revised as
14 time goes on, and it's a tool to serve us. It's not a -
15 - it's there to basically provide information to us and
16 to the Board related to the status of the audits.

17 Task three, which was authorized on February 13th,
18 consists of -- if you go on the web you will notice that
19 there a large number of OCAS and ORAU procedures. They
20 really -- that basically is the heart of the protocol
21 that NIOSH and their contractors are using to perform
22 their dose reconstructions. Well, we've been asked
23 under task three to review those procedures. Under that
24 task, though, our first deliverable was for us to write
25 a procedure for reviewing the procedures. We have

1 delivered that on April 13th, just the other day. You
2 folks are just receiving that. And the way this works
3 is, after you review it, with any comments, we will
4 finalize that procedure.

5 And by the way, to go back to the point you had
6 made earlier, Dr. Ziemer, once that's done, that task
7 order is over. We don't -- we do not -- in other words,
8 the scope of task three does not include the actual
9 performance of the reviews, so that's an item where we
10 would need either a mod to task three or a new -- a new
11 torp to proceed.

12 So that sort of captures the big picture of where
13 we are right now. And what I'd like to do at this
14 point, if -- unless there are any questions --

15 **DR. ZIEMER:** Let's just take a moment for questions
16 --

17 **DR. MAURO:** Yeah.

18 **DR. ZIEMER:** -- if we could, and then introduce
19 your colleagues. Any questions for John? Henry.

20 **DR. ANDERSON:** The tracking software's -- what is
21 that written in?

22 **DR. MAURO:** It's in Access* --

23 **DR. ANDERSON:** Okay.

24 **DR. MAURO:** -- and it's a relational database in
25 Access* --

1 **DR. ANDERSON:** Yeah.

2 **DR. MAURO:** -- right, and it's -- the intent is to
3 be compatible with Sequel*, so --

4 **DR. ANDERSON:** Yeah.

5 **DR. MAURO:** -- but right now it's written in
6 Access*.

7 **DR. ANDERSON:** It's just in Access*.

8 **DR. MAURO:** It's just in Access*, that's right.
9 That's correct.

10 **DR. ZIEMER:** Okay, fine. Proceed.

11 **DR. MAURO:** Okay. Well, with that, I'd like to
12 introduce Joe Fitzgerald, who'll give us a -- Joe, you
13 here this morning? There he is -- to give us a status
14 report on task one.

15 **MR. GRIFFON:** Just a question for Paul here.

16 **DR. ZIEMER:** Okay, hang on just a minute, Joe. A
17 question here. Mark Griffon.

18 **MR. GRIFFON:** Just for Paul, really. Did we --
19 those two deliverables that John mentioned, the tracking
20 software and the procedure, do all Board members -- I
21 don't think we got those.

22 **DR. ZIEMER:** Well, the procedures are in your
23 packet, I believe.

24 **MR. GRIFFON:** They are?

25 **DR. ZIEMER:** Yes.

1 **MR. GRIFFON:** Okay.

2 **DR. ZIEMER:** And we will be addressing those this
3 afternoon.

4 **MR. GRIFFON:** Okay.

5 **DR. ZIEMER:** So you'll find those -- the task three
6 proposed procedures, and as was indicated, if those get
7 approved or are approved with little change, then we can
8 officially give the go-ahead to do dose reconstructions.

9 **DR. MAURO:** Yes, that's true, also. By the way,
10 let me point out that task three -- there really were
11 two sets of procedures, one dealing with our methodology
12 for reviewing OCAS/ORAU procedures for doing dose
13 reconstruction, and a separate procedure related to
14 quality assurance. That is, we're going to
15 independently review all of the OCAS/ORAU procedures
16 that they're using for QA.

17 **DR. ZIEMER:** But the other point is, once we
18 approve the procedure on how to review procedures -- is
19 everybody tracking? -- then we can tell them to go ahead
20 and review the procedures --

21 **DR. MAURO:** Right, but --

22 **DR. ZIEMER:** -- based on their approved procedures.

23 **DR. MAURO:** But we will need -- we will need a
24 torp, we will need a mod. That's the one place where
25 we're sort of -- once that happens, though, we can't go

1 forward until we receive a mod to the contract --

2 **DR. ZIEMER:** That's a modification of task three,
3 then? Is that what -- would this -- or it might be task
4 five or something.

5 **DR. MAURO:** Exactly.

6 **DR. ANDERSON:** (Off microphone) What's easiest?

7 **MS. MUNN:** (Off microphone) Yeah, what's the
8 easiest thing to do?

9 **DR. ANDERSON:** (Off microphone) A new task or a
10 modification?

11 **MR. ELLIOTT:** A mod will be easiest.

12 **DR. ZIEMER:** So that is one item, pending the
13 outcome today, if we -- if we say go, we still have to
14 define that task, and I believe there has to be an
15 independent cost estimate on the task -- on the actual
16 review of those procedures.

17 **DR. MAURO:** Yes.

18 **DR. ZIEMER:** So -- okay. Now Joe Fitzgerald.

19 **MR. FITZGERALD:** Good morning. I'm the site
20 profile review manager for the overall program, and
21 beyond what John just covered, what we're basically
22 doing is we commenced the Savannah River review on April
23 5th and we put a team together in terms of the expertise
24 we thought we needed for the review. And this will be
25 something we'll do for each of the reviews. And just a

1 couple of comments on how we're going to do that.

2 One thing, these evaluations are ones where you
3 certainly have to jump right in and you have to be able
4 to look at the issues with a fair amount of experience.
5 It's not something that you can sort of learn on the job
6 on a site like Savannah River or Hanford. So certainly
7 my approach is to bring in the expertise and experience
8 for these particular sites and be able to put a team
9 together that can hit the ground running and be able to
10 certainly add value to the process in terms of insights
11 and understanding of the history of these sites. So
12 certainly we have taken that approach in terms of
13 putting a team together for the Savannah River review of
14 what I would consider national experts on both the
15 operational history, as well as the radiation protection
16 programs for these sites for the history of these sites.

17 I think that's certainly the precedent we want to
18 set for doing the site profile reviews. We definitely
19 want to see these as ones where we will add value to the
20 process and provide feedback to this Board and to the
21 agency, so certainly that's our approach.

22 We have completed I think the first phase of this
23 review. Again, we started about mid-April and certainly
24 the first thing we want to do is go through the actual
25 profile documentation and go through I think the

1 datasets and the information that's available at the
2 sites. Now we have, I think fair to say, completed that
3 first phase of what I would consider the review of
4 documentation, and we've sent the Chairman of this Board
5 a letter, just to sort of capsule what we think is the
6 issues surrounding moving to a second phase of this
7 review. And this is all covered in the procedures which
8 the Board approved back in April -- early April.

9 And the second phase I think is a very important
10 phase, and we certainly have spent some time looking
11 critically and looking at also the breadth of the
12 documentation available for the sites. But what we're
13 looking at in the second phase is to actually get into a
14 validation, to actually start looking behind the paper,
15 if you may, and looking at data sources, as well as
16 individuals that would have perspectives at these sites.
17 And with the goal, frankly, of looking at the
18 completeness and adequacy of the profiles, which I think
19 is, quite frankly, the key charter for the evaluation
20 that we're doing for this Board.

21 And on the second phase, timely access -- that's my
22 code word -- to people and data sources is truly going
23 to be the key challenge and key imperative to do a
24 productive review on the profiles. I think the
25 challenge with some these sites are the -- you know, the

1 breadth of information that you have to address and the
2 kinds of contacts that one has to make, so we -- in
3 terms of the letter, I think it was a good juncture.
4 And you know, I'll be quite frank with you, we're trying
5 to put a process on the ground that we outlined I think
6 -- you know, sort of a -- in a conceptual way, and now
7 we're actually walking through that. And in a very
8 iterative sense we're trying to work this with the Board
9 how we're going to proceed and actually identify issues
10 as we see them in this first -- what I would call a
11 prototype review.

12 Savannah River is the prototype profile review and
13 one where we're going to actually also try to define
14 better the process that we're going to follow. So this
15 validation phase, what we're trying to point out is we
16 will need to work through how this group will be able to
17 evaluate these data sources and have access to the key
18 people that we need to talk to, and be able to do that
19 in a timely way, and to work with the Board to figure
20 out how we can expedite that. And I think the letter
21 basically outlines some of those issues.

22 And some of these issues also involve I think more
23 mundane issues such as clearances where I think for some
24 of the sites that's going to be the entree to be able to
25 even to deal with some of the information. And again, I

1 think those are things we want to take care of from an
2 administrative standpoint early on, because I think
3 that's going to be a very crucial step.

4 So in any case, that is the essence of the letter,
5 and we wanted to go ahead and outline that for
6 discussion, and I won't cover that because I think it
7 covered it in pretty good detail.

8 The other thing that we're going to I think do in
9 the terms of next steps, and this is going -- looking
10 forward, is certainly while this issue of expedited site
11 access, data access goes along, we want to spend some
12 time interviewing, being briefed by, understanding
13 better how NIOSH and ORAU have put the site profiles
14 together, understand some of the criteria and bases,
15 using Savannah River as the test bed. And I think
16 that's going to also help frame up specifically what
17 we're looking for in terms of the evaluation, and I
18 think that's going to proceed over the next several
19 weeks, and we'll certainly want to report back on that.

20 So just in general, I think the -- I think we've
21 started off very strongly, got a good team. We've
22 already proceeded with the initial part of the Savannah
23 River review. We have probably a very important second
24 phase to continue through that. We're exploring some
25 next steps that would permit the team I think to also

1 start looking at some of the other sites, assuming that
2 there may be some lag in getting all the data together,
3 so we don't want to sort of do this in a serial way.
4 We're waiting for maybe data to come in from DOE, but
5 certainly what we're looking for is to continue, you
6 know, moving ahead on these other reviews, try to get as
7 much done as we can, and then to go back when this data
8 comes in and to complete these reviews and be able to
9 report them back to you. So we're again coming up with
10 a strategy where we'll keep plugging ahead, moving
11 through these reviews as far as we can go, but not be
12 held up waiting for information to come in if in fact
13 information's going to take some time. So that's
14 certainly a strategy that we're looking at.

15 In any case, I think the -- again, the letter kind
16 of laid out where we stand at this point on some of the
17 issues. Is there any questions from the Board regarding
18 that?

19 **DR. ZIEMER:** Let me make sure that everybody has a
20 copy of the letter that Joe is referring to. The copy
21 itself I don't believe has a date on the top, but --

22 **MR. FITZGERALD:** That was the e-mail version,
23 right.

24 **DR. ZIEMER:** Yeah, but under the initial ground
25 rules that we operated under, you may recall that in

1 order to assure some level of independence of our
2 contractor, even though they're on a NIOSH contract, we
3 -- the ground rule that we set up was that whenever our
4 contractor had a request for information or access to
5 documents or individuals, they would make the request
6 through the Board Chair, and then I would relay that
7 request on to NIOSH. So the nature of the letter is
8 such a request.

9 Now this request is a little more elaborate than
10 the previous ones we've had, which have been just access
11 to a few documents here and there. But this will give
12 you an idea of the kinds of things that might be
13 requested, and this is a fairly extensive identification
14 of documents and access to individuals. It would be my
15 intent to officially ask NIOSH to provide the
16 information requested. But this is a case where the
17 Board certainly, both in terms of the time and the
18 nature of the request, if you have input on the response
19 here, you can certainly provide that.

20 I have also noted, as I've looked through this,
21 that there are some statements in this document that
22 perhaps might raise questions in terms of the program
23 itself, one being that, on the very last page of the
24 document, in the first paragraph it talks about -- it's
25 line one, two, three, four -- in line five it talks

1 about basically determining whether there's a
2 scientifically valid dose estimate made. And -- y'all
3 have the paragraph I'm talking about? And I'll simply
4 point out, for example, you realize in this program we
5 are really interested in determining compensable doses.
6 They may not be scientifically accurate. In many cases
7 they greatly overestimate the scientifically accurate
8 dose, but -- so understood that if in saying yeah, this
9 is fine, go ahead, we're not necessarily assuming that
10 every statement in here is technically correct, the
11 letter's really a request for access.

12 **MR. FITZGERALD:** Yeah, and I would like to point
13 out that we wanted to provide some discussion of our
14 basis for pointing to certain data sources and that was
15 the purpose of the attachment, to say that, you know --

16 **DR. ZIEMER:** This is not -- this is not a request
17 for doing dose reconstruction, but --

18 **MR. FITZGERALD:** Right, and in a sense, at this
19 phase of the review I think it's fair to say we have
20 more -- a lot more questions than we have answers.

21 **DR. ZIEMER:** And the intent is understood, so I'm -
22 - I don't want to be overly-critical in that regard.
23 But the main thrust of this is access to documents and
24 individuals. And some of those documents and
25 individuals I believe may be on DOE sites, not in the

1 files of NIOSH. Is that not correct, Joe?

2 **MR. FITZGERALD:** Yeah, I think -- again, realizing
3 that Savannah River -- the Savannah River review is the
4 first one out of the box, it's the prototype, we
5 understand this issue will come up again and again. So
6 in a sense, we wanted to raise the question of access
7 now because I think that may very well be the pacing
8 element to our ability to deliver these reviews
9 completed to you. And clearly anything we can do with
10 you to expedite and clarify how we can do that best
11 would be ideal. And actually it becomes the -- maybe
12 the most critical element of actually doing a complete
13 job on this. So again, we wanted to raise it early. We
14 wanted to raise it in the context of implementing these
15 reviews and certainly cite the kinds of questions that
16 are arising out of our initial phase as reflective of
17 what we're going to have to tackle in the second phase.

18 **DR. ZIEMER:** In that regard, let me ask Larry
19 Elliott or staff to answer two questions. Number one,
20 does our current MOU -- "our" being the agency's MOU --
21 with DOE basically cover the type of access that's being
22 described? And number two, do you have any issues with
23 requests for such access, as far as the agency's
24 concerned?

25 **MR. ELLIOTT:** To answer your questions, Dr. Ziemer,

1 the Memorandum of Understanding that we have with the
2 Department of Energy does cover everything that's
3 requested and by intent in this letter. We will --
4 you've also -- it's not been mentioned here yet. You've
5 also asked to have Q clearances reinstated for people
6 who held Q's before, and we will work that through.
7 That's certainly covered under the MOU. We will make --
8 facilitate the availability of the authors of dose
9 reconstructions or the authors or site profiles for your
10 -- your line of questioning that you've added to this
11 document. And you've also identified some preliminary
12 documents that you'd like to -- and references and
13 source information you'd like to have access to, and so
14 we will submit that to the Department of Energy under a
15 request for -- for that information.

16 **MR. FITZGERALD:** Yeah, the one -- the one -- I
17 appreciate that. I think that's very responsive. I
18 think the one issue that we would sort of proffer and
19 what we identified is perhaps the dynamics of what we
20 see as the process of going through the documentation,
21 looking at sources of information. I think maybe the
22 most insidious part of this thing that may be a problem
23 would be if we were to go into an iterative process
24 whereby if we were to go through documentations and data
25 sources identifying issues that point to perhaps other

1 data sources, if we would then have to go back through
2 another cycle of official requests and what have you
3 through the Department. I think -- Department of
4 Energy. I think that would be a real problem.

5 Now I don't have a real solution to that because I
6 think that is the way things are or might be relative to
7 the MOU, but I just want to point out that might again
8 be a challenge that would have to be faced and would
9 have to be solved if in fact, you know, we would have a
10 -- an ability to actually look for information and ask
11 questions and be able to receive information in a real-
12 time basis. Otherwise, I could foresee where you could
13 get into a review and it could be months and months of
14 going through cycles of, you know, we saw something in
15 this document; can we get DOE to serve up the document.
16 Having letters go in, letters come back and having maybe
17 two or three-month cycles for each piece of paper. So I
18 think that can be overcome, but I'm just pointing out
19 that I think these are very real challenges to doing a
20 review of this kind.

21 **DR. ZIEMER:** Well, Joe, I would also observe on
22 cases like that that it would not necessarily be the job
23 of the auditors to pursue those documents that you
24 learned about. They could be brought back and this
25 could be a recommendation, that the agency look at some

1 documents that you learned about in this process.

2 **MR. FITZGERALD:** Right.

3 **DR. ZIEMER:** So we want to make sure that the audit
4 remains the audit.

5 **MR. FITZGERALD:** Right.

6 **DR. ZIEMER:** And if things like that arise and you
7 say, you know, here's something that might be or should
8 have been pursued, then we go back to the agency and
9 raise that as an issue. Again, and you'll hear me say
10 this over and over again, I do not want our auditors to
11 do the job of the agency. We want to --

12 **MR. FITZGERALD:** Right.

13 **DR. ZIEMER:** -- identify issues and if they need to
14 be raised, we raise them and say, you know, go back and
15 do something.

16 **MR. ELLIOTT:** I didn't give an answer to your
17 second question, what issues do I have. Well, the role
18 that we play, that I play here now in this particular
19 regard, is to facilitate your access, not to interfere,
20 influence your work. I'm also, in this role, concerned
21 about production and concerned about impacting
22 resources. So I want to work with you all together to
23 make sure that you get what you want, what you need, but
24 not at the sacrifice of slowing down development of site
25 profiles, dose reconstruction production.

1 I, too, think that as you go through the process of
2 your audit, if you identify things that have -- you
3 think have merit, we want to know about those so that we
4 can pursue those. We believe that to be our job, to
5 retrieve those pertinent informations and assess their
6 quality and viability and utility in either a site
7 profile or dose reconstruction effort. So we welcome
8 the review. We welcome the audit. We want to identify
9 areas that we can improve in. We want to know about
10 deficiencies, and we're willing to work with you. But
11 we need to -- I hope you recognize the delicate role
12 that we have here.

13 **MR. FITZGERALD:** Yes, and let me just respond while
14 it's still fresh, and also to Dr. Ziemer's comments. We
15 fully understand the role of this independent audit.
16 And of course that's what I've done my entire life, so I
17 particularly appreciate what it means to sample and to
18 validate.

19 Certainly one thing that we're focusing on is to
20 sort of establish this threshold -- and I'm not going to
21 tell you it's a crystal clear thing you can write down
22 on a piece of paper, but this threshold where something
23 that we observe, we review in such a way that we can
24 determine to ourselves this is something that is
25 significant enough and worthy enough to raise to your

1 attention collectively. And that's the kind of
2 validation that we're looking at that -- you know, we
3 don't want to sort of surface these 83 things that you
4 should look at. We appreciate your time is very tight
5 and intensive, and what we want to do is the team itself
6 needs to establish the significance of something by
7 virtue of looking at the information and be able to,
8 among ourselves I think, determine that this is
9 something that may have influence, may be of
10 significance. And that's when we do the hand-off.

11 That process to determine significance, though, is
12 one where I think we do need to look at the data sources
13 that we're identifying. In some cases we may have to
14 look at information that comes to our attention. That's
15 where I think we would need to have the timely access
16 that we're talking about here.

17 So I think we're all talking on the same thing in
18 establishing these respective roles and trying to figure
19 out where these thresholds are. But let me just
20 reassure you that, you know, this is a sampling
21 exercise, an audit function clearly, and one where we
22 have to be very careful not to overstep that bound and
23 be able to do the hand-off in a way that keeps things
24 moving, as well as give you what you need. So we'll
25 certainly continue -- particularly in the early phases -

1 - to report on that and to try to make that as
2 transparent as possible so that, you know, it's pretty
3 clear that this is how we're doing it. And of course
4 you'll feed back to us if you think we're going too far
5 or not far enough.

6 **DR. ZIEMER:** Mark, then Jim, Wanda.

7 **MR. GRIFFON:** You know, I just wanted a
8 clarification between the discussion we've been having
9 here and the last paragraph in the letter.

10 **MR. FITZGERALD:** Uh-huh.

11 **MR. GRIFFON:** The last paragraph, you seem to be
12 requesting a specific agreement between the DOL, the DOE
13 and the Board. There is no such agreement right now.
14 The MOU is between NIOSH and DOE.

15 **DR. ZIEMER:** That's why I asked --

16 **MR. GRIFFON:** Doesn't -- doesn't specifically
17 outline that the Board --

18 **DR. ZIEMER:** That's why I asked the earlier --

19 **MR. GRIFFON:** There's no mention of that --

20 **DR. ZIEMER:** -- question whether the existing one
21 covers that. Because if we have to do another MOU with
22 DOE, we're going to have a --

23 **MR. GRIFFON:** I understand. I'm just wondering if
24 --

25 **MR. FITZGERALD:** Well, let me -- let me unpack that

1 a little bit. One thing about data-gathering or
2 information-gathering -- and this has been brought home
3 to me many, many times over the years -- that it's --
4 the devil's, in this case, not so much in the details
5 but in the admin support that you get. I've had DOE
6 sites -- I guess I'm not speaking out of school -- DOE
7 sites that told me, you know, the boxes are in that
8 warehouse, go to it. And I say well, you know, thanks.
9 I have no idea what the organization of the information
10 is, have no idea how to search and access, and you're
11 just disabled in that kind of respect -- and that's
12 probably a worst-case scenario.

13 So given the streamlined nature of this evaluation,
14 and perhaps because of those memories, I'm kind of
15 cognizant of the need to make sure that the
16 administrative support that would be essential to not
17 only have access but to actually collect the information
18 and be able to, you know, pull that information out
19 would be available. And again, I don't have a specific
20 solution, nor do I know perhaps how the MOU's been
21 exercised in that regard. But certainly that's the
22 other side of the coin, whether there's any way that,
23 either through DOE, DOL or one of the parties, that that
24 kind of administrative support to both identify and pull
25 out the information with the administrative support of

1 the sites.

2 There's a lot of sensitivity on those sites. I can
3 speak from personal experience that the first thing you
4 hear from a DOE site when you want to actually start
5 combing through information is where's the money going
6 to come from, and you're sort of caught flat-footed
7 because essentially you can't provide the money, and
8 they're going to tell you that their budget doesn't
9 include the money for doing this particular task,
10 either. So you sort of get into this blind alley, and
11 that's one thing I wanted to surface early on and this
12 is -- the reference that I'm referring to is that when
13 that question comes up, I'd certainly like to think
14 there was somehow an answer to the question of this --
15 this contractor is sitting there with the keys to the
16 information warehouse, who's going to actually support
17 them to help us.

18 And this is an old question, but one that comes up
19 when you go to the sites, and so it's a two-part issue.
20 One is the programmatic direction, whether it comes from
21 the Secretary of Energy or from a field office manager;
22 and the other is the actual -- what I would call the
23 more mundane budget support that says this person can
24 spend X hours -- or maybe two or three hours actually
25 producing the paper -- piece of paper. So it's a two-

1 part issue.

2 **MR. GRIFFON:** I guess the other big difference to
3 me, too, is this -- this agreement between DOE, DOL --
4 possibly for the funding, I guess -- and the Advisory
5 Board. NIOSH is not in that and it seems to me that
6 points toward independence of this audit process, too,
7 and I don't know if -- our current model, all requests
8 would go through NIOSH and, you know, I don't know that
9 that'll be a problem, but you know, it could be a
10 perception problem, I think, so --

11 **MR. FITZGERALD:** Yeah, there's a --

12 **MR. GRIFFON:** -- is it still your position that it
13 should be done in that fashion or do you think the model
14 of requesting through NIOSH would be achievable, you
15 know?

16 **MR. FITZGERALD:** Well, you know, I -- my opinion, I
17 think there's probably several models, and you know,
18 certainly the MOU that now sits is a model that's been
19 hard-fought and I certainly appreciate the amount of
20 effort that went into just getting that. So I don't
21 want to be sanguine about, you know, what is the best
22 way to skin this particular cat. But I just want to
23 point out there's two aspects that would have to be
24 addressed. One is this question of program direction.
25 Certainly in the Department of Energy it does matter.

1 If the senior management provides support and direction
2 to the sites, to cooperate on something like this, it
3 does matter. It gives one certainly the charter to make
4 the request in the first place.

5 But the second part of that issue is the -- you
6 know, sort of the cold cash or budget support which
7 enables the personnel to actually do the support. So
8 with those two elements, you can get work done in terms
9 of information collection at a DOE site. Missing any
10 one of those two, you can't. So there may be different
11 models that would allow you to get there, but I just
12 want to point out the outcome is certainly one that has
13 to address those two issues. And again, I suspect those
14 mechanics have not been exercised for this role that
15 we're playing. This is sort of a relatively new role.
16 So I think it -- you know, it bears to be seen what
17 would be more effective, and maybe that's what we're
18 kind of laying out, that this might be a good -- good
19 juncture to talk about how one could -- you know, could
20 work -- you know, 'cause time -- I think -- one thing I
21 heard last night was we're in a different place than
22 perhaps two or three years ago when these issues first
23 arose. And maybe a process now, in terms of doing that,
24 would be a lot different than a process two or three
25 years ago. But I think laying this on the table and

1 just putting this in this letter was to sort of raise it
2 anew and ask that it may be -- be a good time to look at
3 the issue anew and determine whether there might be a
4 better way to do this, or may be a way we can use the
5 MOU as-is, you know.

6 **MR. ELLIOTT:** Well, I think you're going to have to
7 use the MOU as-is. I don't see any issue here. Maybe
8 Tom Rollow will speak to this on behalf of DOE, but Joe,
9 you and I go back a ways. I know where you're talking
10 from. I've been there and the difficult in getting
11 access at DOE sites, and I was the one that offered the
12 comment that there's been a watershed of change.

13 **MR. FITZGERALD:** Uh-huh.

14 **MR. ELLIOTT:** And I see that because the Secretary
15 of DOE has made a commitment to compensation -- to this
16 compensation program that was not --

17 **MR. FITZGERALD:** Uh-huh.

18 **MR. ELLIOTT:** -- such a commitment made to the
19 research -- health research program that we both have
20 experience in. Our access under compensation has been
21 substantially different because of that.

22 I can't promise you that you're going to get real-
23 time access. I can only promise you that we'll
24 facilitate as best we can.

25 **MR. FITZGERALD:** Uh-huh.

1 **MR. ELLIOTT:** As far as the money, you know,
2 Department of Labor's not got an issue with us
3 supporting these kinds of activities for the Board.
4 That's -- that's our responsibility under the delegation
5 of authority and the Executive Order. So I don't see
6 any issues there.

7 There's not going to be a new memorandum between
8 DOE and us until we have to renegotiate the one in
9 place. We're not going to establish an MOU with DOL
10 'cause we don't need one.

11 **DR. ZIEMER:** Okay. Jim?

12 **DR. MELIUS:** Couple points on -- couple points on
13 this issue. And I think this is what Larry's telling us
14 in terms of what your intent, but I think there's a very
15 -- NIOSH is in a very delicate position here because the
16 worst outcome of our audit would be that we didn't --
17 the auditor somehow or the Advisory Board did not have
18 access or get adequate information to complete an audit
19 of whatever, some site profile, whatever. And because --
20 -- you know, because NIOSH failed to facilitate that in
21 some way. And I think that there -- there may be
22 advantages to using the current MOU and -- as there are
23 to using the NIOSH contract process to hire the group
24 that's doing the audits. But it also makes it very,
25 very difficult for NIOSH and for the Board in terms of

1 how we handle these issues. And I think that if we work
2 through the current MOU that we have to keep a very
3 careful system of tracking what requests go in, tracking
4 when information comes back, making sure that however we
5 set this up that the appropriate people on the Board are
6 notified if there's a delay, what the reasons for the
7 delay are and so forth -- or there are difficulties with
8 access or clearance, whatever the issue might be.

9 Secondly, I think we need to be very careful on
10 this sort of resource issue. You got me a little bit
11 worried, Larry, with your comments on you don't want
12 this process to slow the other processes down. And I
13 understand that from your program manager's issue --
14 perspective, but from the perspective of the Board and
15 you being audited, you don't want to be -- we also don't
16 want to have one saying that you didn't give us adequate
17 resources to do that. And again, I think that's
18 manageable from -- but if there are resource issues, we
19 need to identify them up front and we need to, you know,
20 make sure that they're being addressed and so forth so
21 it's not --

22 **MR. ELLIOTT:** It's not resource issues.

23 **DR. MELIUS:** Uh-huh.

24 **MR. ELLIOTT:** We have resources available to
25 support this. If we need to go into the DOE site and

1 DOE system with our contractor to retrieve the documents
2 you all want, we'll do that.

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

4 **MR. ELLIOTT:** We've done that before for our --
5 this is a request -- I view this as a request for the
6 Board on behalf -- a request from NIOSH on behalf of the
7 Board.

8 **DR. MELIUS:** Uh-huh.

9 **MR. ELLIOTT:** The resource impact I'm talking about
10 is providing face time with dose reconstructors,
11 providing face time with authors of site profiles and
12 the manager of the site profile development, that -- you
13 know, taking them away from their work setting is the
14 concern I have as the program manager. And we're going
15 to manage that. We're going to balance that, and we're
16 not going to manage it and balance it to the detriment
17 of your audit.

18 **DR. MELIUS:** Uh-huh.

19 **MR. ELLIOTT:** And I just want to assure you, we'll
20 deal with the resource issues that come down the pike.
21 We'll -- we'll talk to DOL and we'll have the funds
22 available.

23 **DR. MELIUS:** And -- and I -- no, I understand that.
24 I just think that we, as the Board -- the interface with
25 you on that issue needs to be, again, managed very

1 carefully so you're not -- you and the Board is not put
2 in the position of having a delay or something going
3 wrong, you know, whatever, because of that or because it
4 wasn't resolved and identified up -- up front. And you
5 know, there's all sorts of things that can go wrong in
6 the bureaucracy that can affect this, and as long as
7 we're dealing with it up front and have a system to
8 document what's going on, I think we'll be okay.

9 The only additional question I have is that if we
10 use the -- I haven't read the current MOU in a while so
11 I don't remember exactly -- to what extent it speaks to
12 the Board's access to issues. I know the law does, but
13 I'm not sure that the MOU did. The question I have is
14 is it worthwhile for the Board to write to Department of
15 Energy Secretary pointing out that this function is
16 starting, this contractor, that we will be working
17 through the current MOU and do that, but that, you know,
18 there are -- are important access issues that are, you
19 know, critical to the -- to the program.

20 **MR. ELLIOTT:** I think that -- I think that's best
21 answered by Tom Rollow, not me. Sorry to put you on the
22 spot, Tom, but...

23 **MR. ROLLOW:** (Off microphone) You want me to answer
24 a question?

25 **DR. ZIEMER:** Tom, if you want -- if you want to

1 address that, use the mike, please.

2 **MR. ELLIOTT:** I think Dr. Melius's question is
3 would the Secretary of Energy appreciate a letter from
4 this Board expressing its concern or urgency or need for
5 access, I guess is what you're saying.

6 **MR. ROLLOW:** I endorse Larry Elliott's summary of
7 the way that I think this process will successfully
8 work, and that's to use the existing MOU with DOE.
9 NIOSH has full and free access to all this information
10 at the sites. The sites are well-organized to support
11 the NIOSH information requests. And I think any
12 documents or information that the Board needs can be
13 procured through -- either through NIOSH or with NIOSH
14 accompanying them to the sites or NIOSH opening the door
15 for them.

16 I think the sites will look at your independent
17 review team no different than they look at NIOSH people
18 on-site. I'm not saying you have to send a NIOSH person
19 to the site with the review team, but they would go in
20 under the NIOSH auspices.

21 Secondly, the question is would a letter from the
22 Board to the Secretary of Energy -- I don't think it's
23 needed, but sure, you could send a letter to the
24 Secretary of Energy and -- and to remind them in the
25 import-- remind him of the importance of this, and we'll

1 take a look at that letter when it arrives.

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

3 **MS. MUNN:** Actually Dr. Melius said a couple of the
4 things that I was going to express some concern about.
5 As an individual who no longer holds a Q clearance but
6 who occasionally needs access to some part of a site for
7 one reason or another, it's been very clear to me that
8 since September of 2001 there's been a marked change in
9 attitudes about individuals who are not currently
10 employed by the agency and bearing the agency's own
11 clearance authorization to be able to access even
12 peripheral parts of sites. And I would hate to see the
13 kind of individual definition of what constitutes
14 security at each separate site influence the
15 accessibility of our folks here. For that reason I was
16 going to suggest what Dr. Melius had suggested, that
17 perhaps it would be at least not hurtful to request the
18 Secretary of Energy to please notify his -- all of his
19 site managers that this activity would be ongoing and
20 that -- request that they provide access as necessary
21 for the records. I can't see that that would be
22 harmful, and I shouldn't think that it would be
23 politically incorrect to do so. My interpretation is
24 that this would be the kind of thing that this Board's
25 charter would expect of him.

1 **DR. ANDRADE:** Okay. I don't like to bring issues
2 up without having potential solutions. I'm going to try
3 and provide at least a set of thoughts that could be
4 used in developing a solution.

5 One, having been on the receiving end of surprises
6 like requests for information for the CDC or some NIOSH-
7 funded study, et cetera, et cetera at my particular
8 site, I just roll my eyes and say oh, no, another
9 unfunded mandate -- which it is. Okay? I really don't
10 care what DOE says about it because the funding from
11 these sorts of things usually go into the -- come from
12 overhead accounts, from major sources of money like
13 weapons programs, et cetera. So given that situation, I
14 would say the following should be part of a strategy --
15 an overall strategy to address this issue.

16 One is that the auditing contractor use the site
17 profile authors to the best of their advantage. Okay?
18 They're the ones who were on site, who probably had very
19 extensive knowledge of history and of practices, and
20 therefore they should turn out to be the best resources.
21 I'm not really sure if the auditing contractor knows
22 specifically what it is that they would like to get
23 their hands on once they get on site, but to minimize
24 time on site, they should have an idea, and those ideas
25 can come from the site profile authors.

1 Number two is there should be a general at least
2 handshake agreement between the Board, the HHS or
3 whomever the right level of personnel is, and the
4 auditing contractor with respect to accelerated Q's or
5 re-establishing Q clearances. If we can get that done
6 as soon as possible and up front, then I think that
7 would save a lot of time and effort.

8 Second, I also agree that it's a good idea for DOE
9 at some level, and I'm not sure if it has to be the
10 Secretary, let the sites know that this is going to --
11 that this function is occurring, it will affect them and
12 be up front about it. They're going to have to take it
13 out of their hides because if you have to go into
14 repositories, it does take time and effort. Okay? It
15 takes weeks sometimes to track records down. So direct
16 request to the sites, I think, is also a very good idea.

17 A lot of the -- some of the items that were noted
18 in the memo are available as open information,
19 especially for more recent accidents and/or occurrences,
20 what was noted as off-normal sorts of situations,
21 through the ORPS reporting system. Others are in paper
22 files.

23 There should also be an agreement and a standard
24 request for classified information as needed, as
25 required for these people who have the Q's, that is

1 agreed to between DOE and their sites for the folks that
2 will be going on site. And again, all of this with an
3 effort to try and minimize the impact on the work that
4 is ongoing at DOE -- at the DOE sites. And that's what
5 I'm thinking about. It may be a bit fuzzy at this
6 particular point in time. Understand that when these
7 things come around, they are considered unfunded
8 mandates by the DOE contractors.

9 **DR. ANDERSON:** Tony covered some of my issues. I
10 just wanted to again underscore that I think, starting
11 with the site profiler, you can probably gather
12 information on what they did so that their process is
13 fairly straightforward. And if -- you could certainly
14 ask them if they went to these documents, did they also
15 then pursue underlying -- you know, kind of go down the
16 chain, or did they take the summary document and say
17 that's -- that's good enough for what we need. And so
18 you may not need to -- you could find out and then your
19 proofing of well, would it have been useful to go to the
20 other documents might limit how much tracing back you'd
21 need to do. So I think if you start with them, from an
22 audit standpoint it's important to what information did
23 they use, did they use other information that was
24 subsequently available to them but isn't directly listed
25 on their list of documents. That -- that I think is an

1 easy trace-back. I'd start there to maybe limit, you
2 know, what one has to subsequently ask for when you go
3 on site. 'Cause if they say yes, we went to another
4 document. It isn't listed there. You could find out
5 what it is, request it when you go on site, and it's all
6 there on a one-stop shop.

7 **DR. ZIEMER:** Just before we call on Robert, let me
8 insert here and -- you know, Joe's very experienced in
9 this sort of thing, and I think the fact that they've
10 requested access to all of these things does not
11 necessarily mean that they would actually look at all of
12 these things, but you have to sort of a priori say okay,
13 here's some things we may need access to -- depending on
14 what you find out. You're planning to start with the
15 very individuals I believe that Henry described, the
16 individuals involved in the preparation of the site
17 profiles, and that may lead to other things. Is that --

18 **MR. FITZGERALD:** Yeah, let --

19 **DR. ZIEMER:** -- not correct, Joe?

20 **MR. FITZGERALD:** Yeah, let me add -- or respond
21 that the procedures which we proposed to the Board which
22 you approved had as the first phase to talk to the site
23 profile authors, to even interview perhaps some site
24 experts, as well as do this preliminary review of the
25 profile that we've been talking about that we've

1 completed. That's all the first phase. And that
2 basically enables this second phase of actually looking
3 at data sources, as well as going into a validation. So
4 yeah, that all sets the stage to know better what
5 information we ought to take a closer look at. And I
6 agree wholeheartedly that yeah, that -- you have to do
7 that first, and that's part of what we kind of laid out,
8 that -- you know, and I think we can do it in a way
9 which will mitigate against undue burden on the profile
10 authors, as well, which of course we're conscious of.

11 **DR. ZIEMER:** Robert?

12 **MR. PRESLEY:** As one who works with this every day,
13 day in and day out, I think the letter's great. Don't
14 stop at DOE. You have to take that letter down to the
15 NNSA level. DOE and NNSA don't always talk. I would
16 hate to see you get to say Oak Ridge and go to --

17 **MR. FITZGERALD:** Y-12.

18 **MR. PRESLEY:** -- Y-12 and they look at you like
19 they have no earthly idea that you -- you know, what
20 you're doing, so I'm -- I'm sorry there, but we need to
21 take that to NNSA.

22 Also, look at -- I would suggest that you look at
23 the type of data you need. If you don't need a Q level,
24 then don't go for it. It takes a whole lot longer to
25 get a Q than it does another clearance, so look at your

1 clearance levels and your data needed before you go in,
2 please.

3 **DR. ZIEMER:** Now there've been a number of sort of
4 general suggestions and observations. One theme that
5 has sort of reoccurred here is the issue of perhaps
6 sending a letter or memo to the agency or agencies.
7 It's not clear to me whether those who addressed this
8 were talking about a memo from this Board or from NIOSH,
9 which is our access point, or from our auditors or what.
10 And if you want to do something formally, we will be
11 looking for a motion. Let's start with Dr. Melius.

12 **DR. MELIUS:** Let me describe, then I will move the
13 description. We have some discussion here. I think the
14 letter should come from the Advisory Board, that it
15 should go I think to the Secretary of DOE, but that may
16 be open to discussion, but I think that's the easiest
17 one -- where -- place to send it right now, and it
18 should address -- you know, description of why we -- our
19 contractor needs access, how we're going to go about --
20 do it, the clearance issue, which is very important, as
21 well as the records access issue. And then explain how
22 we're working through the NIOSH MOU to be -- to be doing
23 this, but again underlining how important the process is
24 and how it was, you know, mandated in the -- in the Act.

25 **DR. ZIEMER:** And you therefore so move.

1 **DR. MELIUS:** I move that, yes.

2 **DR. ZIEMER:** Dr. Melius has just moved that the
3 Board send a letter -- such letter would go to the
4 Secretary of the Department of Energy. It would be
5 copied to the Secretary of Health and Human Services, to
6 whom we report. It would -- there might be a similar
7 letter to NSSA -- N -- to another acronym. Is that the
8 same letter or a different letter?

9 **MR. PRESLEY:** Well, it needs to be the same letter.

10 **DR. ZIEMER:** It's the same letter. Is it addressed
11 to the same -- this is part of your motion, Jim. We're
12 trying to define what it is you moved here.

13 This letter would explain that -- the audit process
14 which we're required to do under the regulation will
15 require access, that this access we would be seeking
16 through NIOSH. Are there other --

17 **DR. MELIUS:** Yeah, we -- I mean I see two main
18 items. One is to facilitate the Q clearance issue when
19 appropriate and necessary, and secondly the access to
20 the site and to the -- to records as requested on the
21 site. And I think we'll be requesting that the
22 Secretary notify, you know, in whatever the appropriate
23 fashion, all the sites of this request -- and this -- of
24 this activity that'll be ongoing.

25 **DR. ZIEMER:** Okay. Who seconded that --

1 **MS. MUNN:** I do.

2 **DR. ZIEMER:** -- motion? Motion has been seconded.
3 We're now addressing the motion. Wanda?

4 **MS. MUNN:** Does the letter also need to address the
5 issue raised by Tony and by others with respect to
6 funding? Do we need to identify that the funding for
7 this activity is occurring through NIOSH? That's a
8 question --

9 **DR. ZIEMER:** My understanding is that Larry has
10 already addressed that for us. We don't apparently need
11 to mention the funding.

12 **MR. ELLIOTT:** Well -- well, wait, let me -- let's
13 just -- no, no, take a moment and pause here now. I
14 interpreted what Wanda just said to mean will DOE have
15 the funds available or will this be viewed as an
16 unfunded mandate. My commitment earlier is to support
17 and facilitate your access if -- in that regard, that
18 means to me if you get access and you need somebody to
19 do in because DOE doesn't have enough people, enough
20 clerical support to go retrieve the records, we can help
21 do that. But -- but if -- in your letter to DOE, if you
22 wish to address funding, I think it should be address
23 the funding support down through the chain in DOE to the
24 sites.

25 **DR. ZIEMER:** Tony?

1 **DR. ANDRADE:** I just wanted to clarify what I
2 mentioned earlier, and that is, although these -- these
3 activities are identified as unfunded mandates, one of
4 the things that such a letter would help to ameliorate
5 is, number one, the surprise; and number two is it would
6 allow sites to prepare for a visit that would -- that
7 would have minimal impact. They know it's going to come
8 out of their hides. And because of the MOU between DOE
9 and DOL and it being referenced, they know that they
10 will do the work. However, we want to be considerate
11 and provide them with a heads-up, with warning, and also
12 reassure them that the impact will be minimal.

13 **DR. ZIEMER:** Okay. Thank you. Henry?

14 **DR. ANDERSON:** Yeah, I was just going to say as
15 part of the introduction I would just say that it's
16 starting. I mean they've known about the process. I
17 think we need to explain it, introduce -- here's the
18 contractor that's going to be contacting, and then ask
19 them to facilitate, you know, along the other lines.
20 But basically this is a notice that we're beginning,
21 here's what it's going to entail, here's going to be the
22 process and it's more FYI so they can prepare.

23 **MR. ELLIOTT:** Let me -- I would be remiss if I
24 didn't mention this. I think -- and maybe it'll help in
25 your understanding of the agreement we have with DOE.

1 When do we -- when does HHS, NIOSH, pay for access or --
2 or pay for something, when do we transfer money to DOE,
3 is the way to say it, I guess. And we do that only when
4 we seek some technical advice, consultation or -- or
5 they've got a technical expert that we need help in
6 understanding a piece of information, data or whatever.
7 That we -- we compensate them back for. But access to
8 information and providing information and retrieving
9 information we do not.

10 **DR. ZIEMER:** Thank you.

11 **MR. ELLIOTT:** We assist, but we do not transfer
12 funds for that.

13 **DR. ZIEMER:** I'm going to call for the vote in just
14 a moment, and let me advise you what you will be voting
15 on. We will vote on the intent to send the letter,
16 basically, that will include these concepts. If the
17 motion passes, I will assign a couple of people to draft
18 the letters and this afternoon you will have a chance to
19 approve the actual letter as it's worded. Is that
20 agreeable? Is that agreeable with the mover that the
21 motion is a motion to, in essence, prepare such a
22 letter, and we'll have a look at it? Is that agreeable
23 with the mover and the seconder?

24 **MS. MUNN:** Yes.

25 **DR. MELIUS:** Yeah.

1 **DR. ZIEMER:** Okay.

2 **DR. MELIUS:** Or as an alternate -- I don't know if
3 we'll have enough time to get it -- if Cori and everyone
4 -- if we can get something written up and circulated.
5 Can we circulate it after the meeting by e-mail and then
6 with Paul as the final approver on it?

7 **DR. ZIEMER:** Well, that depends on what you're
8 willing to authorize. But if we have to -- if we have
9 to -- we cannot approve it by -- we cannot take a formal
10 action on it --

11 **DR. MELIUS:** But can --

12 **DR. ZIEMER:** -- outside the public forum.

13 **DR. MELIUS:** But we can authorize the Chair to send
14 the letter.

15 **DR. ZIEMER:** You can authorize the Chair to send
16 the letter.

17 **DR. MELIUS:** The Chair can then appropriately
18 consult with...

19 **DR. ZIEMER:** As long as the general content is
20 agreed to --

21 **DR. MELIUS:** Yeah, that's fine.

22 **DR. ZIEMER:** -- and I would hope that we might have
23 at least a draft wording today.

24 Shall we proceed on that basis? Does anyone wish
25 to speak against the motion before we vote?

1 (No responses)

2 **DR. ZIEMER:** Okay. All in favor of the motion,
3 fuzzy as it may be, say aye.

4 (Affirmative responses)

5 **DR. ZIEMER:** All opposed, no?

6 (No responses)

7 **DR. ZIEMER:** Any abstentions?

8 (No responses)

9 **DR. ZIEMER:** Motion carries. I would like to ask
10 the mover of the motion -- of the motion and Tony, would
11 you assist Jim to -- so that we cover those issues that
12 were of concern and see if you can give us a rough draft
13 this afternoon so that we have at least a preliminary
14 idea of the content of the letter as it would go out?
15 Thank you. You can call on anyone else for expert
16 advice as you prepare it.

17 Other questions for Joe Fitzgerald?

18 (No responses)

19 **DR. ZIEMER:** Thank you very much, Joe. Appreciate
20 the input.

21 **MR. FITZGERALD:** I'd like -- unless there's a need
22 for a break or something, I'd like to introduce a
23 colleague on task three.

24 **DR. ZIEMER:** Let me see where we are time-wise.
25 How much time does Hans need?

1 **MR. FITZGERALD:** Hans?

2 **MR. BEHLING:** (Off microphone) Well, I'll need at
3 least 25 minutes.

4 **DR. ZIEMER:** Let's take a break.

5 (Whereupon, a recess was taken.)

6 **DR. ZIEMER:** Let's reconvene. We're going to hear
7 next from Hans Behling, who is going to review the
8 protocol for review of procedures and methods employed
9 by NIOSH for dose reconstruction. This is actually the
10 task three protocol.

11 Now while he's -- or before he starts, let me point
12 out to you, Board members, in your packet you have the
13 overheads that Hans will be using, and then in the next
14 tab you have the drafts that come to us from SC&A. And
15 one of those, which is called SC&A's procedure to
16 perform quality assurance reviews of NIOSH/ORAU dose
17 reconstruction procedures, seems to have inadvertently
18 had attached to it a completely unrelated document from
19 NIOSH. This is not an SCA document. They would have no
20 idea what it's about. It's a highly confidential NIOSH
21 document and anyone who's read it will not be allowed to
22 leave today.

23 **MR. ELLIOTT:** My apologies and my regrets for any
24 inconvenience that this inadvertent clerical error has
25 caused anyone here. It is -- I think there's actually

1 maybe two documents there about position descriptions
2 for a general schedule 15 person or two, and has no
3 bearing on OCAS. You won't -- I don't even think you
4 see NIOSH mentioned there, I'm not sure. But please
5 just disregard. Thank you.

6 **DR. ZIEMER:** Okay. We're going to shred all copies
7 of that.

8 In any event, you might have -- those -- those two
9 documents, with the exclusion of this inadvertent
10 document, are the ones that are under consideration. So
11 Hans --

12 **MR. ELLIOTT:** In our continuous improvement process
13 at NIOSH/OCAS, these are the kind of things we're
14 looking to avoid.

15 **DR. ZIEMER:** I thought they were inserted
16 intentionally to see if the Board would catch it.

17 Okay, Hans, please.

18 **MR. BEHLING:** Okay. Just as a recap, I will not be
19 talking about that second document that involves the QA
20 procedures. I'm going to be confining my presentation
21 to the first one, the larger one.

22 Just again this morning I'd like to say thank you
23 for the opportunity to come here and my name is Hans
24 Behling. I'm with SC&A and I'm a health physicist by
25 training.

1 Under the Energy Employee Act there's a statutory
2 requirement for the Board to independently review the
3 methods for dose reconstruction, and it's all --
4 obvious-- clear that procedures that a critical part of
5 that methodology. So on behalf of task three, I was
6 asked to develop a procedure that provides both an
7 outline, as well as a general approach, for the review
8 of procedures that have been adopted for dose
9 reconstruction.

10 Accordingly, the Board forward to us a disk that
11 contained 33 procedures, and these 33 procedures
12 represent OCAS implementation guides, technical
13 information bulletins, program evaluation reports and
14 procedures, as well as ORAU's plans, procedures and
15 technical information bulletins. And I think they're
16 all part of the package that you have that briefly
17 identify them and also give you a one or two-sentence
18 summary of each of those procedures.

19 One thing I do want you to take note of is that not
20 included in this review process are obviously site
21 profiles, because they are covered under task one.

22 When I briefly scanned these 33 documents or
23 procedures, I realized they were quite diverse in both
24 content and in scope, and I have to tell you, it took me
25 a while to understand how I was going to write a

1 procedure to review 33 procedures that varied so
2 differently. So I re-read the Act over and over. I re-
3 read the final rule of 42 CFR 82 and the regulations
4 themselves for some inspiration, hoping that a light
5 would go off.

6 Well, the Act requires that the Department of
7 Health and Human Services establish regulations and
8 methods for arriving at reasonable estimates, and that
9 was one of the key words that jumped out at me --
10 reasonable estimates. And the Act specifically states
11 that the key objective of the compensation program is to
12 provide for timely compensation, another word that
13 jumped out from the pages.

14 Other directives issued by the Act in the final
15 rule of dose reconstruction methods state that these
16 methodologies should be, one, efficient; two,
17 consistently applied; reasonably and fair to the
18 claimant; adequate and complete; and well-grounded in
19 the best available science. And those are the key words
20 that I focused on in thinking about how I'm going to
21 write a procedure that will capture some of those
22 elements.

23 It would have been easy for me to focus strictly on
24 the science of it, because as health physicists we tend
25 to always dwell on infinite detail and how much could we

1 improve on this if we add this and this and this, and
2 that's axiomatic. Science has to be obviously an
3 integral part of this review protocol, but it's
4 certainly not the only one.

5 In the next seven slides I will briefly identify
6 the seven objectives that came out of the review of the
7 Act and the final rule, as well as the regulations
8 themselves, and identify criteria that we will use to
9 determine if the procedures under review meet in fact
10 these objectives. So let's go to the first statement.
11 Of course that reiterates what I just said.

12 But the key word here is that we want to be in a
13 position to -- to -- to establish a sense of timeliness,
14 so that became our first objective. To what extent are
15 procedures supporting a protocol that will allow for a
16 very rapid analysis of doses, et cetera.

17 Objective number two is that the procedures must
18 also establish a sense of efficiency in those instances
19 where a more detailed approach clearly would not add to
20 any value. In other words, can we short-circuit the
21 system. And that is a criteria of efficiency in
22 instances where we already went over the top or we,
23 under the worst of conditions, cannot fathom the idea
24 that he will -- or that person will ever meet the 50
25 percentile probability of causation.

1 Objective three, to assess the procedures in terms
2 of have they exhausted all the potential exposures and
3 ensured that the resultant doses are complete and based
4 on adequate data. So completeness, as well as adequacy
5 of data, was objective number three.

6 From the beginning it was obviously clear to the
7 HHS that claims would represent a wide range of exposure
8 conditions that in turn not only reflect the various
9 activities at the DOE sites and the AWE sites, but also
10 reflect the change in times. How things were done early
11 obviously is different from the way they're being done
12 today or in between those periods of time. Thus
13 objective number four was to assess procedures for a
14 consistent approach of dose reconstruction that would
15 assure some kind of consistency, both in terms of time,
16 regardless of location.

17 And because of the many potential problems that one
18 encounters in dose reconstruction that includes
19 unknowns, loss of data, missing records, unmonitored
20 exposures, a fifth objective is to be sure that we
21 account for all of those things, and in the process be
22 fair and give the benefit of doubt to the claimant in
23 cases of unknown. So that became objective number five.

24 Related to fairness and giving the benefit of doubt
25 to the claimant is the requirement for also quantifying

1 the uncertainty of various parameters that are included
2 in dose reconstruction. And for that there has to be
3 some assessment of the uncertainty, which then is
4 objective number six.

5 The last objective that I identify is striking a
6 balance between good science and most of the parameters
7 that I will collectively refer to as being efficiency,
8 as a matter of efficiency. To what extent can we, for
9 instance, get to where we want to go and get the process
10 moving as rapidly as possible; still retain good
11 science, defensible science, but not go to the level of
12 detail where it's timely and costly and slows the
13 process down. So the last objective is, in essence, do
14 the procedures provide a proper balance in terms of the
15 guidance it offers for doing the -- doing dose
16 reconstruction efficiently, without sacrificing the
17 quality of science that goes into them.

18 So let me identify the parameters by which we
19 intend to assess these various objectives. The first
20 one, again, was the issue of timeliness. And in each
21 case here, the objective is stated as 1.0 and the next
22 one will be 2.0, and underneath each of these are
23 various criteria by which we will assess the procedures.
24 In the first case of timeliness, it's clear and it's
25 obvious that the procedures should be written in a style

1 that is unambiguous. Does the procedure -- does it read
2 easily, does it cause people to question what am I
3 reading, how do I interpret this. Is the procedure
4 written in a manner in which the data is presented in a
5 logical and sequential manner.

6 Is the procedure complete in terms of the required
7 data. In other words, you don't want to have to go to a
8 -- yet another reference if it's possible that that
9 information can be already incorporated into that first
10 procedure.

11 And is the procedure consistent with others. We
12 know that, for instance, the procedures as we see them
13 starts with the regulations. That's really first order
14 document. The second order documents, obviously the
15 implementation guides. And third order documents are
16 those that support the implementation guides. And there
17 is a need to show that these procedures are in fact
18 consistent and basically offer the same or at least
19 align themselves to each other in that sequence. And
20 that is also part of the hierarchy that is 1.4.

21 And lastly, is the procedure sufficiently
22 prescriptive, because it's very important that the
23 individual -- and I don't know how many people will
24 actually engage in dose reconstruction, but it would be
25 nice to say that if you were to give the same set of

1 documents for dose reconstruction to 100 people, they
2 would consistently end up with the same number, using
3 the same logic, using the same arguments to say, in the
4 case of unknown, this is what I'm going to apply here or
5 assume here. So there has to be a method by which the
6 number of subjective assumptions are minimized so that
7 the procedure remains fairly prescriptive.

8 For efficiency we already talked about the need to
9 be able to cut the system or short-circuit the system at
10 an instant when you know the dose is going to be
11 sufficiently high, where you don't need to go on and
12 need to invest any more, where you know you're over the
13 top and you can obviously at this point call it quits.
14 And the same thing in the reverse, when there is so
15 little chance that the cumulative dose will actually
16 reach the 50 percentile mark, where you simply say use
17 the worst-case assumption. However, for this procedure
18 to have any -- or for this approach to have any merit,
19 one has to know what is the dose for a person who -- for
20 a claimant who has a given cancer. So one has to at
21 least have some mental idea as to what it is that you're
22 looking for when you talk about a thyroid cancer or some
23 other cancer. And so the procedure should provide the
24 dose reconstructor with a means or some -- somewhere
25 that dose reconstructor should have an understanding of

1 what it is that he's looking for that would allow him to
2 make that judgment call that says we're over the top,
3 even the first few years of exposure pushed me over the
4 top. And for that to be the case, he would have to know
5 what that number is in terms of the dose to that tissue
6 that gives you that greater-than-50-percent probability
7 of causation.

8 The issue of complete and adequate data, I have two
9 components to this. One involves the interview process,
10 and for the interview process I have listed several
11 items here that we will look at. That is the quality of
12 data collected via the interview, the scope of
13 information, the level of detail sought and relevance to
14 dose reconstruction, and the objectivity and lack of
15 bias by which that information is obtained from the
16 interviewer, the sensitivity to the claimant, and of
17 course protection of the claimant under the Privacy Act
18 or the last issue that we will look at.

19 For objective number three, that is the second
20 half, the adequacy and use of the site-specific data,
21 here's where we get into site-specific profiles. And as
22 I mentioned earlier, we're not going to be looking at
23 that. However, many of the procedures of the 33 will
24 obviously demand that we make reference to site-specific
25 data, and therefore there is going to be an assessment

1 of those procedures and say do the procedures call for
2 the site-specific data in instances where we have, for
3 instance, a TLD or a film badge, and what is the
4 potential frequency of change-out, what is the potential
5 limitations of those personal dosimeters, et cetera.
6 Those are the issues that will be contained in the site
7 profiles, but the procedures will direct you to those
8 site profiles in instances where such data is needed.
9 So that's objective number three, the second half of
10 three.

11 Again, the objective number four is to assess
12 procedures for their consistent approach to dose
13 reconstruction. And I'd already mentioned the need for
14 a prescriptive approach whenever possible, and also a
15 hierarchical process that are well-defined in 42 CFR 82.
16 As we know, there are certain types of data that have
17 priority over other types, and do the procedures require
18 this to be...

19 Objective number five, fairness and benefit of
20 doubt. There are really three major areas where that
21 comes into play -- in instances of missing dose, in
22 instances of unknown parameters affecting the dose
23 estimate, and instances where claimant was not
24 monitored. Those are the three areas where the issue of
25 fairness and benefit of doubt come into play.

1 Objective number six involves the uncertainty, and
2 here we're going to be looking at one of our in-house
3 statisticians to support that particular issue because
4 I'm not qualified to necessarily deal with the issue of
5 uncertainty. But SC&A has several staff statisticians
6 who will be looking at the various types of issues that
7 involve the need to select a distribution for a given
8 dose estimate, as well as the number of iterations that
9 might be needed, et cetera.

10 And lastly, objective number seven, and that's
11 perhaps the most important one, and I started talking
12 about the issue of trying to balance precision and
13 maintain efficiency in the process. And when it comes
14 to precision in details, as I mentioned, there is a
15 tendency among health physicists to always add another
16 level of detail that refines the precision, but this is
17 really not what's needed here. We're not doing a dose
18 response or we're not doing research on dose response.
19 We're trying to resolve claims. And so a critical part
20 of this process of trying to balance precision and
21 efficiency is to say is this step in the dose
22 reconstruction process really going to significantly
23 alter the final dose, and will it make a significant
24 difference, given the investment that we need to make in
25 order to reach that additional level of precision. And

1 so we have two elements here that we will look at -- and
2 it's a subjective call. But I've already looked at some
3 of the procedures and I realize that in certain options
4 where you have to select A, B or C, the differences are
5 at the fraction of one percent. And you have to ask
6 yourself, in context with the larger uncertainties that
7 are sometimes there, does it make any difference to
8 necessarily make a selection process as opposed to
9 defaulting to a higher value when in fact the difference
10 are so marginal.

11 So that concludes my presentation and I'll try to
12 answer any questions you may have.

13 **DR. ZIEMER:** Thank you very much, and we are going
14 to have more detailed discussion on the document itself
15 later in the meeting, but let me ask if any of the Board
16 members wish to raise any questions now with Hans in
17 terms of the material he has just covered. Again, we
18 will have a chance, in a sense, to deal with this in
19 depth when we look at the document. This is a good
20 summary of what is contained in that main document that
21 we will be looking at.

22 (No responses)

23 **PUBLIC COMMENT**

24 **DR. ZIEMER:** Okay, thank you very much. The next
25 item on the agenda I'm going to delay briefly because

1 one of the items, the public comment period, I would
2 regard as a time-certain, insofar as we have individuals
3 who have come specifically for the public comment
4 period. We are perhaps just about five minutes ahead of
5 that schedule, but I think we can proceed. A number of
6 the individuals who wish to speak are here and ready to
7 address the Board, so we will proceed with -- with the
8 public comment period and simply ask Dr. Neton to
9 postpone his presentation till after that period, if
10 that's agreeable.

11 Now I have -- I have nine individuals who've
12 requested to speak. Our scheduled time is somewhat
13 limited, so we ask the speakers to be cognizant of their
14 fellow speakers and -- in terms of the time, and not to
15 -- not to monopolize the time available. So please
16 confine your remarks, if you're able to, without being
17 repetitive.

18 Let's begin then with Teresa Moran from Richland.
19 Teresa? Perhaps she's stepped out.

20 Carol -- is it Wilson? Olson. No? From
21 Kennewick, Carol -- I'm having a little trouble reading,
22 looks like O-l-s-o-n, Ols-- no. Anyone named Carol sign
23 up to speak? Let's start with the first name, having
24 trouble with the last.

25 Beverly Cochrane? Beverly Cochrane, thank you. If

1 -- it would be probably helpful if you used the mike in
2 the front, then everyone in the room can see you. Are
3 you willing to do that? We won't insist on it, but as I
4 pointed out last night, it also gives you something to
5 lean on, so... Beverly Cochrane's from Pasco,
6 Washington.

7 **MS. COCHRANE:** Yes. My name is Beverly Westerfield
8 Cochrane and I'm a survivor of my father, Frank
9 Westerfield. My father worked out at Hanford during my
10 growing-up years, and he worked from 1948 I think it was
11 till he retired about 35 years later. So he worked
12 there when the most dosage probably was received by the
13 workmen.

14 My father was a steam fitter welder. He was a
15 small-built man, and therefore used -- was used by his
16 employer and his fellow workers to do the things -- do
17 what -- get up in the pipes that other people couldn't
18 'cause he had a smaller stature and he was a very good
19 welder. He was -- he taught it at college, in fact,
20 welding.

21 Well, anyway, my dad led a very full life, but he
22 got sick in his early seventies and he had cancer. And
23 in the dose reconstruction (sic) part of the report it did
24 state that he had lung cancer, and we were sure of that,
25 too, but -- and he had prostate cancer and he had liver

1 cancer. And this was due, in my belief, to the fact
2 that my father was -- worked so much extra.

3 He wore these white uniforms. I remember one time
4 he -- or more than one, came home because he'd had a
5 dosage and they sent him home in a white -- coveralls.
6 And this wasn't unusual. He had a meter, he had a
7 pencil meter type thing. He'd take that off because he
8 was needed to go back up in the pipes and do welding. I
9 mean this was common knowledge.

10 A fellow worker who was his boss, I put in pages of
11 anecdotal notes about my father's working and the
12 situation of his fellow workers, and also I'd listed his
13 coworkers down there, the few that are still living.
14 But his supervisor said that he -- they -- he remem-- he
15 worked with Frank, my dad, and he said Daddy did
16 everything. I mean he was a very good worker and he was
17 very responsible to the point that he could be, because
18 he did what was expected of him. And so I have living
19 proof. The notes say that my father went through these
20 things. And then he ended up having cancer and he died
21 -- very miserable death.

22 Last time I saw him -- I mean last months, he was
23 in a fetal position. Now that -- that is agonizing
24 death, and I believe that my father is entitled -- his
25 survivors are entitled to any kind of compensation that

1 complaints because a lot of people are still working out
2 in the area and are afraid to lose their jobs or get
3 some type of retaliation in return for making a
4 complaint against the government. And you know, I don't
5 have the facts in front of me, but I -- I hear, here and
6 there, that people have -- that have complained have had
7 somewhat -- little tal-- retaliation on them, you know.
8 But there's no proof of that, but you know, I've just --
9 from hearsay.

10 And why I'm here today is my grandfather was a
11 Nebraska farmer, and he was poor and he had a family,
12 and he got offered a job and a house here in Richland to
13 work out there and -- in the mill to -- to help build
14 the bomb or whatever he did. And he'd come home every
15 day -- 'cause he was like my parental figure. He'd come
16 home every day with a metal box that they would
17 determine his levels of chemicals that he had been
18 exposed to 'cause he was in the area that he was getting
19 con-- you know.

20 Anyways, he first got these big lumps on his neck.
21 And he was in his middle thirties. He'd been working
22 out there for I-don't-know-how-long, but he started
23 getting these big lumps on his neck and had those
24 removed. And then after that, then he started getting
25 sick with cancer. And he was afraid to say anything,

1 that he thought it was caused by chemicals he had been
2 exposed to, because that was the only means of support
3 for him. He was worried about his pension and all that
4 other stuff, so he was afraid to come forward to try to
5 get any kind of retaliation or get some help. So he
6 suffered very badly. I had to see him every single day
7 suffering from the cancer eating away at him. And it
8 really affected me because he was a father figure in my
9 life and -- and I feel that our family got short-changed
10 when he passed away, 'cause when he passed away, my
11 grandmother could barely make it and she didn't want to
12 cause any problems, either, because she wanted to
13 receive the pension money. And so she was afraid if she
14 made waves that somehow that money would be cut off.

15 And the same thing with another family member that
16 has had cancer, and I believe also due to being exposed
17 to harmful chemicals, still works out there and is
18 afraid to come forward at the -- at the -- you know,
19 worrying about their jobs. So a lot of people are
20 worried about their jobs and they're worried about, you
21 know, retaliation and they're worried that they're just
22 going to open up a big can of worms and everything's,
23 you know, going to fall apart, you know. So I just
24 wanted to say that -- that that is, in my opinion, the
25 reason why a lot of people aren't coming forward.

1 Later -- years later I went to work at Hanford and
2 worked in the 200 areas, first-hand knowledge and sight
3 of what happens when you get a down-draft from those
4 stacks. Now this is before the new filtration went in.
5 That iodine came right down around the buildings,
6 contaminated the grounds, and they had to actually come
7 in and move three or four inches of topsoil, and we was
8 in that, too. And the guys also had to come and go from
9 the buildings in SWP* clothing and drop them off at the
10 guard shacks before they got on the bus. That's one
11 incident.

12 Another incident was in 224. I believe it was U
13 plant. And we were in the lunch room eating dinner and
14 one of the RMU* guys was with an operator going down the
15 whole corridor to take a sample. And as he was walking
16 he was -- CP meter was swinging in his hand and he
17 looked down and it was off-scale. He didn't even know
18 it was on. So he stopped and he looked up and flipped
19 it to the next scale and it was off-scale, also. And he
20 flipped it to the third scale, which is the highest
21 scale, and it was still off-scale. So he run everybody
22 out of the lunch room, and myself included, and -- and
23 got people in there with SWP clothes on and they found
24 the problem. This stuff was oozing through the wall
25 into the corridor right next to the lunch room, and this

1 corridor was a clean area. And so was the lunch room,
2 of course.

3 But anyway, they come in and put a new wall of
4 high-density concrete over that wall. Now that's
5 another incident, and I believe that's where I got a
6 direct ingestion of plutonium and uranium 'cause we were
7 working with uranium in that building. That was 30-some
8 years ago.

9 There's another thing I would like to mention,
10 also. My father-in-law, Cecil Imercrary, came here in
11 '43, and he went through a very painful death, suffered
12 terribly, from beryllium exposure and he finally died at
13 83. But he suffered for years because of this, and he
14 spent most of his life here working.

15 I left the project myself, but I just thought maybe
16 these few comments may help. But I don't know but what
17 some of the records, like the people have said here,
18 have been expunged from the files 'cause I've seen my
19 files and they don't represent totally what went on out
20 there, and I've got a stack about that thick
21 (indicating). So -- but I got a feeling that most of
22 the stuff that could be -- cause them a problem in later
23 years has been removed.

24 Now there's a records building right here in the
25 712 building or 713 and 12 -- 712 is the printing and

1 not for them, but for everybody. This isn't a me or an
2 I deal, this is a we. And so again I'd like to
3 reiterate to you, take your information back to whoever
4 you got to go to and tell them that -- what the process,
5 how it's evolved today is not working, regardless of the
6 efforts of the individuals that have been involved with
7 that. It's simply not working. And so we need to have
8 this site as a special cohort site, period. This was
9 granted to these other places, and supposedly we're
10 supposed to have the best records that there is. And if
11 that's the case, if we've got the best, boy, I'd hate to
12 see the worst because I think it's pretty evident --
13 from all the testimony that you continually seem to be
14 having an opportunity to hear -- that it just doesn't
15 add up. So please, please, for everybody in this
16 community -- and this is a great community, and I want
17 to continue to live here and I want my kids to continue
18 to have an opportunity to live here, we want to continue
19 to have an opportunity to work out here in a safe
20 manner. And so we're asking you to please help those
21 people and please help us that work here today.

22 There's an article in this morning's paper that
23 talks about that there was a tank farm issue where they
24 said there was no problem -- just real recent, by a
25 company called CHG, and they said hey, no problem. You

1 can be out there, breathe and everything, you don't need
2 any supplied air. Well, I'll be danged if it came out
3 in the paper this morning that yeah, you do. Okay?

4 Now I want to applaud them for realizing that they
5 made a mistake. And maybe that's because of the climate
6 today where people can come out and speak. And I
7 certainly hope that there isn't anybody that's suffering
8 any retaliation whatsoever because of this, because this
9 is supposed to be a free country and people are being
10 asked to come forward with this information. If they're
11 suffering any retaliation because of that, that's an
12 absolute criminal. So thank you very much for your time
13 and all the efforts you're putting forth here. We'd
14 appreciate that you'd continue to come back here and
15 visit us. And I would like to give you an opportunity
16 so the next time you come here that you can be our
17 heroes, 'cause I really believe that you want to be our
18 heroes and you want this to be -- to work, so you don't
19 have to go here and you don't have to go across the
20 country and have to listen to these horrific statements.
21 So do everything you can, because believe you me, we
22 want you -- we want you to be our champion. Thank you.

23 (Applause)

24 **DR. ZIEMER:** Thank you, John, for those words.
25 Let's go next to Gaye Shook -- Gaye Shook? Gayle -- is

1 it Gaye or Gayle?

2 **MR. SHOOK:** Gayle.

3 **DR. ZIEMER:** Gayle, yeah.

4 **MR. SHOOK:** I'm Gayle Shook. I've worked on the
5 plant for 38 years. I came here in 1950, right out of
6 school, went to work in nuclear projects -- and the
7 field is nuclear research that we were in. The reason
8 I'm here to air my gripes, I guess, today is to make you
9 aware of the problems that we all have. And we all
10 surely have problems that are here today that's going to
11 eventually terminate our life earlier than what we had
12 expected.

13 I have had cancer removed from my neck and my ear
14 and ear, my chest. I've had -- been diagnosed with
15 berylliosis, and that is making life very uncomfortable
16 right now. I would like to have been here yesterday,
17 but yesterday was a down day. I was not here.

18 But I'm like the rest of these people. I'm just
19 setting here hoping that you will be more attentive to
20 our problems and to maybe -- I don't know how you can
21 make it go through any faster to either say yes or no or
22 whatever. And I -- that's about all I've got to say.
23 I'm here -- want to thank the Board for listening to
24 this and hope you'll really act on these problems for
25 all of us. Thank you.

1 (Applause)

2 **DR. ZIEMER:** And thank you, Gayle, for your
3 comments.

4 Roland Haney? Roland Haney. Roland is a West
5 Richland resident.

6 **MR. HANEY:** My name's Roland Haney. I've lived
7 here since 1950, and I'm going to tell you about all my
8 problems after working five years at Hanford as a
9 serviceman. Serviceman's a laborer, and he does all the
10 dirty jobs they got out there.

11 Okay, I'm going to tell you the things that's wrong
12 with me that happened after I left there -- before I
13 left there. The first thing, my tonsils swelled up so
14 big that I'd drink water and it'd run out my nose. The
15 next thing that I had them removed. The next thing that
16 happened to me, a lump come in my neck and my thyroid
17 was removed, cancerous. Then after that, let's see --
18 my pituitary gland went bad. A good healthy guy like me
19 was 185 pounds and my pituitary gland, gone, so I took
20 testosterone every two weeks every since then and that's
21 been since about 1956 or '57.

22 The next thing that went on me was a lump in my
23 side. They call it a belt tumor. That was removed. I
24 don't know whether it was cancerous or not. The next
25 thing that went on me was three lumps in my back. They

1 were removed. I don't know if they were cancerous or
2 not. I'm awful nervous.

3 And let's see, then my esophagus started giving me
4 trouble. I went to Seattle and they checked it and said
5 if I didn't have it removed, I'd have cancer within two
6 years, so I got that esophagus fixed.

7 The next thing went was 14 inches of my colon. I
8 don't know whether it was cancerous or not. And my
9 appendix went. There ain't much left of me, after
10 working at Hanford. And doing the -- and I can't tell
11 you how many time that I went home in a bus with a pair
12 of coveralls on where I got hot enough -- they even took
13 my wedding ring. And just stuff like that'll happen to
14 me out there.

15 And when I got bad enough, you know, they made it
16 so rough on me that I just quit and left there. I only
17 worked there seven years. And I just wanted to tell
18 you, there's a lot of people around that's probably as
19 bad off as I am. Today I have defibrillator cost
20 \$77,000 to keep my heart going. And nervous as a --
21 I've shook ever since I left Hanford.

22 I got into beryllium -- I'm forgetting a few
23 things. I have beryllium now. I have asbestosis. And
24 it just showed up about six weeks ago when I was in
25 Harbor View. So you talk about getting it, I got it.

1 And I feel very bad about working at Hanford.

2 After I quit Hanford I could only work half days
3 because of the beryllium. I spent eight -- when I got
4 beryllium I was a spotter for the truck when they hauled
5 a load of beryllium scrap to the hot burial ground. You
6 had to take a spotter with you because they didn't want
7 the truck in the hole, so I stood at the back of the
8 truck and when they dumped it, all that dust come and
9 got -- I got a heck of a load of it.

10 The next day was Friday. My vacation started. I
11 went on vacation. I was home eight days. And I woke up
12 about two hours after I went to bed. I was sweating
13 like a fiend and the wife changed the bed. She changed
14 it three times that night, and we had to come back to
15 Washington, so I said well, I'll go down and get me a
16 shot of penicillin and head for home.

17 Okay, I go down and go in to the doctor, and this
18 is in Pittsburgh, Massachusetts, and I asked the doctor
19 -- you know, he checked me and I said can I get a shot
20 of penicillin? I have to be back at Hanford in five
21 days. And he said I'll tell you what, you go for that
22 door I'll call the cops on you. I said why, what'd I
23 do, you know? He said I want you to stay right here.
24 He called the wife and told her he thought I had polio.
25 And so he quarantined me, naturally, and everything and

1 next thing I know he come in and he said well, I think
2 you've got pneumonia.

3 And I -- pneumonia, well, that -- probably I have -
4 - and he said check -- I'll check you out tomorrow and
5 you can head for home. And so I got up in the morning
6 and went down there and he told -- he gave me a stack
7 about that high (indicating) of what he'd done and what
8 he thought and everything, and he said hell, he said I
9 don't know what you've got. You'd better go back there
10 and find out what you got into.

11 It was the beryllium that caused this, and it took
12 it till now to show up on me. And they call it chronic
13 beryllium. There's three types of beryllium poisons,
14 and that's a lot of things -- I probably could talk here
15 all the day -- all day about Hanford, but -- like
16 working in the discharge tunnel when the ties* come down
17 and they -- that's the only time I ever wear -- wore a
18 fresh air mask out there. Those -- we worked out there
19 like this, with a pair of blue coveralls and a baseball
20 hat. And I look at them guys doing the same work we did
21 and they're only wearing -- like they're -- stuff like
22 they're going to the moon, and that's all we wore out
23 there and them plants was running.

24 When Frank told you about the -- I guess they call
25 it the green stuff was discharged out there, the iodine,

1 a guy pulled all of -- all the filters out of the -- the
2 stack and that's the reason that went over into the --
3 and 100-H is where I worked and it was right in the path
4 of that, and I was right there when it happened.

5 So I don't know, I could talk all day about this,
6 so I'll just give up. Thank you.

7 (Applause)

8 **DR. ZIEMER:** Thank you, Roland, for sharing that
9 with us.

10 Jim Knight from Richland. Jim Knight? Yeah.

11 **MR. KNIGHT:** My name is Jim Knight and I thank the
12 Board for being here and this opportunity to talk to
13 you. I didn't start on the Hanford project until 1963,
14 so I don't know what the story is on all these horror
15 stories and stuff you've heard previously. I can just
16 tell you my own experience from '63 on.

17 I started in fuels manufacturing and went from
18 there out to PFP and worked in fuels and for the
19 plutonium processing weapons manufacturing for several
20 years, worked in tank farms for a while and testing,
21 drilling and safety and health.

22 Now not knowing the record of your other stories
23 here, but I -- in my experience out there and all the
24 exposure I had, I was in tank farms, went out, opened
25 several of the tanks there, the worst exposure I had out

1 there was being stuck in an office with two chain
2 smokers. That was the worst situation I faced in my
3 entire Hanford project, including being in the fuels
4 where we manufactured the raw uranium and PFP where I
5 worked with the plutonium and tank farms where we had
6 the waste product. Any my experience with this, I
7 developed coughs there. It took me ten years after
8 retirement before I cleared up the cough. I filed a
9 complaint with my supervisor, Steve Smith, at the time
10 and he said we will not process this because we don't
11 want to rattle anything up the ranks here on
12 discrimination or whatever he called it. So I don't
13 know, there might be a lot of horror stories here. I've
14 been exposed to plutonium, beryllium, asbestos and right
15 now I'm probably in the best health I've been in in a
16 long time and I think it's -- like I say, my biggest
17 exposure was being exposed to the cigarette smoke in
18 that office for several hours a day. And you'll hear
19 all kinds of horror stories.

20 I know plutonium's an alpha emitter, which
21 penetrates less than two cell molecules thick, so you're
22 going to have all kinds of stories here, but as I said,
23 with my experience being on the project, in safety and
24 going over the whole project, all the labs, the
25 reprocessing, the separations, the fuels manufacturing,

1 the weapons manufacturing, by far the worst experience I
2 had was having to stand in that room with those two
3 cigarette smokers. And thanks.

4 (Applause)

5 **DR. ZIEMER:** Thank you, Jim. Ron Strait. Ron
6 Strait.

7 **MR. STRAIT:** Good morning. I worked particularly
8 for contractors and so on out there. Most of the time I
9 thought they run a rather safe, stable type work site.
10 However, there were several incidents, like in the 300
11 area we were replacing a motor, myself and another
12 gentleman, on the americium line and they told us don't
13 stir up the dust. I thought we had adequate dosimetry
14 and so on, but we were working alone in there. We only
15 had a few minutes to work. It was rather hot. And this
16 fellow -- I can't describe exactly how it worked, but
17 there's a -- two lines in there -- one line over dropped
18 a piece of plywood off of a scaffold, and the dust just
19 flew. And I remember the HP folks telling us that we've
20 got -- you stir up the dust, if anything comes off the
21 conduits, whatever, you come out through the step-off
22 procedure immediately and so on and so forth.

23 Well, it hadn't got to us, but we could see the
24 dust boiling around in the room with the air handling
25 equipment. The room was at somewhat negative pressure,

1 obviously. And I yelled at my partner, let's go, and we
2 just dropped our tools. You can't take your tools out
3 of there. Dropped our tools and I ran for the door. He
4 looked at me kind of stupidly and finally it dawned on
5 him I was leaving for a specific purpose. We ran out
6 through the door just as this great big what, 20-ton
7 door was starting to go shut, and the induct detectors
8 evidently had spotted this radiation dust, radioactive
9 dust.

10 So we ran out there -- run clear beyond -- I was
11 really scooting, run clear beyond the step-off
12 procedure, so we contaminated the room and we had to be
13 cleaned up and we lost our clothes and so on and so
14 forth.

15 My dosimetry, as they were trying to reconstruct my
16 overall dose, showed virtually nothing. Well, I know
17 better than that. I really got a blast in there. And I
18 have a bone to pick with the way they kept our records
19 or observed our records, our dosimetry.

20 Another time I was working for Tri-City Electric.
21 The shop had rewound a big motor out there on -- that
22 keeps a negative pressure on some of the crypts across
23 from the 200 area in the burial site. The motor
24 wouldn't run. It'd either burned up or something, so
25 they sent me out there -- no dosimetry.

1 I walked out there, took the connection block on
2 the side of the motor apart, and it looked okay, but it
3 did smell burnt. And I noticed nobody else would come
4 down there where I was. So I went back up to their
5 shop, got ahold of one of their dosimeters, And while
6 I'm not trained or qualified to run them, I did -- you
7 know, I knew how to run them because we had, in the
8 past, kept track of a lot of our stuff. And I went down
9 there and it went off-scale. It was over five R where I
10 had been standing.

11 Well, I got back in the pickup -- you know, left.
12 I just got back in the pickup. I had no dosimetry on,
13 which was -- really I think would have really registered
14 some very high rad. Went back up to the shop. We went
15 through -- oh, cleaning my feet up and so on like that,
16 and I was allowed to leave. I don't know what all I had
17 on me, but I had a lot.

18 And several other instances I don't think our
19 dosimetry can -- our dosimeting (sic) can be
20 reconstructed properly. I don't think I was properly
21 covered in those particular areas.

22 Most of the rest of it was pretty benign. We --
23 I've worked in some commercial plants and I thought they
24 were a lot more careful with us. Like over here at
25 Columbia Generating and down at San Onofre and so on

1 like that, but they're commercial. They're not relative
2 to this. But even that, they kept real careful track of
3 our dosimetry, and we'd have to log into an area with
4 our badges and the badges tied to the computer system
5 kept control of our doses. And sometimes I'd get a red
6 screen, meaning I'd had more than they wanted me to
7 have, and it just -- it kind of dawned on me over a long
8 period of time that I don't think I was -- oh, what
9 would you say -- covered properly out here. And I think
10 I've gotten a lot more radiation than I should have, and
11 probably -- I've had a lot of skin cancers removed and
12 so on like that.

13 Working out at 100-N as we were doing stress
14 relieving, I was working for Foothill Electric, which is
15 one of the contractors under Kaiser, and we worked in a
16 lot of asbestos, a great deal, 'cause we'd wrap these
17 large wells to be stress relieved with asbestos, wrap
18 them with the coils, and then we went in and tore them
19 down. We'd be working in a cloud of asbestos dust and -
20 - oh, it won't hurt you, it's fine. Just, you know, get
21 in there and get out, get the work done.

22 Well, for Pete's hat sake, you know, years later I
23 find out that I was really exposed to asbestos. I've
24 had the checkups. I don't seem to have any beryllium in
25 me. I've had the B type X-rays out here and they say

1 that -- couldn't find any mesothelioma or whatever they
2 call it, asbestos -- asbestosis. But a friend of mine
3 who was doing the same thing, working with me part of
4 the time, does.

5 So, matter of time? Thank you, folks.

6 (Applause)

7 **DR. ZIEMER:** And we thank you, Ron, for being with
8 us today.

9 L. K. Mitchell -- or J. -- J. R. Mitchell, maybe it
10 is. Mr. Mitchell.

11 **MR. MITCHELL:** I'm J. L. Mitchell. I worked on the
12 project for 31 and a half years. I won't take much of
13 your time because I had a little time last night, but I
14 overlooked some things because I didn't know I was going
15 to get to speak. But when I transferred from
16 Westinghouse to -- from Atlantic Richfield to
17 Westinghouse, I was transferred on paper because I had
18 so much foreign objects in my system that I wasn't
19 supposed to have, so they transferred me on paper. I
20 signed the paper and I never have seen it since.

21 The next beef, when we was -- we got trapped up in
22 a explosion and we never was checked after we retired
23 and they said they were going to monitor us, and I been
24 retired 15 years and I never been back for a chest X-ray
25 or no kind of examination at all. And this was

1 something that they told us that we'd go through. And
2 there was seven or eight of us and we got -- the
3 radiation we got exposure that night, as much as it was,
4 it didn't go any higher than 40,000 dpm and what I -- my
5 beef is wondering is that high as a scale that they had,
6 was that high as it'd go, did we actually get more than
7 that and that's as high as the machine would read. And
8 I know I've -- bad as I hate to say it, I have cancer
9 and I been -- had some colon problems lately and some
10 kidney problems, but I haven't got the analysis yet on
11 those and I'm not too anxious to go back and see, but --
12 and some of the paperwork that I missed out on because I
13 was living in Arkansas taking care of my mother and she
14 had Alzheimer's a little bit worse than I thought she
15 did and some mail I'd get and some mail I wouldn't get,
16 but there's nothing we can do about that. But I'm just
17 here to let you know that I know that I got more
18 exposure out there than I should have. And the night of
19 the explosion, instead of warning everybody to stay away
20 from 912, there was never a signal to stay away from
21 912. We knew McCluskey was in 912 alone, and I had
22 previously ran the samples that was too hot reading out
23 a spec, and we went in there to -- to get him out. It
24 was myself, Chet Mize and Ron Lavelle. We went in there
25 to get him out, but when we opened the air locks, it was

1 just like a tornado. The black smoke was just rolling
2 and we knew right then we was in trouble so we backed
3 out, and that's where we got a deposition and I never
4 could find out how much we got. Nobody would never tell
5 us how much we got. But they said it went -- some was
6 in your head and to your lungs and possibly in your
7 bones. So this is what I'm living with. But I'm doing
8 as good as you can, but every time you go to the doctor,
9 you think they first thing they say, well, your cancer's
10 spreading or something of that sort, but hopefully it
11 won't spread. But I really appreciate you guys for
12 giving me a chance to talk and explain myself. And I
13 could go on for quite a bit. If any of you want to talk
14 to me after the deal, you might -- I'll be -- feel free
15 to talk with you. Thank you.

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

17 (Applause)

18 **DR. ZIEMER:** And Gai Oglesbee has requested -- Gai
19 I think spoke yesterday, as well, so -- you have
20 additional items for us, Gai, from yesterday?

21 **MS. OGLESBEE:** I sure do. Hi, good morning again.
22 I work at this almost every day for at least six hours,
23 so -- and sometimes 12, with breaks in between, of
24 course. But anyway, I didn't think -- don't think I
25 mentioned that I was the site and facility at large here

1 at Hanford from 1992 through 1996 when I took early
2 retirement, voluntary.

3 I will not be a bionic person. I've already told
4 my physicians and they want to do some -- some surgery
5 that is preventative and I've already -- I -- I deal
6 with cancer, forming cancer all the time. I won't take
7 radiation. I won't take chemotherapy, so what you see
8 here, my physicians see every -- every month or so is
9 what's going to happen, so I've already got it
10 legalized.

11 So my physicians say now in my records that they
12 don't know what to do for me next. That's because I
13 refuse to be a bionic person, and that's very clear to
14 them. So they're doing the best they can, and I'm in a
15 process -- and I'll tell you how dire it gets for some
16 families. I'm in a process of donating my body to a
17 university, maybe to my experts, who will take care of
18 it and I'm going to be cremated now, which was -- I was
19 absolutely against in the beginning because there've
20 been so many bodies that have mysteriously disappeared
21 for a while, so I'm making legal arrangements for all
22 that.

23 With that said, 'cause I hate to talk about my own
24 issues when there are so many other people that are
25 worse off than I am, I want to read this first in case I

1 don't have enough time left, but I think Owen Hoffman,
2 who's sitting in the audience, is a nice person and I've
3 met him twice, once in Spokane and once here. But his
4 methodology is criticized by people on the other side,
5 Owen. And I don't think your methodology's the only
6 methodology in the world that can be referred to in this
7 EEOIC process. I have expert witness, they use Star CD
8 -- CD, which is a licensed methodology. Also we were
9 taken to a secret place. I have a cohort that was
10 matched up to me as well as possible and so do the other
11 people that came forward, and the experts are very good
12 at what they do. They're high profile, and you know
13 that 'cause you know the person I was talking about.

14 Okay, here's what I was challenged to bring forward
15 today, and I'll read it first because this is a -- the
16 9th Circuit Court of Appeals on June 18th, 2002, and
17 what Owen might not understand is that Judge Fremming
18 Nelson has already recused himself. He hasn't told
19 anybody yet 'cause he has conflicts of interest, just
20 like Judge McDonald, who was tossed out and condemned.

21 So this was a decision made by the 9th Circuit and
22 they had a lead judge who's Mary M. Schroeder. She is a
23 chief judge, and I want to read you some of the experts
24 -- or excerpts that tells about F. Owen Hoffman's
25 methodology that's being used. So we have -- already

1 have a Federal court involved in this IREP methodology
2 issue.

3 As we explained in *Hanford* -- they start in this
4 one position. (Reading) As we explained in *Hanford*,
5 reliance on that standard was error because the doubling
6 of the risk is a measure courts use to determine whether
7 a substances is capable of causing harm in the absence
8 of any evidence other than epidemiological evidence of
9 toxicity (sic). Here we deal with a substance,
10 radiation, that is known to be capable of causing harm.
11 Indeed there is no threshold harmful dosage level for
12 radiation because it can cause harm at any level.

13 *In re Three Mile Island Litigation* -- which is what
14 they reference, which is more in tune with what happens
15 at Hanford. (Reading) What difference -- what
16 differentiates these plaintiffs' causation cases from
17 *Hanford* is that the evidence relied upon by the
18 plaintiffs. Plaintiffs in this case submitted a report
19 prepared by Dr. F. Owen Hoffman, Ph.D. Dr. Hoffman's
20 report established a generic methodology that was
21 intended to be used to estimate doses and risk to
22 specified individuals. Dr. Hoffman, using
23 representative plaintiffs, also provided ranges of the
24 estimated probability that certain diseases were caused
25 by the radiation exposure, depending upon the gender,

1 year of birth, age at first exposure, time since first
2 exposure and whether the exposure was acute or chronic.

3 That's why this methodology is failing with NIOSH,
4 because it doesn't take into consideration any of these
5 issues other than what they believe.

6 (Reading) For example, according to Dr. Hoffman's
7 estimates, a woman born in 1945 and living in Richland,
8 Washington who ingested milk from a back yard cow and
9 was diagnosed with thyroid cancer in 1955 has a range of
10 PC estimates from 59 percent to 99 percent. The median
11 of that range is 94 percent. A man born in 1945 and
12 living in Spokane, Washington who ingested milk from a
13 back yard cow and was diagnosed with thyroid cancer in
14 1945 -- in 1995 has a PC estimate for thyroid cancer
15 ranging from 1.6 percent to 71 percent. The median
16 estimate is 15 percent. Under the district court's
17 holding, only the woman proved generic causation because
18 her median, or central value estimate, exceeded 50
19 percent.

20 And this is talking about -- well, what took place
21 in the prior hearings that's been a 14-year undergoing.

22 (Reading) Dr. Hoffman's report was offered during
23 the generic -- genetic (sic) causation phase of
24 discovery and was intended as a general methodology that
25 would take into account a few individual-specific

1 factors to arrive at a PC estimate. According to Dr.
2 Hoffman, to determine a specific individual's PC, the
3 individual's sex, age, eth-- ethni-- I can't say that
4 word -- family history, type of (sic) duration of
5 exposure and actual mass of target organ must be taken
6 into account.

7 That hasn't been done on me.

8 (Reading) Plaintiff never intended, nor was it
9 understood from the district court's discovery orders,
10 that Hoffman's report and the other epidemiological
11 evidence would be the only evidence that would be
12 allowed to present to establish causation. Nor is
13 epidemiological evidence the sole method of establishing
14 causation.

15 And I think the other side, your peers, would agree
16 with that, that I talked to. My experts would certainly
17 agree with that.

18 (Reading) Court imposes no absolute epidemiology
19 requirement. In deed, Dr. Hoffman actually stated in
20 his report that his methodology was not the only way to
21 prove causation, knowing (sic) that differential
22 diagnosis or clinical evaluation may also establish a
23 causal link. As in *Hanford*, the district court's
24 determination at this stage that meant (sic) that
25 plaintiffs had to provide evidence that is more likely

1 than not that exposure to Hanford emission caused their
2 individual illnesses, blurred two-step causation inquiry
3 in (sic) genetic (sic) and individual causation. Thus
4 we conclude that the district court erred in dismissing
5 plaintiffs' personal injury claims on summary judgment.

6 And they went on to tell about why the individual
7 causations were different from the generic causations.
8 They had many specific reasons why you cannot combine
9 the two. One of them is emotional stress, which pays a
10 lot of money to -- for damages in Federal court. That
11 isn't even considered here. Emotional distress is a
12 very viable causation when you're injured and it can be
13 proven. That was not in this whole thing. I have not
14 been approached to talk about my emotional stress for --
15 for -- by anybody.

16 Thus (reading) plaintiffs' claims for emotional
17 distress because they -- they arose out of the bodily
18 injury, sickness, disease or death that the plaintiffs
19 allegedly suffered from as a result of excessive dosages
20 of radiation.

21 That's a precedent. The costs were awarded to
22 plaintiffs/appellants. That's very unusual.

23 Now if I have time, I'll give my presentation. I
24 don't know how long it'll take me to read it so --

25 **DR. ZIEMER:** Well, we're overdue already. What --

1 how long will it take?

2 **MS. OGLESBEE:** It's just very short.

3 **DR. ZIEMER:** Okay, please proceed.

4 **MS. OGLESBEE:** Okay. The EEOICPA claimants to not
5 deserve anyone -- any more broken promises. They've
6 heard for four years and been promised these things that
7 have never happened. And I don't care what the
8 statistics say, I don't know of anybody that's been
9 paid, except for one person, at Hanford. And I know a
10 lot of people's been paid in Special Exposure Cohorts
11 issues back east.

12 Hanford is a Special Exposure Cohort site because
13 you can't find the records. I know where the records
14 are. I went through that before. There aren't any
15 records, folks. They're all hidden. I know where they
16 are and -- a lot of them are and they put "Privacy Act
17 protected" on them and it takes -- a court of law
18 couldn't even get these records. So I know that the
19 former contractors take these records away for the DOE.

20 I issued from my group, two of them, three Special
21 Exposure Cohort petitions that represent over 7,600
22 people. Those were submitted in September of 2002.
23 None of us has gotten any word or recognition of
24 receiving those Special Exposure Cohorts, but Senator
25 Cantwell has copies of those now and she's looking into

1 it. You know, that should have been a default by now.
2 In a real adjudication process that wouldn't have gone
3 on. I hope you realize that.

4 With so many deserving claimants dismissed before
5 compliance with this American public law 106-398 is
6 observed by all agency delegates, is there a ways and
7 means to correct the unconstitutional problem that
8 denies due process for the EEOICPA purpose. Senator
9 Grassley, Senator Murkowski, Senator Cantwell and
10 Senator Kennedy receive a copy of my testimonies and
11 supporting evidence as often as I can provide it.

12 The USDOE had already used, abused, harassed and
13 threatened the people that in 2000 they said we were
14 wrong, we will now take care of our own. Before 2000 a
15 redundant statement made by the cohort agencies and/or
16 traditional agency defendants was no harm done to the
17 environment, personnel or off-site populous. That is
18 recorded in hundreds of investigative reports,
19 occurrence reports, radiological problem reports, et
20 cetera, which is part of my EEOIC evidence. My name is
21 one of five on many of those records because I was at
22 large here.

23 The following excerpts is but one record that has
24 come to my attention in the past months and the
25 attention of the senators who are investigating. I must

1 also consider the following findings in my quest for the
2 truth. Reportably (sic) USDOE Rick Cutshaw uses the
3 verbiage "nut case" when he refers to certain patients,
4 a term used to describe the EEOICPA Subtitle D
5 claimants. That was the statement I made to Tom Rollow
6 that said I was -- could be charged with libel. Well,
7 he's -- should go talk to an attorney, because I didn't
8 say the words. There's witnesses that have come forward
9 and the senators have come forward. I'm just trying to
10 react to whatever I know for my own personal thing
11 because I was involved in it.

12 The President defines us as being courageous
13 veterans. See Executive Order No. 139 -- 13179 filed by
14 the -- in the U.S. Federal Registry.

15 To ponder as I am doing, begin witness excerpt
16 quotes which are before the senators. Again, these are
17 not my statements. This is a witness's statements.
18 (Reading) We would like to see the qualifications of the
19 doctors that you have working at SEA and the final
20 physicians panel doctors. The docs at DOE are not
21 allowed to make a decision or sway the decision of the
22 civilian non-occupational health certified and no
23 military background.

24 (Reading) How many of the high -- the paid nurses
25 who the entity is making 300 percent profit -- profit

1 for the DOE know what a glove box is. They don't know
2 what a glove box is. For none are familiar with
3 military medicine. They are so -- there are no in-
4 services so the ignorant say -- stay ignorant.

5 This is somebody else's words, so it's hard to keep
6 up with it.

7 (Reading) About the claimants who sought true
8 professional help out of desperation, their personal
9 records and comments, letters, et cetera, got put in the
10 back of the chart. Who decides the chart order? This
11 is the order the chart gets put in before it goes to
12 panel. Shouldn't this be considered public knowledge
13 that can be FOIA'd. This chart order is clearly not in
14 the favor of the claimant, for when a non-occupational
15 and non-military doctor reads it, the fifth and the last
16 inch of the chart, he is also tainted with DOE's docs
17 and DOE's nurses notes. How many claims does Admiral
18 Rollow have on file? He said there was 30,000 with 100
19 per week coming in in November, 2000 (sic).

20 (Reading) Rick Cutshaw gets \$400,000 to make it
21 appear he had organized the effort.

22 And I won't go on any further with that.

23 (Reading) should the bill have been named NRNP, No
24 Records, No Payment.

25 Now this is what Senator Murkowski, Chairwoman of

1 the Water and Power Commission, said in a senate hearing
2 to Mr. Card.

3 (Reading) So what you are telling me is that we are
4 putting the victims through a bunch of hoops that, even
5 if they get to the last on (sic), they get nothing.

6 Card's response, (reading) Yes, Madam, this is
7 true.

8 Senator Murkowski then says, (reading) Well, don't
9 you think we should inform the victims about this?

10 Card said, (reading) Yes, Madam.

11 (Reading) Why did the Chairper-- woman responsible
12 for appropriations of the EEOICPA bill money define the
13 DOE program as a cause -- catastrophic failure. It
14 appears this public knowledge may have caused two DOE
15 top officials to resign three days after the Senate
16 hearings. Why is it that the medical assistants are
17 getting bonuses from Rich Cutshaw when no claims are
18 being processed. Are bonuses supposed to be allowed for
19 this EEOIC purpose. After all, Senator Grassley did
20 request the release of DOE records.

21 And I understand he was turned down. Why don't the
22 Congress find these people in contempt of Congress?
23 That's not very clear to me after all this is happening.
24 Is -- if Rick -- I have just a little bit more to go.

25 (Reading) If Rick Cutshaw is making about one-half

1 million a year, the EEOIC Subtitle D program -- program
2 should have been well-managed. Shouldn't this project
3 manager and perhaps Admiral Rollow be compelled to
4 forfeit their positions by now. According to Senator
5 Grassley's testimony, didn't the USDOE contract Navy in
6 a suspect manner because the agency was in jeopardy of
7 losing its contract. This thing that has happened to
8 the deserving victims is ongoing for four years. The
9 flawed EEOIC agency rules caused this human rights issue
10 to evolve. When was the Constitution amended to allow
11 the agency delegates to dictate what is or is not
12 applicable to the freedom of choice, freedom of speech
13 and the pursuit of life, liberty and happiness.

14 I didn't see any changes in the Constitution that
15 would take my rights away for this EEOIC purpose.

16 (Reading) Was it ever intended that Dr. F. Owen
17 Hoffman's IREP theory replace all other methodologies in
18 the world for this EEOIC purpose. Yes, the agency
19 delegates dictate that their codes undermine the
20 Constitution and all other American laws for this EEOIC
21 purpose.

22 I'm sorry if I'm slow at reading, but I've
23 developed cataracts and it's very much more difficult
24 for me to see these days, but I keep plunging on. So I
25 thank you for being here because -- I didn't do that

1 If this program, as convoluted as it is, with as
2 many agencies involved as it is, is to succeed, at least
3 on the Subtitle B side, it has to succeed because there
4 is a check and balance in the system. And the Advisory
5 Board obviously serves as that check and balance and
6 with the support of their contractor. And although I
7 was encouraged today to hear Tom Rollow's remarks that
8 there would be full and open access to records -- and it
9 was an unqualified statement, which was remarkable,
10 coming from the Energy Department, and it wasn't to the
11 extent practicable or to the extent we can fit it around
12 other program activities or consistent with whatever
13 directive and policy I receive subsequent to this
14 meeting. It was -- Tom said I'm here, we're -- we're
15 ready to move forward and give full access to the sites.
16 That was a breath of fresh air. That was terrific.

17 And so now the question becomes, if the Advisory
18 Board and its experts, through its contractors, need
19 documents and records, we've heard today that the
20 process will be that the existing memorandum of
21 agreement between DOE and HHS will be used as the
22 vehicle for securing those records. And in and of
23 itself, one understands that this Advisory Board, if one
24 followed its proceedings, asked for almost 18 months,
25 where's your MOU with DOE, Mr. Elliott? And every

1 meeting Mr. Elliott would say we're working on it. And
2 then the Advisory Board would say well, can we write a
3 letter encouraging it? And so eventually an MOU was
4 formulated and -- and -- and it was a hard-fought MOU
5 and it was hard to pull together, and let's hope it was
6 negotiated in good faith, because it's going to be not
7 the words that are in it, but its spirit that will carry
8 us forward to the next step, which is the audit phase.

9 And in the audit phase I guess the question that
10 comes to mind as a matter of policy -- and I know Larry
11 is intensely sensitive to this question -- is the
12 question of appearances and substance with respect to
13 full and unfettered access of the Advisory Board and its
14 auditor to the records they need to get their job done,
15 and to drill down vertically, as Joe Fitzgerald -- I
16 think those were the words he used at the last Advisory
17 Board meeting. And when I think about drilling
18 vertically, unfortunately it feels like going to the
19 dentist without anesthesia -- and it may be like that
20 for NIOSH, as well -- that there's a -- there's --
21 there's a certain amount of pain involved with having
22 somebody look over your shoulder.

23 Now Larry probably has not experienced that in his
24 position, but for some of us who have had jobs where
25 we've had people lean over our shoulders, we know what a

1 drag it can be. And to basically have professional
2 second-guessers -- which is in effect what the Advisory
3 Board and its auditors are doing in a responsive fashion
4 to the purposes in the statute.

5 Having said that, here's the challenge. The
6 challenge is that the requests for records be full and
7 transparent; that the -- any questions about the -- the
8 -- that -- that what the auditors need, if they're well-
9 reasoned, should be provided. The question is if it has
10 to run through the funnel of NIOSH, which is the entity
11 being audited, does it put them in an awkward posture of
12 basically prioritizing, whether it's the pace, the
13 energy level that's dedicated, the policy direction
14 that's given to their support service contractor, ORAU,
15 in securing these records. And so I'm only expressing
16 not that there's a problem that's evident, but that the
17 only remedy to a system where the entity being audited
18 controls the flow of information to the auditor -- and
19 we know what's happened in corporate America where that
20 has happened -- the only remedy for that is full and
21 broad transparency in that respect. And so I don't have
22 any specific criticism to offer, but I'm raising for you
23 a sensitivity factor that the NIOSH staff and its
24 contractor, ORAU -- which serves to be scrutinized in
25 its work by Sandy Cohen & Associates and this Advisory

1 Board -- all stand in an awkward spot, having being
2 looked over the shoulder and nobody wants to kind of
3 show what might be incomplete reasoning, incomplete
4 documentation, perhaps even unsupported statements or
5 suppositions, or you missed the boat. And so I want to
6 just be -- get some assurances, I guess, perhaps in some
7 forum or form, that there's going to be full and
8 unfettered access to that information, without
9 reservation and without a whole lot of balancing factors
10 that get in the way of it 'cause balancing factors sound
11 to me like somebody's got a hold card they're going to
12 drop and say "well, but". And if you have that full and
13 unfettered access, I think the confidence level in the
14 audit process goes up, so that would just be my first
15 recommendation.

16 The second response has to do with the
17 presentation we heard on health studies. And there's no
18 criticism that -- that -- that you all have had to get
19 up and running a program based on the atomic bomb
20 survivor cohort, by and large. And the statute clearly
21 calls for consideration of worker studies. And what we
22 heard in the presentation from NIOSH with respect to
23 further research in this area is we're going to look at
24 further refinements to the atomic bomb survivor cohort
25 with respect to the re-analysis of the Pierce studies on

1 smoking -- right? That was the first priority that Owen
2 Hoffman seems to be working on. We've got some
3 additional work going on in the DDREF area, the dose
4 rate effectiveness. And then after that, it looks like
5 there's a long horizon before we ever get to all of the
6 worker epidemiology questions that the statute directed
7 you to incorporate in the model -- meaning NIOSH and
8 HHS. These include the age at exposure question, which
9 is apparently now being postponed.

10 And for those of you in the audience, the age at
11 exposure debate is are -- is the older you get, are you
12 more or less radiosensitive. And the way that this
13 model is structured for a number of the cancers -- but
14 not all -- is that the older you get, the less
15 radiosensitive you are. And there are studies which
16 contradict that.

17 And the challenge that has been put forth -- and
18 articulately, in fact, by Owen Hoffman -- is does this
19 model, IREP, capture the full state of scientific
20 knowledge. We know the answer to that, I think, many of
21 us, in our hearts and in our heads. This model does not
22 capture the full state of scientific knowledge. And
23 Larry Elliott properly has directed his staff to start
24 moving that ball.

25 But let's say this. It's three and a half years

1 since the law was enacted. And with the exception of
2 the radon and lung cancer model, there's no worker
3 epidemiology built into this, and it looks like we're
4 years down the road before we're going to start to see
5 any incorporation of those considerations in this model.
6 And I would just offer to you that the agenda that you
7 got laid out by Russ Henshaw -- and no criticism
8 whatsoever of what he proposed -- but that it looks like
9 it's as slow as molasses. You all came up with an
10 agenda a year ago on what you wanted studied in terms of
11 the model development, and it doesn't look like a very
12 aggressive or energetic schedule in that area.

13 Finally I have two small technical points to bring
14 to your attention. One has to do with what gets done
15 with the testimony the people give here, aside from the
16 fact that it's put on your web site. Do substantive
17 fact-based -- facts that are offered here get rolled
18 into your process in any way? Do these transcripts get
19 given to Mr. Toohey and then -- for the sites that are
20 being addressed, the folks doing the site profiles and
21 the dose reconstructions, do they look at these
22 transcripts? Is the relevant information distilled?

23 And the reason I ask that is at the last hearing we
24 had in St. Louis, Missouri we had a group of workers get
25 up and say they worked 48-hour work weeks, not 40-hour

1 work weeks. And that's such a simple question about
2 what are your assumptions in calculating dose. Is that
3 or is that not going to be addressed in your
4 Mallinckrodt review, and are those kinds of issues that
5 get brought here, but not through some formal web-based
6 comment process, incorporated or are they just simply
7 offered here and they stop? And my sense is -- well, I
8 don't know the answer to the question. Do -- I mean is
9 there even a process, because you have to obviously sort
10 through the facts -- right? -- from the opinions. But
11 there are some important relevant points and that was a
12 very, very, very valuable one. I think y'all, you know,
13 make assumptions about work week length. You only know
14 that by talking to people who worked there at the end of
15 the day 'cause you won't have the wage records.

16 So I guess my question to you is, is that
17 incorporated in any respect and can you answer that now
18 or at some point in the future?

19 **DR. ZIEMER:** No, I think we need to come up with a
20 more formal answer. There are individual cases where we
21 have asked staff to address particular people's issues
22 because they have a case-specific -- in the case of
23 issues such as the time issue, this is one where we may
24 -- we may want to have a more formal tracking system. I
25 should let Larry answer on behalf of the agency, though,

1 in terms of issues like that that arise, or one of the
2 other staff. Perhaps Larry would --

3 **MR. ELLIOTT:** We certainly have staff here and we
4 have ORAU contractor staff here. They observe, they
5 hear, they consider, and so this is not taken lightly.

6 **MR. MILLER:** Well, I'll leave that to the Board to
7 deal with that response. It -- it -- it -- it -- it --
8 it -- I -- I think -- I think that's -- that's --

9 **DR. ZIEMER:** Your question is understood.

10 **MR. MILLER:** I think it's -- yeah, and I appreciate
11 that.

12 Lastly, one of -- and then my final point today is
13 if you all, as you're aware and you heard in the
14 presentation, chronic lymphocytic leukemia of course is
15 the one cancer not compensable under this program,
16 largely due to the absence of data from the Japanese
17 atomic bomb survivor cohort. Not necessarily due to the
18 presence, that it is not a non-radiogenic cancer. And
19 of course NIOSH, through the HERB branch, is now
20 undertaking research in this area.

21 Yesterday we heard there were approximately 180
22 claims -- I think that was the number, roughly, that was
23 thrown up -- that are then basically returned back to
24 the Labor Department as non-compensable cases. It would
25 be very useful -- just a suggestion -- given that CLL is

1 the only cancer not so identified, to do two things.
2 One, to make clear and break out publicly so we can see
3 how large a claimant base there is of CLL cases out
4 there that have applied under this program. I mean we -
5 - we know from the atomic bomb survivor cohort, which is
6 a very large cohort, they found three cases of CLL, but
7 that's because it's an Asian population, which -- in
8 which it's not terribly prevalent. So the question is,
9 how prevalent a question is it here? How big an issue
10 is of this, and that -- and I -- and -- because it seems
11 to me a lot of claimants may or may not get an answer
12 down the road on this and whatever risk coefficients
13 develop.

14 The second question follows from that, which is to
15 the degree and extent that NIOSH is now undertaking
16 research in this area, would it be worth notifying the
17 claimants that further research is being undertaken and
18 that you'll get back to them at some point in the
19 future. Because it seems to me it -- there's no
20 assurance that you're going to get back to them with any
21 specific answer, but there does seem to me to be this --
22 this letter that claimants get that says there's a zero
23 probability of causation that your illness arose from --
24 from the course of employment was probably a bit
25 puzzling to a lot of people who get it. And I think

1 that, given that Congress and NIOSH are now responding
2 to that question, that y'all may want to think about
3 notifying them.

4 So those are my comments.

5 **DR. ZIEMER:** Thank you very much, Richard, for your
6 thoughtful comments.

7 (Applause)

8 **DR. ZIEMER:** I'd like to thank all of those who
9 came today specifically for this public comment period
10 and for the comments that were offered to us. We do
11 take them seriously.

12 We invite you to return this afternoon, if you're
13 interested. We have more deliberations. There is not
14 another public comment period, but all of the sessions
15 of the Board are open to the public, so we're glad to
16 have you join us here.

17 We're going to break now for lunch, and we will
18 reconvene at 1:30.

19 (Whereupon, a luncheon recess was taken.)

20 **DR. ZIEMER:** Thank you. There was a slight delay
21 after I gaveled us, but we have corrected the problem
22 and are ready to go.

23 **UPDATE ON AWE FACILITIES**

24 We have one carry-over item from the morning
25 session. That's a presentation by Dr. Neton on AWE

1 facilities -- I was looking at the wrong part of the
2 agenda. Here we go. Jim?

3 **DR. NETON:** Okay. Thank you, Dr. Ziemer. For some
4 reason, it's your lucky day. It's not only my third
5 presentation, it's the second one in a row after lunch,
6 so I promise I'll be fairly brief. I only have seven
7 slides and I won't take too much of your time because I
8 know at the time there's a lot of deliberations the
9 Board needs to undertake in this afternoon's session.

10 I am going to talk about AWE facilities and where
11 we are with the profiles and the status of our dose
12 reconstruction efforts at those facilities today. This
13 is a companion piece that goes along with the DOE
14 profile update that I gave yesterday.

15 As the Board may know, we have about 2,000 AWE
16 cases in our possession, and what I've outlined here are
17 the top ten sites as far as number of cases that we have
18 in-house. By far, Bethlehem Steel is the largest number
19 of cases with 518, and we have completed the bulk of
20 those cases through the process because the Bethlehem
21 Steel site profile's been out for a while and those
22 cases are -- most of them are already back at the
23 Department of Labor for final adjudication.

24 But what you can see is the top ten comprise 1,195
25 cases, which is over 50 percent of the cases that we

1 have in-house, which is interesting, given that we have
2 AWE cases from 124 different facilities. So once you
3 get past the top ten, there's sort of a point of
4 diminishing returns about developing profiles for those
5 cases. You get down into the 30, 40 range, one needs to
6 examine the sanity of developing an entire document to
7 move five or ten or sometimes one case out.

8 I'd just like to take a little time pointing out
9 the fundamental difference between an AWE profile and a
10 large DOE site profile. The most noticeable difference
11 is these are all single documents. We don't have the
12 six chapters like you would see in a DOE profile. As
13 well as we have very little personnel monitoring data
14 for AWEs.

15 We do have caches of information that we've
16 obtained. Much of this information came from the
17 Environmental Measurements Laboratory archives -- record
18 archives in New York City. As many of you know, the
19 Environmental Measurements Laboratory, formerly the
20 Health and Safety Laboratory of the Department of
21 Energy, served as -- what I like to think is served the
22 corporate health physics office for a lot of the AWEs.
23 Many of these facilities didn't have -- they were
24 uranium foundries and general commercial activities.
25 They didn't have health physics support, so the

1 Environmental Measurements Laboratory provided that and
2 did much of the urine monitoring that we have on these
3 facilities.

4 Of course, using our hierarchical approach that
5 Hans discussed earlier in the day, we would use urine
6 sampling data and TLD to -- if we had it, preferentially
7 for those individual claims where it existed. That
8 tends to be a challenge. These bioassay records are on
9 these yellow onionskin sheets of paper all over the
10 place in boxes, but ORAU has done a very good job
11 capturing these bioassay records, coding them, putting
12 them into spreadsheets. And there's actually now an
13 automated function that exists that one can incorporate
14 these data through a searchable database into a dose
15 reconstruction, if they exist. So we're -- we want to
16 make sure that we do use the bioassay data if it exists.

17 For the majority of the claimants, however, there
18 are no bioassay data and so we are in the situation of
19 developing an exposure model, much like what we talked
20 about with the Bethlehem Steel situation. You have some
21 air sampling data, some knowledge of the processes, that
22 type of thing. So we would generate a best-estimate for
23 the intake for the workers at that site and put some
24 type of uncertainty distribution about it, and then
25 apply the model to almost all the cases, with allowances

1 for work history, cancer type and diagnosis date. Where
2 we know the work history and maybe something about what
3 people did at the sites, we could partition it. If we
4 don't know, we would take the claimant-favorable
5 approach and assume that all the workers breathed in the
6 entire -- the same amount that was indicated by the
7 best-estimate and the uncertainty distribution.

8 We have issued four -- four AWE profiles. I
9 sometimes tend to think there's six because I talked
10 about Huntington Pilot Plant and Mallinckrodt yesterday.
11 Those are AWE-type documents, even though technically
12 they're DOE facilities. So for technical accuracy, I've
13 only listed the ones that are officially AWEs on this
14 list.

15 Bethlehem Steel came out in March 31st of 2003,
16 followed by Blockson Chemical October 10th -- and I gave
17 a presentation, I think it was either last Board meeting
18 or two ago, about the AWE complex-wide document. That's
19 I guess officially not an AWE profile, but it is a
20 profile-type document that allows us to do dose
21 reconstructions at many AWEs using very conservative
22 upper estimates of exposure. It is based on our
23 knowledge of exposures at some of the highest potential
24 exposed AWE facilities.

25 A new one that's on here is Tennessee Valley

1 Authority, Muscle Shoals. It is a fairly small
2 document. This actually only covers five facilities.
3 This is after I just said that we wouldn't do one for
4 about a five-facility -- five -- I mean five claims, but
5 this was essentially -- this was a uranium development
6 plant. They made uranium from phosphate ore, very
7 similar to the Blockson Chemical process, so it was an
8 easy adaptation to do to estimate those exposures. And
9 in fact, I think this facility, in its entire operating
10 history, made five kilograms of uranium from phosphate
11 ore, so they're a very small operation.

12 We are in the process, just like at the DOE sites -
13 - the AWEs and DOE sites -- the profiles at DOE sites,
14 of revising some of these documents. The Bethlehem
15 Steel site profile is currently undergoing revision to
16 include an ingestion pathway model. There are some who
17 criticized our document for not including that pathway,
18 and it is correct, it was not included in that document.
19 So we have a draft on the table right now that we are
20 reviewing to incorporate the ingestion pathway. We
21 don't anticipate that it will add a tremendous amount of
22 exposure because the ingestion of uranium in particular
23 has an absorption factor of two percent in the
24 gastrointestinal tract, so 98 percent of the uranium one
25 would ingest in a facility would not be absorbed into

1 the body by our ICRP models.

2 Blockson Chemical, at the last meeting, we
3 discussed had a section on radon issued -- listed as
4 reserved. We are still deliberating on how to
5 characterize that radon exposure at that facility. That
6 section still remains reserved today.

7 There's another -- a number of AWE site profiles
8 under development, pretty much going along the lines of
9 the number of claims at those sites. Linde Ceramics I
10 think has about 120 cases. Harshaw probably 50 or so,
11 in that range. This is pretty much the lower limit of
12 where we need to start deliberating.

13 There are nine official sites that ORAU is looking
14 at that represent 132 cases. We need to figure out how
15 best to approach those AWEs. Once you get below these --
16 -- and I mentioned we have 124 different sites -- you
17 really get into the situation where you have one or two
18 or three claimants -- or cases per site.

19 There are a large number -- not a large. There are
20 a number of data capture efforts underway to try to
21 secure information on these facilities. There have been
22 five major capture efforts this calendar year. There's
23 been two trips to the DOE Germantown offices to capture
24 records. There was one to the Atlanta National Archives
25 Record Depository, and there's been several attempts --

1 or several record -- ongoing record capture activities
2 at the Oak Ridge -- the ORAU vault in Oak Ridge,
3 Tennessee. There's a large repository of about 150 file
4 drawers full of records that are undergoing right now
5 classification review, I believe. So at those
6 facilities I think this year so far they've captured 400
7 additional documents. And then whatever comes out of
8 the 150 file drawer review -- the classification review.

9 We tend to obtain information from a lot of
10 different sites. Many of these are AWEs, but not all of
11 them. You'll notice some of the larger sites -- Los
12 Alamos is on here, Pinellas is on here, Battelle
13 Memorial Laboratory in Columbus, Weldon Springs -- so
14 you really kind of never know what's going to pop out of
15 some of these data capture efforts. All of these were
16 scan-captured, put on our site database. And in
17 particular, any relevant bioassay data or TLD data is
18 extracted and put into this other database that the
19 health physicist has access to.

20 As I mentioned we have 2,200 -- about 2,200
21 different cases from AWEs representing 124 facilities.
22 We've conducted 650 dose reconstructions thus far out of
23 the 2,200. It's a pretty good record. That's somewhat
24 consistent with the percentage that we've done of DOE
25 facilities, surprisingly. I thought that these would

1 lag further behind, but they are moving forward. And
2 we've managed to do them for 43 different AWE sites.

3 That is by virtue of the complex-wide AWE profile
4 that I mentioned. And I gave some examples a couple of
5 Board meetings ago how we would go about doing those.
6 That complex-wide document allows us to do dose
7 reconstructions for sites that had uranium principally,
8 natural and very low enriched uranium, no other
9 radionuclides on site -- and there was one other -- and
10 the time frame had to be after a certain time period. I
11 forget the exact dates that it applies to, but there are
12 some limitations on the use of that document.

13 The majority of the AWE cases, of the 650, we've
14 done 470 from Bethlehem Steel, so it's a little bit
15 deceptive to say we've done 470 out of 650. So we've
16 done a number, 180 or so, from other sites using the
17 complex-wide, and some from Blockson Chemical, as well.

18 I think that sums up where we're at with AWEs. I'd
19 be happy to answer any questions if there are any.

20 **DR. ZIEMER:** Thank you. Let's open the floor then
21 for questions. Start with Jim.

22 **DR. MELIUS:** I just have -- first I have a follow-
23 up question, if it's permitted -- it'll be brief, I
24 believe -- from your presentation the other day. And
25 that was the -- I think you mentioned that in your site

1 profiles for the DOE sites that you're starting work on
2 developing a separate chapter on construction?

3 **DR. NETON:** That's correct.

4 **DR. MELIUS:** And that -- and I think some of the
5 comments we heard today from some of the people
6 speaking, and then people last night, I think sort of
7 point out some of the issues that come up with -- in
8 some of the construction works and questions of
9 monitoring. So I guess my question is sort of what's
10 your schedule for that and I would I think request to
11 you that -- that if we could have a briefing on what
12 your plans are for that at our next meeting, I think it
13 would be -- would be helpful and should be appropriate
14 in terms of -- I hope it's appropriate in terms of a
15 time process. Again, you know, what -- what approaches,
16 what difficulties, not a question -- not as much, again,
17 what -- a completed site or something, you know.

18 **DR. NETON:** I understand. The first one that we
19 are going after to complete is the Savannah River one
20 since we were there in November and got some fairly good
21 feedback from the folks. And we have some information
22 from the Center to Protect Workers Rights, who did a
23 study for us that catalogued a fair amount of
24 information for us, and that's the one we're working on
25 now. It may indeed become the prototype for -- for

1 future profiles.

2 As far as schedule, we have a team of people
3 working on this. We've been having trouble identifying
4 two conditions -- HPs with free time because they're
5 working on other dose reconstructions, and in particular
6 HPs who have construction-related experience. But I
7 would hope to have some -- some draft out in the next
8 month or so. And I'd be more than happy at the next
9 Board meeting to -- to discuss our progress and where
10 we're at.

11 **DR. MELIUS:** Yeah, 'cause I think the related
12 issue, if I understand right, is that the lack of such a
13 chapter or, you know, part of your site profile is going
14 to hold up individual dose reconstructions from the --
15 from the sites, so --

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

17 **DR. MELIUS:** Yeah.

18 **DR. NETON:** Oftentimes construction workers are
19 unmonitored and -- and as you can see, if we have no
20 bioassay data and no good handle on how to do it, it'll
21 be held up until we can get a chapter done on that,
22 you're right.

23 **DR. MELIUS:** And I can't resist this comment. I
24 think the discussion can be more informative since we'll
25 have our SEC rule out next time and we'll sort of

1 understand this -- issues with lack of monitoring
2 information and how we handle those situations, so that
3 -- that's another -- that's another story. But if we
4 could put that on next time I think that would be --

5 **DR. ZIEMER:** When was that next meeting going to
6 be?

7 Okay, Charles Owens, otherwise known as Leon.

8 **MR. OWENS:** Dr. Neton, in regard to the sites that
9 have a few number of claims that have been filed, what
10 are your thoughts relative to site profiles for those
11 particular sites?

12 **DR. NETON:** My guess is that we won't have
13 individual site profiles. It makes -- it doesn't make
14 sense, from an economy scale, so we will -- we will
15 essentially end up doing individual -- what we kind of
16 call in the office hand-crafted -- dose reconstructions.
17 But they would rely heavily on the information, to the
18 extent possible, from the other profiles. Many, if not
19 most, of the urani-- of the AWEs are uranium facilities.
20 They handled uranium in some shape or form and some
21 amount. We tend to know what happens when uranium is
22 either ground, turned into rods, that kind of stuff. So
23 we can put some -- we feel like we can put some limits
24 on the - the airborne exposure, and we also have
25 ingestion model, so I think we can deal with it. We

1 just need to know how much and when and kind of what was
2 done. We have that type of information.

3 There are some, for example, the Dana Heavy Water
4 Plant. We've just completed all the dose
5 reconstructions for that plant. There's no radioactive
6 material there. Heavy water is deuterium. It's not
7 radioactive. They extracted deuterium from -- from
8 regular water supplies, so the only real source of
9 ionizing radiation exposure would be medical X-rays,
10 which we tried to account for in those dose
11 reconstructions.

12 So I really doubt for sites less than 20 people
13 that we would have individual profiles, although there
14 may be exceptions. If it's an easy adaptation of
15 another one, we may -- may do that.

16 **DR. ZIEMER:** Another comment?

17 **DR. MELIUS:** Yeah, actually a -- one -- one other
18 question was just along those lines, and that's the --
19 have you ever looked at -- has anybody looked at these
20 sites or the number of potential people that were --
21 worked there during these -- the appropriate time
22 periods? 'Cause it seems to me that the number of
23 requests from these sites is going to be dependent -- to
24 the only extent of the outreach as the Department of
25 Labor does more outreach in some of these areas. I mean

1 I'm thinking there's a small one in Albany, a national
2 lead facility, that there's a fair amount of -- of
3 community interest in it in terms of -- there was a
4 clean-up issue a number of years ago, so there's --
5 there are -- I'm aware of a number of people that --
6 with cancer who worked at that site and there's been
7 some effort to track and involve those. But one would
8 think that there's the potential for a number of others,
9 you know, to come forward at some of these sites and if
10 -- sort of in your planning process or whatever that
11 might be taken into account.

12 **DR. NETON:** Yeah. We have not looked at the
13 potential number at these sites, but there have been
14 some outreach efforts. I know in western New York State
15 the Department of Labor has done some fairly intensive
16 outreach efforts. I can't speak for where else they've
17 done this, but I think you're correct. Awareness is an
18 issue at these smaller sites and the workers are hard to
19 locate.

20 **DR. MELIUS:** But I mean I'm even impressed here
21 with the number of people in the early years of the
22 facility that are -- have come forward, and it's -- you
23 know, it's getting -- as the word gets out to them and --
24 -- about this. Now clearly in this community it's -- may
25 be different, but Bethlehem's a good example of how -- I

1 mean it's -- a lot of people have applied from --

2 **DR. NETON:** Yes.

3 **DR. MELIUS:** -- that -- that site.

4 **DR. NETON:** Yeah. I was just looking -- I have a
5 listing of all the AWEs that we have claims from, and I
6 don't have any listed from National Lead, but in
7 retrospect, I'm not sure if it's an AWE.

8 **DR. MELIUS:** Maybe it's --

9 **DR. NETON:** They made primarily depleted uranium;
10 I'm familiar with the site.

11 **DR. MELIUS:** Yeah.

12 **DR. NETON:** It may have been mostly for defense-
13 related production of penetrator shells for tanks, but -
14 - interesting, 'cause it -- or counterweights. I mean
15 it was all depleted uranium that was made there, as --
16 to my knowledge. It was pretty much a sister type
17 operation to Fernald.

18 **DR. ZIEMER:** Let me --

19 **DR. MELIUS:** DOE's doing the clean-up. Does that -
20 -

21 **DR. NETON:** Okay, that would count, then, once the
22 DOE goes in -- we'll take a look at it --

23 **DR. MELIUS:** Yeah, I'm just using that as an
24 example. I'm not trying to...

25 **MR. ELLIOTT:** Just to respond to your question from

1 my perspective, we never tried to exhaust our effort or
2 resources in trying to estimate or prognosticate as to
3 how many claims might come in for a given site. We're
4 not good prognosticators, anyway. But I think it goes
5 back to eligibility, too. And we're not in that part of
6 the game. So I don't know if Pete wants to talk about
7 that from this perspective or not, but you know,
8 Bethlehem Steel, the records would say that there'd been
9 -- there were only a handful of people that were ever
10 involved in that particular set of rollings, and yet
11 from the determination of eligibility for a claim, you
12 know, we saw over -- about 500 claims. So we never --
13 we never used any -- any resources to try to judge or --
14 or guess on how many claims we might see from a site.

15 **DR. ZIEMER:** Pete does have a comment here.

16 **MR. TURCIC:** Larry -- Larry's correct, one of the
17 big problems -- unlike -- you know, with a Bethlehem
18 Steel, you had a facility that was there for a long
19 time, so you had, you know, generations of people that
20 worked at that facility. Most of the AWEs are not like
21 that. You know, they were small operations and it's
22 very difficult to try to find these people. And I mean
23 we're -- we're working real hard at it and we'll
24 coordinate with NIOSH so that, you know, if -- if -- as
25 we do the research on a facility and find potential

1 claimants, then, you know, we would coordinate with
2 NIOSH so that if there should become a necessity to do a
3 site profile, then there would be ample time to do that.

4 **DR. ZIEMER:** Thank you. Another comment? Yeah,
5 Jim.

6 **DR. MELIUS:** My usual question, Blockson Chemical
7 and some of the similar sites, I take it that there's no
8 determination made yet on the parts that are --
9 exposures that have been reserved, I guess is what you -
10 - are you --

11 **DR. NETON:** That's correct.

12 **DR. MELIUS:** -- referring to it, do --

13 **DR. NETON:** I don't know if Larry --

14 **DR. MELIUS:** -- timetable --

15 **DR. NETON:** -- wants to add to this, but that's
16 true.

17 **DR. MELIUS:** -- or update on that?

18 **MR. ELLIOTT:** I can only say that we're actively
19 considering how we need to reconstruct those doses.
20 We're -- we're fully engaged in that.

21 **DR. ZIEMER:** Any other questions or comments for
22 Jim?

23 (No responses)

24 **BOARD DISCUSSION/WORKING SESSION ON**
25 **PROCEDURE REVIEW AND SELECTION OF CASES**

1 **DR. ZIEMER:** Thank you, Jim. Now we have a number
2 of items that we need to address this afternoon. In
3 fact, we may end up being squeezed for time, but I guess
4 the first one we may want to work on is the task three
5 document. We had the summary by Hans earlier today.
6 You've received the document. It's in your booklet.

7 And Hans or John Mauro, could you delineate for the
8 Board the difference in the two documents, the -- the
9 one is basically a QA document. You want to clarify to
10 the Board members the difference in these two?

11 **DR. MAURO:** Sure. The way I distinguish them is
12 one is more of an administrative audit. That is, there
13 are QA procedures that are on the web that are being
14 used by ORAU to ensure the quality of their work
15 product. We're going to review the procedures that they
16 are following from the perspective of -- the way I -- a
17 good way to give an example is we've done a lot of work
18 -- many of the folks that work with me have done a lot
19 of work on quality assurance reviews related to the
20 design of nuclear power plants. And what you do is you
21 check to make sure that all of the analyses that are
22 being performed -- in the case of nuclear facilities,
23 it's safety analyses -- are being performed in a way
24 that has procedures and that there are separate groups
25 of people that are auditing those procedures so that

1 there's a system of quality control and quality
2 assurance. And that's well-documented in the ORAU
3 procedures.

4 Now what we're going to do is look at that -- their
5 procedures that they're using -- and use our judgment
6 regarding our experience in the application of QA/QC --
7 to safety-related calculations, for example, in the
8 nuclear industry -- as to the degree to which their
9 procedures are consistent with the philosophy of what
10 compromi-- what -- what constitutes a good QA/QC set of
11 protocols. So it's an administrative review.

12 The other one, the larger document, is a technical
13 review, which is -- which I think we all understand.

14 **DR. ZIEMER:** Which Hans talked about.

15 **DR. MAURO:** Exactly.

16 **DR. ZIEMER:** So we want to begin with the larger
17 document, which is the 33-page document. And I'm going
18 to propose -- what we want -- let me tell you where I
19 think we need to -- we want to end up. We want to end
20 up either approving this set of procedures, approving it
21 with minor modifications, or -- if we believe there are
22 major changes needed -- then we would so identify those
23 changes and ask the contractor to come back with a
24 revision. That basically outlines our options here.

25 If I might, I'd like to step us through the

1 document so that we can focus on what I think we need to
2 focus on in -- 'cause there's a lot of stuff here.
3 First of all, the first two pages, pages 2 and 3,
4 beginning with Purpose, are simply -- it's simply a
5 reiteration of what this review is about. It's really
6 not a procedure, simply reiterating why the review is
7 being done.

8 Pages 3 and 4 reiterates the scope, and the scope
9 is described in terms of the hierarchy of documents,
10 starting with the Title 10 -- Title 42 CFR 82 and so on
11 and down through the implementation guides and the
12 technical basis documents. So that's more a --
13 descriptive again of what they're planning to cover.

14 Then on -- starting on page 4, the bottom of the
15 page where it says Procedures To Be Reviewed, and going
16 through page 10, you have an enumeration of the
17 procedures that they have identified need to be
18 evaluated. This is, in a sense, kind of a laundry list.
19 It identifies the procedure by title and a brief
20 description. So again, these are not the procedures,
21 but simply an identification of the procedures to be
22 reviewed. Now -- and where I'm going with this is that,
23 unless somebody finds something missing, up through page
24 10 there's nothing here for us to do in terms of
25 approval. We -- at this point they've not talked about

1 anything that they're going to do other than simply laid
2 -- laid the background here. Everybody with me so far?
3 Okay.

4 Now beginning on page 10, section 3.0 -- is there a
5 question on the paging or anything?

6 **DR. ANDRADE:** Just a quick comment, Dr. Ziemer.
7 I've actually gone through the document all the way up
8 through page 23 and found that basically the description
9 of the review objectives, the documents -- the listing
10 of the documents that will be reviewed, the
11 implementation plans, more detailed descriptions of the
12 objectives are almost verbatim --

13 **DR. ZIEMER:** From the task order.

14 **DR. ANDRADE:** -- described -- they're -- they are
15 written descriptions of the briefing that was presented
16 to us this morning.

17 **DR. ZIEMER:** Right.

18 **DR. ANDRADE:** And so I would say where it really
19 starts to get substantive is about page 23, where it
20 starts to talk about select technical issues subject to
21 SC&A review.

22 **DR. ZIEMER:** Thank you. I do want to point out
23 that, starting in section 3.0 on page 10 there is a
24 discussion of the seven criteria that were presented to
25 us. And as a prelude to the section you just identified

1 there, Tony, it may be that the Board may wish to
2 address those criteria because that becomes the basis
3 for which the review will be evaluated. And to the
4 extent that the review can be objective, I think it's
5 very dependent on the criteria. So if there's no
6 objection, we will have -- ask the Board if they do wish
7 to comment on the criteria, either -- any concerns or
8 questions or additional criteria that the Board believes
9 should be added or any that need -- do not need to be
10 included. In any event, that section simply covers the
11 review of those various criteria.

12 And then beginning -- well, after the seven
13 criteria, then you have the review objectives and the
14 approach, and then these technical issues beginning on
15 page 23 that Tony referred to.

16 And it seems to me that the things that we need to,
17 in a sense, sign off on are the review criteria, pages
18 10 to 23, and then address the technical issues, pages
19 23 through 32, and make sure we're comfortable with both
20 sides of that. Is that -- everybody okay if we proceed
21 on that basis?

22 Okay. Let me then begin with -- well, I'll ask the
23 question, is there anything prior to the review criteria
24 that anyone wishes to address or raise?

25 (No responses)

1 **DR. ZIEMER:** If not, let's focus on the review
2 criteria, section 3.2 and following, beginning on page
3 11. Again, you -- you heard the seven criteria
4 described this morning. Any concerns, issues,
5 questions, comments?

6 **MS. MUNN:** Yes, I have a comment.

7 **DR. ZIEMER:** Comment, Wanda?

8 **MS. MUNN:** Before we started through this,
9 completeness was a real concern for me. I could not
10 personally get a very firm hold on how one determined
11 whether there was a complete record or not, and I wanted
12 to compliment the authors of this document because my
13 personal review led me to believe that they had
14 considered every item that I would have been concerned
15 with in identifying completeness.

16 **DR. ZIEMER:** Thank you. While others are looking
17 for items, I would like to raise one question, and this
18 could be addressed either by John or by Hans. In
19 section 3.4, which is after the discussion of the seven
20 points but still part of that section on the review
21 criteria, in -- in the first paragraph there -- actually
22 it's a -- I guess it's still discussing the timeliness --
23 -- I guess it's discussing timeliness, I'm sorry. Review
24 protocol in behalf of objective one, our evaluation --
25 it says in the second sentence (reading) Our evaluation

1 of procedures for their support of a timely
2 reconstruction process is, to a large extent, subjective
3 in nature.

4 And I understand that there is a fair amount of
5 judgment in -- 'cause you're doing a scoring system. I
6 guess my question is, is there a way to make this, and
7 maybe others, more objective? And I don't know that
8 there is, but I'm always a little uneasy when an
9 evaluation is wholly subjective or largely subjective
10 because it -- it causes questions as to whether it's
11 just one person's opinion versus another that the -- you
12 know, and you understand the nature of what I'm saying.
13 Is there any way in which we can have a higher level of
14 confidence in the objectivity so that if -- it's sort of
15 like the same question with -- even with the dose
16 reconstructions. If I have 100 dose reconstructors, do
17 I come up with largely the same answer or do I get 100
18 answers that are so different that I don't know which
19 one to believe? And it's sort of that kind of question,
20 how dependent is this on which of your people does it --
21 in terms of the review -- or not?

22 **MR. BEHLING:** (Off microphone) (Inaudible)

23 **DR. ZIEMER:** Yeah, and please use the mike 'cause
24 we need to record this.

25 **MR. BEHLING:** I realize that the scoring method, as

1 you see at the bottom of the table there on page 18, is
2 obviously just there for a quick overview. But the
3 outline allows for comments, and this is where I think
4 we would explain in thorough detail why we believe that
5 there are certain deficiencies that could then be looked
6 at and say is this a credible evaluation. So it's not
7 so much in the zero to five that I would expect you to
8 look at in terms of our evaluation, but in the comments.
9 And just because we have a box here doesn't mean we're
10 limiting ourselves to that little square. We would
11 probably write a fairly detailed explanation as to why
12 we gave it a score of three or four or five -- or any
13 other value -- based on our observation, and clearly
14 delineate the reasons why we chose a particular rating.

15 So it would still be somewhat objective.

16 **DR. ZIEMER:** Yes.

17 **MR. BEHLING:** We would give a clear explanation as
18 to why or how we came to that number -- or evaluation
19 number.

20 **DR. ZIEMER:** Thank you. John, did you want to add
21 to that?

22 **DR. MAURO:** Add one more point. We -- in the
23 scoring system we originally were going to go with
24 yes/no. That is, does it meet, in our judgment, a
25 certain threshold of adequacy or not. And -- and then

1 explain why. I think after additional thought -- and we
2 caucused on this -- we felt that more of a scoring
3 system would serve our purposes better to capture the
4 degree. You hate to say something is no, because it's
5 just too black and white and it's -- things are never
6 that way. And so -- now -- but yes and no could make it
7 a less -- in other words, if a person comes to the
8 conclusion that no, they really -- it did not meet my
9 threshold of what I consider to be sufficient, and then
10 explain that, you're likely to have less of a debate.

11 That is, the scoring system lends itself to debate
12 -- three versus four, I mean, you know, what do you do
13 with that? Or two versus three. So it's -- there are
14 trade-offs. The yes/no -- most of the time there'll
15 probably be very little debate. It's well, we agree, we
16 see the reason why you gave it a no, and I see and I can
17 understand that. But you can see there could be a lot
18 of debate if you say well, I give it a two, but I --
19 someone else may have given it a three. So we -- quite
20 frankly, we ended up coming out with the continuous
21 approach being the preferred method and to disclose our
22 rationale.

23 **DR. ZIEMER:** Is it your thought that the scoring
24 system -- the gradated scoring system lends itself to
25 being somewhat more objective insofar as you explain the

1 reason for the score?

2 **DR. MAURO:** Yeah, it captures nuance. I think it -
3 - it better captures nuance and aspects that might be --
4 of the particular issue in a better way than yes or no.
5 And that's -- but that's the extent -- the -- really
6 when we looked at the issue, that -- those were the two
7 options we entertained. I'm not -- and we're certainly
8 prepared to accept -- to discuss if there are other
9 strategies to come out of this type of issue.

10 **DR. ZIEMER:** No, and I'm certainly not claiming
11 that this is a precise science that would have a very --
12 necessarily an objective way of doing it. Certainly
13 there's -- there's professional judgment that comes into
14 play, and indeed once you make your evaluation, the
15 Board itself will have to judge its -- in its own way
16 your judgment, as it were. So I understand that, yeah.

17 **DR. MAURO:** It's more dialogue. And it was --
18 we're hoping that the score and then the commentary
19 develops a dialogue for improvement. I guess that's
20 what it comes down to.

21 **DR. ZIEMER:** Thanks. Okay, Jim?

22 **DR. MELIUS:** Yeah. I would also think that some of
23 these criteria are -- are -- I mean it's a balance
24 between timeliness and, you know, completeness and --

25 **DR. ZIEMER:** Yeah, and he talked about that balance

1 --

2 **DR. MELIUS:** Right, right, and so --

3 **DR. ZIEMER:** -- and that's in --

4 **DR. MELIUS:** -- the scoring system, to me, lends a
5 better way -- you don't want it to have five in terms of
6 a timeliness and, you know, one -- you want -- you know,
7 have they picked a -- you know, it's a -- a good balance
8 --

9 **DR. ZIEMER:** Right.

10 **DR. MELIUS:** -- in terms of addressing all -- all
11 these issues, and I think the approach they're taking
12 seems to me to be a -- a better way of communicating
13 that --

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

15 **DR. MELIUS:** -- you know, rather than a yes or a no
16 or -- you know. It's not going to be the best in terms
17 of timeliness or the absolute best in terms of some
18 other criteria. It's going to be what's the right
19 balance, and I think that's what NIOSH has tried to
20 achieve.

21 **DR. ZIEMER:** Gen?

22 **DR. ROESSLER:** While we're talking about the
23 scoring, and I was looking through these tables this
24 morning when John was talking and thinking okay, is zero
25 good or five good? And the closer you get to five is

1 the higher ranking, apparently. But then I got kind of
2 confused when I looked at -- and maybe it's because it's
3 nap time, I'm not sure, but on that page where we have
4 3.4 and just above it is a table, and then there's a
5 column 7.0. And if you look at 7.1 and 7.2, I get
6 confused on those two questions, because on those two
7 questions it seems like the right answer is no, or
8 infrequently. If you're going to strike a balance
9 between technical precision and process efficiency --
10 and John mentioned that as health physicists we try to
11 be too detailed sometimes -- then the question -- okay,
12 here's the question. (Reading) Does the procedure
13 require levels of detail that cannot reasonably be
14 accounted for by the dose reconstructor? I think if you
15 say yes on that one, that's bad. Isn't that kind of
16 putting a reverse...

17 **DR. ZIEMER:** Well, they may have to do some doc-- I
18 think -- we know what the intent there is. You may have
19 to --

20 **DR. ROESSLER:** I think it's got to be --

21 **DR. ZIEMER:** -- may have to reverse the question.

22 **DR. ROESSLER:** Or am I just confused? I'm trying
23 to understand it.

24 **DR. ZIEMER:** You're right, right.

25 **DR. ROESSLER:** Turn it the other way around.

1 **DR. ZIEMER:** So that there's consistency and a --

2 **DR. ROESSLER:** Yeah, and that might --

3 **DR. ZIEMER:** -- low score is desirable or high
4 score --

5 **DR. ROESSLER:** That one just struck me. I think
6 they need to go through and make sure that they're all
7 going in the same direction.

8 **DR. ZIEMER:** Consistency in the scoring process.

9 **DR. ROESSLER:** Yeah, exactly.

10 **DR. ZIEMER:** Yeah, Hans?

11 **MR. BEHLING:** Can I just -- the scoring system is
12 not a continuum. If you see there's -- there's no
13 reason that -- or -- the NA or zero is it doesn't apply.
14 I mean not all procedures will have certain aspects to
15 it that require the issue of timeliness. And so it's a
16 continuum from one to five, but -- but not -- not zero.
17 So if -- if something is not applicable, then it's NA.

18 **DR. ZIEMER:** No, but she was asking if it's one to
19 five or five to one, which way are you -- it seemed like
20 it might have been reversed in terms of comparing it
21 with other scores. It's just something you guys can
22 look at and -- that's an easy fix, just to be consistent
23 in what does a high score mean -- or a low score. Are
24 you playing golf, or what are you playing here?

25 Okay, Roy DeHart.

1 **DR. ZIEMER:** I think I have a version that came out
2 of -- oh, my marked-up version came over e-mail so --

3 **DR. ROESSLER:** Yeah, I don't have page numbers on
4 mine.

5 **DR. ZIEMER:** Well, okay, yeah.

6 **DR. ROESSLER:** I think they know where it is. Oh,
7 there's the page, at the top, yeah.

8 **MS. MUNN:** It is Cf.

9 **DR. ZIEMER:** No, I found it. Did we get the answer
10 to the question?

11 **MR. GRIFFON:** Yes, yeah, I think the --

12 **DR. ZIEMER:** What was the answer?

13 **DR. ROESSLER:** I think it's californium.

14 **MR. GRIFFON:** Correct, of course, yeah.

15 **DR. ZIEMER:** It should be Cf then, huh?

16 **MR. GRIFFON:** Right. Paul, as long as we're
17 getting a little picky, can I go back to page 18, just
18 for a second? No, I -- I -- and this is only -- I
19 mentioned this yesterday, this bullet number 5.3 -- and
20 I'm probably defining this a little bit different than
21 Jim Neton, but the idea of unmonitored -- the claimant
22 was not monitored, versus the unmonitored exposure. In
23 other words, the person could have monitoring records,
24 but they might have not monitored for certain things, so
25 I think it's a fine line. I think they have the concept

1 of, you know, any potential -- I think we're including
2 all that in unmonitored, if people know what I mean, you
3 know.

4 **DR. ZIEMER:** So you're saying that should probably
5 say in instances of unmonitored --

6 **MR. GRIFFON:** And it might be a separate bullet --

7 **DR. ZIEMER:** -- exposure?

8 **MR. GRIFFON:** -- unmonitored claimants or -- or --
9 I think in our original task we had a couple of
10 different caveats for that, unmonitored -- the worker
11 was not monitored at all, the worker may have not been
12 monitored for things he was potentially exposed to -- he
13 or she was potentially exposed to, that sort of thing,
14 so -- I think as long as it's consistent --

15 **DR. ZIEMER:** Unmonitored and missed dose or you
16 want to cover the waterfront there?

17 **MR. GRIFFON:** Yeah, yeah.

18 **DR. ZIEMER:** Hans, you caught that? Okay, that's -
19 - making sure that that bullet -- or that 5.3 is all-
20 inclusive, yeah. Thank you. That certainly was the
21 intent, but it doesn't hurt to clarify it.

22 Other comments or concerns?

23 (No responses)

24 **DR. ZIEMER:** I want to raise a question on page 30.
25 Well, no, it's going to be on a different page for --

1 let me get the correct page out of the one in the
2 notebook here. It's the paragraph that starts out with
3 the words (reading) For internal exposures, we will
4 question use of ICRP --

5 **DR. ROESSLER:** That's page 30.

6 **MS. MUNN:** Top of page 30.

7 **DR. ZIEMER:** Okay, it occurs on the top of -- yes,
8 very top of page 30 in the packet that's in the
9 notebook. (Reading) we will question use of ICRP 30.

10 And the next sentence says (reading) We will
11 question the use of surrogate radionuclides. I think I
12 understand that you're saying you are going to evaluate
13 those. A priori, you are not questioning their use.

14 **UNIDENTIFIED:** (Off microphone) (Inaudible)

15 **MR. ELLIOTT:** You need to speak in the mike,
16 please.

17 **DR. ZIEMER:** Yeah, yeah, use the mike, John,
18 please.

19 **DR. MAURO:** It's basically acknowledging the ICRP
20 guidance that we're drawing upon, and it's taking into
21 consideration that -- that from particular
22 radionuclides, which guidance that's used doesn't always
23 -- whether you work with ICRP-30 or the ICRP-60 series,
24 or it turns out there are even upcoming ICRP
25 developments, a lot of the material we're looking at

1 here is -- that we're looking at, by the way, came from
2 Joyce Lipstein, who is very active in preparing ICRP
3 documents. And she's pointing out that we are -- we're
4 going to be careful to note in places where the
5 procedures that are currently being used or that have --
6 that have been embraced by -- in the -- for example, in
7 42 CFR and in the OCAS documents whereby you cite
8 specific ICRP guidance, there may be situations whereby
9 that guidance isn't always necessarily the limiting
10 pathway or the most claimant-friendly. And so that --
11 the point that's trying to be made here is that we're
12 going to be cognizant of that, and when we find that, we
13 will reveal it.

14 **DR. ZIEMER:** Right.

15 **DR. MAURO:** Okay?

16 **DR. ZIEMER:** I think the thrust of what I was
17 saying is that this sounds a priori that you are already
18 questioning the use of those documents, as opposed to
19 your -- sort of evaluating the use of them and so it's
20 in that paragraph where that is sort of stated three
21 times, I -- it would appear to me that it might be a
22 little less pre-judgmental to say we will evaluate the
23 use of those.

24 Jim?

25 **DR. NETON:** I'd just like to ask a question, or

1 maybe a point of clarification, but in our -- in our
2 regulation, I believe we cited the use of -- I forget
3 the exact terminology, but recent ICRP models. There
4 was no value judgment made on that phrase to determine -
5 - or which one was most claimant-favorable. And what I
6 sense here is there is going to be a value judgment made
7 that a more recent ICRP model would be less claimant
8 favorable. That was never really our intent of vetting
9 those against claimant favorability. We were merely
10 going to adopt the most recent model. So I just want to
11 make that clear. That was our intent. Now what you
12 guys do in your assessment is...

13 **DR. ZIEMER:** Right.

14 **DR. MAURO:** The way we've been thinking about this
15 is to take advantage of the fact that we have access to
16 information from -- what I would say the cutting edge of
17 where things are thinking in internal dosimetry through
18 -- through Joyce. Unfortunately, Joyce isn't here
19 today; she couldn't join us, but I would have liked her
20 to have joined us. And basically it's a -- what -- the
21 way we are looking at it is to keep the Board informed
22 of these types of developments. The degree to which the
23 -- there is any actionable item here -- that is, the
24 fact that there may be certain developments that are
25 going on or have recently gone on related to ICRP

1 internal dosimetry -- that shows that yes, there are
2 going to be certain revisions moving down the pipeline,
3 I think that we think it's important that we keep you
4 apprised of these developments. The degree to which
5 they're actionable, that's a different question.

6 **DR. ZIEMER:** Exactly, because the fact that she may
7 be working with the ICRP folks and some model has not
8 yet been adopted, in essence would sort of tie our hands
9 in saying well, we think they're going to adopt it next
10 year and therefore we would use it.

11 **DR. MAURO:** Yeah, we're not making a judgment on
12 it. We're just simply keeping -- letting you know that
13 there are these -- these things are in the offing.

14 **DR. ZIEMER:** Thank you. Thanks for the
15 clarification there.

16 Other items? Yes, Tony.

17 **DR. ANDRADE:** Same paragraph, very last sentence.
18 Again, it appears to be a value judgment that's being
19 made a priori with respect to the term "arbitrary
20 fractions of the maximum permissible body burden". I
21 mean, you know, changing the word for another word's a
22 minor -- a minor change, to "different fractions" might
23 be much more appropriate here.

24 **DR. ZIEMER:** Yeah, there is a rationale behind the
25 fractions that are actually used, so they're not

1 completely arbitrary. Hans, did you have a comment on
2 that?

3 **MR. BEHLING:** Yeah, I think the wording is somewhat
4 strong here when we say we will question --

5 **DR. ZIEMER:** Well, that's the same issue I raised
6 on that sentence, but he was raising the issue on the
7 word "arbitrary", I think.

8 **MR. BEHLING:** And I'll take part of the blame. As
9 many of you know, Joyce is not an American. She's -- in
10 South America. English is her second language and I
11 probably should have edited out some of these words.

12 **DR. ZIEMER:** That's all right.

13 **MR. BEHLING:** It is strictly a question of
14 familiarity with terminology that is probably less
15 sensitive than it should be.

16 **DR. ZIEMER:** Thank you. Any other items, issues?

17 (No responses)

18 **DR. ZIEMER:** If there are none, I would accept a
19 motion to approve the document, with those minor
20 changes.

21 **MR. ESPINOSA:** So moved.

22 **MR. PRESLEY:** Second.

23 **DR. ZIEMER:** And seconded.

24 **MS. MUNN:** Second.

25 **DR. ZIEMER:** Now an opportunity for any further

1 discussion on the document.

2 Now keep in mind, all this does is tells us how
3 they will review the procedures. This does not give
4 them permission to review the procedures. That will
5 require a separate task. Their task was to develop
6 these procedures. Once we approve that, then we are
7 ready to take the next step, which would be to develop a
8 task order which allows them to go ahead and use these
9 procedures for evaluating the NIOSH/ORAU procedures. If
10 that gets confusing, you'll have to read the -- the
11 notes.

12 Okay. All in favor of the motion to approve these
13 procedures, say aye.

14 (Affirmative responses)

15 **DR. ZIEMER:** And those opposed?

16 (No responses)

17 **DR. ZIEMER:** Any abstentions?

18 (No responses)

19 **DR. ZIEMER:** And the record should note that Henry
20 Anderson had to leave the meeting, so is not here to
21 vote.

22 Now we have the QA document. I believe we have to
23 approve this, also.

24 **DR. DEHART:** Is it a subtask to task three? I
25 would think so.

1 (No responses)

2 **DR. ZIEMER:** Abstention?

3 (No responses)

4 **DR. ZIEMER:** So ordered. Thank you. Now I need a
5 little help -- maybe staff help -- on time sequence for
6 the next task order. The task order would be to
7 actually do the reviews that are based on this
8 procedure. What is needed and when? If -- for example,
9 if we have to develop a task order and do an independent
10 government cost estimate.

11 **MR. ELLIOTT:** You will need to follow the process
12 you followed on these four task orders that you have
13 finished to this point. That is, sit together and
14 discuss what the scope of the task should be, define it
15 -- and you can do that in open public forum. Then you
16 need to develop an independent government cost estimate,
17 and that has to be done in a closed session. Both of
18 these items would have to be submitted by -- if you
19 recall the -- I mentioned this yesterday morning, or
20 this morning; I'm lost in my time frame here, but new
21 task orders are due in to procurement by July 6th. So
22 essentially you would have to do this at your June
23 meeting. We could -- I think you witnessed our
24 experience today of about a week turnaround once you
25 give us what you want done, it's in the hands of

1 procurement and action's being taken. So it's feasible
2 that between June meeting and July 6th, if you need a
3 teleconference, you should schedule that. I don't know
4 what that would accomplish, because you can't talk --
5 that's not a closed session, you know, so -- you may
6 need another face-to-face, I don't know. If you can't
7 get it all done in June and you want to award this task
8 and see it submitted by July 6th, you've been through
9 the process.

10 **DR. ZIEMER:** Okay, a question.

11 **DR. MELIUS:** I probably have asked this before and
12 I'm sure you've answered it and -- but remind us. Can --
13 - can we -- what -- which -- which of these can be
14 delegated to a subcommittee?

15 **MR. ELLIOTT:** Cori, you want to answer that for --
16 at the microphone, please?

17 **DR. ZIEMER:** I almost know the answer to that
18 already, but...

19 **MS. HOMER:** What are we looking at delegating?

20 **DR. ZIEMER:** Authority to --

21 **DR. MELIUS:** Develop a task order, develop an
22 independent cost estimate.

23 **DR. ZIEMER:** It would still have to come back to
24 the Board?

25 **MS. HOMER:** It would still have to come back to the

1 Board --

2 **DR. ZIEMER:** The subcommittee would have to meet in
3 open session. Is the -- how detailed does the task
4 order need to be?

5 **MR. ELLIOTT:** It can simply be a paragraph, three,
6 four sentences.

7 **DR. ZIEMER:** My thinking is, it seems to me we can
8 do a task order here today that says go review these
9 documents.

10 **UNIDENTIFIED:** In accordance with.

11 **DR. ZIEMER:** In accordance with this. And then the
12 independent government cost estimate would have to be
13 developed in --

14 **MR. ELLIOTT:** Closed session.

15 **DR. ZIEMER:** -- closed session, and we can decide
16 on --

17 **MR. ELLIOTT:** You can't do that --

18 **DR. ZIEMER:** -- a time and place --

19 **MR. ELLIOTT:** -- here today, unfortunately.

20 **DR. ZIEMER:** No, can't do that here today. That
21 has to still be announced in the *Federal Register* and
22 scheduled in advance. But it seems to me we would be
23 ahead of the game to at least get the task order done
24 today. And the content of the task order would be to
25 have the contractor carry out the review of these

1 identified documents in accordance with the approved
2 procedures. And there might be a time line on that, as
3 well.

4 **MR. ELLIOTT:** And you should consider a
5 deliverable.

6 **DR. ZIEMER:** And the deliverable would be a report
7 to the Board --

8 **MR. ELLIOTT:** X number of procedures reviewed or --

9 **DR. ZIEMER:** Right.

10 **MR. ELLIOTT:** -- a report of the review of
11 procedures completed in time frame X --

12 **DR. ZIEMER:** Right.

13 **MR. ELLIOTT:** -- or -- there's a number of ways
14 that you can -- you can write this in two or three
15 sentences and have a scope of work and have a time line
16 developed and a deliverable developed.

17 **DR. ZIEMER:** Okay. What I'm going to do is call
18 for a 15-minute break. I'm going to ask -- I'm going to
19 get a couple of wordsmithers to help us put something
20 together here that we can project on the board and look
21 at, so we'll reconvene in 15 minutes.

22 I need -- who wants to volunteer to help with this?
23 Okay, Mark, Tony? Okay, let's -- and Roy, let's sit
24 right now and --

25 **DR. MELIUS:** You each get a sentence.

1 (Whereupon, a recess was taken.)

2 **DR. ZIEMER:** Okay, we're ready to reconvene. The
3 Chair recognizes Mark Griffon for the purpose of making
4 a motion. Mark?

5 **MR. GRIFFON:** I'd like to make a motion to adopt
6 the procedures review task as presented on the front
7 projector.

8 **DR. ZIEMER:** Okay, the motion is for the Board to
9 approve a new task, which will be task 3-A, or some
10 other appropriate number, which will be called
11 Procedures Review Task. Is there a second to the
12 motion?

13 **DR. DEHART:** Second.

14 **DR. ZIEMER:** Seconded motion. The -- what does
15 that say after 3-A, task order --

16 **MR. GRIFFON:** That task order technical monitor,
17 that was in the little template. I don't know that we
18 specified a name before.

19 **MR. ELLIOTT:** We do that.

20 **MR. GRIFFON:** Huh?

21 **DR. ZIEMER:** NIOSH would add that.

22 **MR. ELLIOTT:** We have to do that.

23 **DR. ZIEMER:** There would be -- that would be added.

24 **MR. GRIFFON:** Right, that's just the template,
25 though.

1 **DR. ZIEMER:** That's the template for task order --
2 (reading) purpose and description of work: To conduct
3 reviews of all procedures adopted by NIOSH and its
4 contractors for performing dose reconstructions under
5 EEOICPA and as identified in SC&A task 3 report dated
6 April 12, 2004.

7 So we're basically identifying those procedures
8 that were identified in the document that we just
9 reviewed. And we'll go through this and then it's open
10 for any amendments or changes.

11 Period of performance, the task will be a four-
12 month task. Contractor will provide monthly progress
13 reports to the Board. Priority should be given to OCAS
14 implementation guides. Final report shall be provided
15 to the Board at the completion of the task.

16 While we're discussing this, I would also
17 appreciate hearing from SC&A on the time frame. We
18 don't want to be unreasonable. On the other hand, we
19 don't want to give you so much time that the task
20 doesn't get done, so --

21 **DR. MAURO:** The only suggestion I would have is the
22 four months would be for the delivery of the draft
23 review document, and then -- then we would deliver a
24 final at some appropriate time period after receiving
25 your comments. So it would stretch out a little bit,

1 but -- so the -- in other words, have a draft
2 deliverable date and then a final deliverable -- maybe
3 the final deliverable within two weeks after receipt of
4 the comments, that sort of thing.

5 **DR. ZIEMER:** Thank you, that's very helpful. But
6 the four months itself is not --

7 **DR. MAURO:** Well, I was -- I'd like the four months
8 to be for the delivery of the draft.

9 **DR. ZIEMER:** Yeah.

10 **DR. MAURO:** We could -- now, you know, we could
11 push it up a month, say the draft would be in three
12 months and the final -- but it's getting -- there's a
13 lot of --

14 **DR. ZIEMER:** You're not insisting that it be done
15 in two months and --

16 **DR. MAURO:** Oh, no, no, no, four mon-- I'm just
17 suggesting that the four months -- you understand.

18 **DR. ZIEMER:** Thank you. So with that in mind,
19 perhaps someone could propose a friendly amendment that
20 the last sentence say that a final -- a draft final
21 report be provided at the completion -- or af-- at four
22 months, with the final report due two weeks after
23 receipt of the Board's comments.

24 **DR. DEHART:** So moved.

25 **MS. MUNN:** Second.

1 **DR. ZIEMER:** Okay, we're taking this as an
2 amendment to the motion then. Any discussion on that --
3 on the amendment, as proposed? No? We'll vote on the
4 proposed amendment. And are you in a position to make
5 those changes?

6 **MR. GRIFFON:** I can't change it on the board but I
7 can change it on my hard drive.

8 **DR. ZIEMER:** Okay. All in favor of that amendment
9 -- a draft final report shall be provided to the Board
10 at -- I think we should say four months here, four
11 months following -- four months following -- what's the
12 word I want -- awarding of the task, with a final report
13 due two weeks after receipt of the Board's comments.
14 That is the motion. Ready to vote.

15 All in favor, aye?

16 (Affirmative responses)

17 **DR. ZIEMER:** Any opposed?

18 (No responses)

19 **DR. ZIEMER:** Back to the main motion, which is the
20 document as now revised. Gen Roessler.

21 **DR. ROESSLER:** I think somebody has to clean up
22 that last paragraph with regard to the wills, the
23 shoulds and the shalls, and I guess NIOSH knows what
24 that means and how to do it.

25 **DR. ZIEMER:** Help us do that, Gen, you're

1 (Inaudible) --

2 **DR. ROESSLER:** Well, I don't know, I think it's a
3 legal thing. Liz probably -- is gone, but I think they
4 have different meanings, will and shall and should, but
5 I don't think that's -- maybe that's more like copy
6 editing.

7 **MR. ELLIOTT:** I would just offer that you need to
8 decide this, not us.

9 **DR. ROESSLER:** Oh, well, somebody needs to tell me
10 the difference between will and shall, then -- and
11 should.

12 **MS. HOMOKI-TITUS:** (Off microphone) (Inaudible)

13 **DR. ROESSLER:** Oh, there you are.

14 **DR. ZIEMER:** This shall be mandatory?

15 **MS. HOMOKI-TITUS:** (Off microphone) Will be
16 mandatory.

17 **DR. ZIEMER:** So it doesn't -- both of them are
18 okay, sounds like.

19 **DR. ROESSLER:** All three of them. If Liz doesn't
20 object to it, then I think it must be all right.

21 **MS. HOMOKI-TITUS:** (Off microphone) (Inaudible)

22 **DR. ROESSLER:** Okay. Well, I'm just -- I guess I'm
23 just wondering why in one place it will say will and in
24 the other place it will say should and in another place
25 it says shall.

1 **DR. DEHART:** I would omit -- change the should to
2 will, priority will be given. Well, priority shall be,
3 then.

4 **DR. MELIUS:** Why don't we just use "will"
5 throughout?

6 **DR. ROESSLER:** All the way through. Yeah, I'd be
7 happier with that.

8 **DR. ZIEMER:** Will be given -- final report will be
9 provided.

10 **DR. MELIUS:** All in favor of three wills.

11 **DR. ZIEMER:** Any objection to changing those so
12 they all read "will" and we -- consist -- friendly
13 amendment and take it by consent that that's acceptable.

14 Any other changes or modifications? Are we ready
15 to vote on this task? Mark.

16 **MR. GRIFFON:** I know I -- I just -- I think one
17 clarification might be worthwhile, and it's definitely a
18 friendly amendment since I proposed the motion. The
19 reviews of all procedures -- I was thinking a
20 parenthetical might be worthwhile there saying --
21 stating latest revisions of all procedures. I mean I --
22 I know -- or is that just accepted, you know. I mean
23 this is our baseline review. I think we want to sort of
24 say whatever the latest revision of the -- of a certain
25 procedure at the time when they're doing the reviews is

1 the one that's subject to this --

2 **DR. ZIEMER:** Yeah, I think your --

3 **MR. GRIFFON:** -- this baseline review, yeah.

4 **DR. ZIEMER:** -- point's understood. So that if
5 they've -- they've identified it here, but in the
6 meantime ORAU changes it...

7 **MR. GRIFFON:** Yeah, right.

8 **DR. ZIEMER:** What about procedures that might be
9 added after this task is --

10 **MR. GRIFFON:** Yeah, that was a question, too.

11 **DR. ZIEMER:** -- on an ongoing basis. There could
12 be new procedures developed by ORAU.

13 **MR. GRIFFON:** I think current procedures at the
14 time of the award of this task ord-- you know, and
15 that's our baseline, kind of. That's what we said this
16 was going to be about, if that...

17 **DR. ZIEMER:** What's a good word for current
18 procedures? It's the procedures that are in use at that
19 time. All active procedures or... Somebody help us on
20 the wordsmithing.

21 **MR. PRESLEY:** Mark used the word baseline
22 procedures.

23 **DR. ZIEMER:** Well, those aren't all baseline. They
24 are...

25 **MR. GRIFFON:** I was -- I was just going to say --

1 **DR. ZIEMER:** I think we all know what it is, but
2 it's current procedures.

3 **MR. GRIFFON:** Yeah, right.

4 **DR. ZIEMER:** Let me ask sort of a legal point here.
5 If we name these procedures related to this document,
6 does that mean that if ORAU revises one so the title of
7 it changes a little bit that you need a new work order?
8 That's what we're -- we don't want to have a new work
9 order to -- for --

10 **MS. HOMOKI-TITUS:** That would be a contract
11 question (Inaudible).

12 **UNIDENTIFIED:** (Off microphone) How about the
13 phrase "current and in place" as a paren?

14 **MS. HOMOKI-TITUS:** (Off microphone) (Inaudible)

15 **MR. ELLIOTT:** Let the record show there's a caucus
16 going on without use of the microphone and we can't
17 capture it for the transcript.

18 **DR. ZIEMER:** Thank you. The Chair is duly
19 chastised.

20 **MR. ELLIOTT:** That was not a chastisement. It was
21 just for the record so that we know what was going on.

22 **DR. ZIEMER:** I think that clarification -- it will
23 nevertheless be helpful to have the words "current or in
24 place" or some such modifier there so that there's no
25 doubt if something gets revised -- Jim, did you wish to

1 speak to that issue?

2 **DR. NETON:** I was just going to say I noticed in
3 the task three report that there are no revision numbers
4 associated with the procedures as indicated, so there's
5 nothing inconsistent with, you know, them reviewing rev
6 2. I think it would just be well understood that that
7 would be the current procedure, so I don't see an issue.

8 **DR. ZIEMER:** Okay. Any other questions or
9 comments? Are you okay, Mark, then?

10 **MR. GRIFFON:** Yeah, I'm okay.

11 **DR. ZIEMER:** Okay.

12 **MR. GRIFFON:** (Off microphone) As long as it's
13 (Inaudible).

14 **DR. ZIEMER:** So it stands as it's shown then. Are
15 you ready to vote on this task?

16 All in favor, aye?

17 (Affirmative responses)

18 **DR. ZIEMER:** Those opposed, no?

19 (No responses)

20 **DR. ZIEMER:** And any abstentions?

21 (No responses)

22 **DR. ZIEMER:** Motion carries, we have a new task.
23 We will have to have an independent government cost
24 estimate developed, I think before we ask the contractor
25 to actually submit his bid or quote. And that will

1 affect our scheduling, which will come up shortly, as
2 far as future meetings.

3 Okay, other items that we need to look at. We have
4 a draft of a proposed letter that would go to the
5 Secretary of Energy. Do all the Board members have a
6 copy of the proposed draft? This draft was generated by
7 Jim Melius and Tony Andrade. Does the recorder -- do
8 you need the letter read into the record? You have a
9 copy of it. You have a copy of it.

10 Let me just pause a minute and make -- give
11 everybody about a minute to read through it. Shall I
12 read it -- do members of the public have a copy of this
13 letter?

14 **MS. HOMER:** I made some additional.

15 **DR. ZIEMER:** We'd be glad to read it if anyone
16 wants it read. Otherwise, just read it to yourself.

17 (Pause)

18 **DR. ZIEMER:** This morning we had a motion to send
19 such a letter. That was in essence a motion of intent
20 or a motion of the concept. This is the specific
21 letter. I would ask for a motion. Jim, do you -- would
22 like to make a motion that we send this letter?

23 **DR. MELIUS:** Yeah, I make a motion that we send
24 this letter to the Secretary of Energy --

25 **DR. ROESSLER:** Second.

1 **DR. MELIUS:** -- and a parallel letter to -- I don't
2 know who this -- Assistant Secretary -- yeah.

3 **DR. ZIEMER:** So moved and seconded. Gen Roessler
4 has seconded the motion. Now discussion. Tony Andrade.

5 **DR. ANDRADE:** Some of the -- some of the comments
6 that were scribbled in are mine -- or all of the
7 comments that are scribbled in are mine, with the
8 following intent: That the letter be signed by Paul on
9 behalf of the Board; that the letter be written through
10 the Department of Health and Human Services Secretary --
11 the Secretary for DHHS; and then to the Secretary of
12 Energy. I really do believe it should be a cabinet-
13 level communication, and I think the way it reads --
14 except for perhaps more English editing by an expert --
15 should suffice to carry it through at that level.

16 **DR. ZIEMER:** Tony, could you clarify? Are you
17 suggesting that it not be sent to --

18 **MR. PRESLEY:** NNSA?

19 **DR. ANDRADE:** A copy can go to Ambassador Brooks --
20 okay? -- who's the head of NNSA and who's got oversight
21 over the DOE complex, such as it is, for the weapons
22 complex. Okay? But this is -- because the -- the
23 umbrella agreement -- okay? -- or MOU exists between HHS
24 and -- or is it DOL?

25 **DR. ZIEMER:** It's DOE.

1 **MR. ELLIOTT:** It is HHS, both Secretaries signed
2 the MOU.

3 **DR. ZIEMER:** Okay, HHS and DOE, it really should go
4 to Spencer Abraham first, with a copy to NNSA.

5 **UNIDENTIFIED:** (Off microphone) (Inaudible) offer
6 some clarification?

7 **DR. ZIEMER:** Yes.

8 **UNIDENTIFIED:** The National Nuclear Security Agency
9 reports directly to the Secretary of Energy --

10 **DR. ZIEMER:** Right.

11 **UNIDENTIFIED:** -- and is in that chain of command,
12 so there doesn't need to be a separate missive sent to
13 General Brooks or Admiral Brooks, whatever he is. He
14 needs to be cc'd.

15 **DR. ZIEMER:** Yes, that -- and that's how I've
16 indicated on my copy. I think that's what Tony was
17 suggesting.

18 **DR. ANDRADE:** It's Ambassador Brooks.

19 **DR. ZIEMER:** Thank you. Thank -- okay. Any other
20 comments or suggestions? Gen Roessler.

21 **DR. ROESSLER:** I -- in the second to last
22 paragraph, third line from the bottom, I wonder if
23 there's a stronger word than "communication"? We
24 believe that this direction or --

25 **DR. ZIEMER:** Directive?

1 **DR. ROESSLER:** Yeah, I'd like something like that.
2 "Communication" is a little wimpy.

3 **UNIDENTIFIED:** Also if I may interject, having
4 served in -- having written directives for the Secretary
5 of Energy, "directive" is the word. You know,
6 respectfully request that you issue a directive.

7 **DR. ZIEMER:** Right. Any other modifications? I
8 take it by consent that you're agreeable -- we would say
9 we believe that such a directive from you would help
10 ensure -- and so on.

11 Yes, Roy DeHart.

12 **DR. DEHART:** It's just an editorial comment, but
13 the letter format, of course, will not carry just
14 abbreviations. The full law will be identified, et
15 cetera, et cetera, through the documentation.

16 **DR. ZIEMER:** Yes.

17 **DR. MELIUS:** Including the -- however the MOU's
18 formally referred to. I don't know exactly how it's --
19 how it is, and obviously the contractor's name would be
20 spelled out and so forth. Written under duress.

21 **DR. ZIEMER:** If you'll allow the Chair to take care
22 of those editorial things, are there any substantive
23 changes? If I find any dangling participles, I will
24 remove them.

25 **DR. ROESSLER:** We assume that's a part of your job.

1 **DR. ZIEMER:** Right.

2 **MR. ELLIOTT:** Point of clarification.

3 **DR. ZIEMER:** Huh? Point of clarification, Larry,
4 yes.

5 **MR. ELLIOTT:** Just to make sure, you -- you had DO-
6 - or DHHS struck out in the second paragraph and DOL
7 inserted. It should be DHHS. And then just for my
8 clarification, mutually legally -- our mutually legally
9 -- what does that mean?

10 **DR. ANDRADE:** To our mutual legally-mandated...

11 **DR. ZIEMER:** What sentence is that?

12 **DR. ROESSLER:** I kind of stumbled on that one, too.

13 **DR. ANDRADE:** I don't know if putting a dash
14 between the two words might clarify it.

15 **UNIDENTIFIED:** (Off microphone) Where is that?

16 **MR. ELLIOTT:** This is right down here. So while
17 you're pondering that, I'll just offer this. The memo
18 format is the appropriate way -- the suggestion you
19 offered -- to go from one Secretary to the other, and I
20 think that would be appreciated in this case, that you -
21 - you do need to cross through the Secretary you advise
22 to get to the Secretary you're requesting access from.

23 **DR. ZIEMER:** Is carbon -- or cc to Tommy Thompson
24 sufficient to do that, or do we need to write to Tommy
25 to ask -- I wasn't sure what you're saying here.

1 (On microphone) If you want me to, I will make
2 these changes -- show what we've talked about, e-mail it
3 to you?

4 **DR. ZIEMER:** That's okay, give me an electronic
5 copy to work from --

6 **DR. MELIUS:** Yeah.

7 **DR. ZIEMER:** -- yeah, that's good.

8 **DR. MELIUS:** Paul, we also have the letter regard--
9 the Quinn letter regarding Bethlehem --

10 **DR. ZIEMER:** Yeah.

11 **DR. MELIUS:** Is that -- I don't -- what -- the
12 right timing was on that.

13 **DR. ZIEMER:** We -- this is a good time. The Quinn
14 letter that I mentioned -- did I mention it yesterday?
15 That must have been yesterday. Time is flying when
16 you're having fun. I need to generate a reply to this.
17 The Board has asked that letters -- Congressional
18 letters of this type come to the Board to assist in the
19 generation of a response. This letter is prompted by
20 the last letter that I wrote to the three individuals
21 following our last meeting where we -- the Board asked
22 that I let them know that we were in the final stages of
23 completing our site profile review process and to also
24 inform them that we had selected as one of the sites to
25 be audited the Bethlehem Steel site, and that was done

1 in that letter.

2 This letter has a couple of items in it that appear
3 to call for some sort of response. First, in the second
4 paragraph, (reading) While we are pleased that this
5 needed action will be taken -- that's the audit of the
6 Bethlehem Steel site profile -- we respectfully request
7 that a detailed description of the scope and methodology
8 for the audit strategy be made available to us prior to
9 the commencement of the site audit.

10 Now we had already committed to providing our audit
11 procedures to these individuals. That was indicated in
12 the initial letter, that we would provide that. There
13 is an implication here that they think there may be a
14 very site-specific audit process for reviewing this
15 particular profile, whereas the procedures that we've
16 approved are in a sense generic. I mean they would be
17 adapted as the audit occurs. But at the present time,
18 the commitment is to provide the audit process or
19 strategy. The -- and we need to perhaps talk about
20 that.

21 And then the other thing has to do with the list
22 that's appended to the letter, which is a num-- which
23 constitutes a number of questions that they would like
24 to see asked.

25 I had indicated I think in my initial letter that I

1 felt that it had been -- it would be more appropriate
2 for them to ask these questions first of the contractor
3 -- or actually of the agency, NIOSH; that NIOSH, which
4 is doing the site profiles to start with, could provide
5 the direct answers to those questions.

6 Now it may be that our audit process will indeed
7 answer these questions. I personally have a concern --
8 this is a conceptual concern -- of a group, whoever it
9 may be, whether it's Congressmen or a special interest
10 group, in a sense a priori asking that we shape an audit
11 to meet their needs. In fact, one could argue that
12 there's a very much of a conflict of interest there on
13 the part of the requesters who are trying to shape the
14 audit. So I have that kind of concern.

15 But I'd like the committee to address that and --
16 and help us determine how to respond here. We want to
17 be sensitive to their concerns, and yet we want to be
18 faithful to the process and not compromise the process.

19 Tony, you have a comment to start with?

20 **DR. ANDRADE:** I hate to say this, but let's not be
21 coy here. There's definitely an agenda behind this.
22 The types of questions that were asked reek of
23 micromanagement of the Board's work, and I think it
24 would be inappropriate for the Board to respond to those
25 quest-- those detailed questions. I would say a

1 description of the efficiency process that is currently
2 taking place, a copy of the site profile that has been
3 developed for Bethlehem Steel, along with statistics of
4 some of the cases -- or the cases that have been
5 accepted and worked should be sufficient. Any further
6 drilling down, if you will, or answers to these
7 questions should be directed to another agency. It
8 should -- it should not be directed to the Board.

9 **DR. ZIEMER:** Thank you. Jim?

10 **DR. MELIUS:** Well, I disagree with that in part,
11 but -- but I guess some of that I think depends on where
12 NIOSH stands in terms of their responses. I don't know
13 if NIOSH has received any similar communication. I know
14 there's an issue related to the residual radiation
15 report that has led to the raising of some of these --
16 some of these issues that are in this letter. So I
17 guess -- and we already heard today that NIOSH has
18 already decided -- I believe since the letter's been
19 sent or, you know, not necessarily in response to the
20 letter -- to address -- to modify the site profile to
21 take into account the ingestion pathway. It's question
22 number four on the back. I'd like to hear what NIOSH is
23 doing, but depending -- or to some extent modifying a
24 response based on that, but I mean I would -- I'd rather
25 suggest that we -- we send them the procedure that we've

1 adopted, the general one; that we -- I believe they
2 request for the -- an estimated time frame, which I
3 think is -- we might be ab-- we should be able to
4 provide them, at least within some -- though, and then I
5 -- I don't think we can predict specifically whether all
6 these questions will be answered doing that, but I don't
7 think we can rule it out, either. And I think some
8 general statement that, you know, we believe that many
9 of the -- these issues will be addressed in the review,
10 but until the contractor gets ready to do it and is
11 doing the review and, you know, and we have our
12 response, we -- we're not saying that these will be
13 specifically addressed. So I guess what I'm suggesting
14 is -- is, you know, to be responsive, but without
15 necessarily saying that we will specifically address all
16 -- all these issues. I mean I -- 'cause I don't think I
17 can predict at this time whether we would or wouldn't
18 answer these questions -- whether -- whether or not
19 answering these questions is an appropriate part of --
20 of the review.

21 **DR. ZIEMER:** Yes, and the review might very well
22 answer some of these questions, and my concern is a
23 process one, really -- a priori to have an outside
24 group, whoever the group may be, to come in and say
25 here's the questions that you need to address for this

1 audit. That is a concern in terms of the credibility of
2 what we do, would -- it makes audits subject to
3 whoever's got the game in town.

4 Okay, Roy DeHart.

5 **DR. DEHART:** My question is one -- I suppose it's
6 political, but it's the question, for whom do we work?
7 This is a Presidential Advisory Committee, I understand.
8 And if that's so, now we have Congress -- members of
9 Congress giving us direction. Next do we receive the
10 Tennessee delegation's letters of query? We could be
11 very distracted if -- if that were to go -- go forward.
12 I think we need to make sure, legally and politically,
13 where we belong in the way we answer that letter.

14 **DR. ZIEMER:** Thank you. Wanda?

15 **MS. MUNN:** Further, I believe our response to that
16 letter needs to state precisely what Dr. DeHart has
17 said, that we are responsible to the Administration and
18 that we will of course consider the questions that have
19 been raised here in our interactions with the agencies
20 that are doing the work. But it's a serious mistake, I
21 think, for us to establish a precedent of responding to
22 itemized requests for information and process to anyone
23 outside the authorities that have appointed us.

24 **DR. ZIEMER:** Thank you. And Jim?

25 **DR. MELIUS:** I just -- I believe this is true for

1 the record is that -- that we are not respond-- we chose
2 Bethlehem Steel for other reasons for a review of the
3 site profile, so we're not responding to -- to a request
4 from, you know, Congress or some outside group to
5 review.

6 **DR. ZIEMER:** No.

7 **DR. MELIUS:** So it's -- that -- that's not the
8 issue.

9 **DR. ZIEMER:** No.

10 **DR. MELIUS:** I think the issue of the -- the
11 question's -- there. I think, for the political context
12 -- and Larry can comment on this more -- these
13 Congressmen and Congresswomen are extremely upset and --
14 about a problem with a posting of the residual radiation
15 report on the NIOSH web site that had some dates wrong
16 on it and have been extremely critical, have done a
17 press release to -- saying how NIOSH has little
18 credibility -- scientific credibility because of this --
19 this inadvertent error, and I don't understand all the
20 details of it or whatever. But I think there is -- is
21 an issue that -- you know, I think being responsive may
22 actually be more helpful in this situation, within -- in
23 a political sense, and helpful for NIOSH in -- in its --
24 long as it's done within what our role is. I also don't
25 think we want to -- believe we want to put NIOSH in the

1 position of telling us not to be -- not to be --
2 respond, that we're not going to do this.

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

4 **MR. ELLIOTT:** Just for clarification, and out of
5 due respect, Dr. Melius, this -- the first letter came
6 to us before the issue with the residual report
7 surfaced, so I don't know how much correlation there
8 really is between these series of letters, their concern
9 expressed therein, and the residual rad report with
10 regard to the clerical error that appeared on Bethlehem
11 Steel.

12 And just so that everybody understands what
13 happened with that particular report, there was a cut-
14 and-paste error that occurred in moving a section of
15 text from one site description to another site, and
16 Bethlehem Steel was one of those sites. So -- and
17 inadvertently that never got caught in the review
18 processes that we had and it got sent out. And then two
19 weeks after we delivered it to Congress, Dr. Neton
20 identified the error as he was preparing to interact
21 with some New York constituents -- claimants -- and we
22 took immediate steps to identify how the error occurred,
23 did the research again to determine what the source
24 documentation supported as far as a determination on
25 Bethlehem Steel, and further examination of the

1 remainder of the report to determine whether any other
2 clerical errors had also been incorporated into that
3 draft.

4 We are now -- completed all of that, reported back
5 to the Congressional leadership delegation there that
6 had the concerns on this, and are preparing a full
7 revised report to correct this -- this error. So -- but
8 I -- you know, I don't -- I don't know if there's a
9 connection or not, but I just offer that for clarity. I
10 don't offer it for any judgment from my -- my own
11 perspective here.

12 **DR. MELIUS:** And again for clarity and not to -- I
13 think the other thing to understand what happened is
14 that Quinn and Slaughter offered legislation based on
15 some of the information that was on the posted report
16 and so were, to some extent, embarrassed by the fact
17 that they had introduced this legislation and -- and
18 based -- you know, based on the report, so I think
19 that's some of the -- some of what's happening and -- in
20 this context.

21 **DR. ZIEMER:** Tony?

22 **DR. ANDRADE:** Since everybody's clarifying their
23 statements, then I'll clarify mine. I did not mean to
24 imply that we should not be responsive. The Board
25 should respond to the letter, state our responsibilities

1 -- state our roles and our responsibilities, and -- but
2 it -- it's really up to the Board as to how much
3 information should be provided. I suggested that we
4 send along generic documents that are being used at --
5 now, and statistics about what their concerns might be.

6 However, answering that last list of detailed
7 questions really should be deferred in the letter to the
8 appropriate agency, and that way it makes it clear, this
9 is the way we do business. And that appropriate agency
10 is probably NIOSH.

11 **DR. ZIEMER:** The original letter that I sent
12 indicated that I would transmit to NIOSH that list of
13 questions, which indeed I did, and basically sent Tommy
14 Thompson a copy of the letter, as well, with a statement
15 that it seemed to me that the agency was in the best
16 position to answer those specific questions dealing with
17 a site at that time. And this is one possible continued
18 option, to do something like that, or to suggest that --
19 it seemed to me it would still be appropriate to suggest
20 that, in light of our responsibilities which derive out
21 of the -- really out of the White House and the
22 assignment to Health and Human Services -- that we would
23 prefer to have the audit done independently, as its
24 designed, without, you know, specifying specific items
25 that our contractors must use coming from an outside

1 group. But that we believe that it's quite likely many
2 of these questions will probably be answered by the
3 audit and that the results of the audit certainly can be
4 made available. They will be -- they're public
5 information. And we could couch it in that way, but --
6 but, you know, there's a lot of nuances here.

7 We want to be sensitive to those -- to their
8 concerns, and yet I -- I -- as I indicated before, I
9 have this overriding process concern that I think the
10 integrity of the audit has to be preserved in some way,
11 and -- whether it's from a Congressional group, a
12 special interest group, whatever it might be. Any
13 number of groups can come along and say here's my set of
14 questions for this site; please assure me that you'll
15 ask them.

16 **DR. MELIUS:** Yeah, my only concern about being to
17 recalcitrant about it, whatever, is that -- again, if
18 you're in Congress, you were -- they drafted legislation
19 that gave -- set up this committee that gave it its role
20 to do an independent review, so -- you know, their
21 option to be well, have -- you know, some -- National
22 Academy of Science do this, have -- you know, Government
23 Accounting Office -- I mean there's lot of different
24 things, but they used the -- you know, what's in the
25 current legislation, what's being implemented and --

1 **DR. ZIEMER:** Right, but the key is --

2 **DR. MELIUS:** -- that when --

3 **DR. ZIEMER:** -- independent review.

4 **DR. MELIUS:** Right, and -- and I think if we --
5 again, I don't recall in detail the first letter. I
6 think we state that that's, you know, what we're set up
7 to do, that we have the process in place, that we have
8 the general procedure, we have this site scheduled to be
9 done. And then your -- you know, your statement, which
10 I agree with, is that we believe that, you know, most of
11 these questions, or many, will be covered but we, you
12 know -- but we'll do that through the -- the process
13 that's been established.

14 **DR. ZIEMER:** Now does anyone wish to make -- I
15 don't think we can craft the letter today, but I can
16 certainly take the input and craft a response, and I'd
17 certainly be glad to share it with the committee, even
18 before it's sent so you have a look at it. But the
19 general tenure -- tenor of it, following what I'm
20 hearing here. Do you want to make any specific motions
21 that would outline parameters or -- you just -- would
22 you like me just to proceed on that basis? This is
23 certainly open to -- just to proceed? You want to --

24 **DR. MELIUS:** I think if you proceed on that basis,
25 you'll be fine. You'll have -- address Tony and I, who

1 came from opposite ends of this letter, and we've got
2 towards the middle --

3 **DR. ZIEMER:** I think -- I think you're not so far
4 apart, so I will -- if there's no objection, I will
5 craft a response -- can I do this legally? Can I
6 circulate it to the Board for input before sending it?

7 **MS. HOMER:** (Off microphone) (Inaudible)

8 **DR. ZIEMER:** Okay. Does it have to be approved in
9 open forum? It does. We --

10 **DR. DEHART:** (Off microphone) How did you handle
11 the last letter?

12 **MS. HOMER:** Unless the Board gives you --

13 **DR. ZIEMER:** The Board gave me authority to send
14 the last letter, just instructed me to let -- let them
15 know that we had chosen Bethlehem Steel.

16 **MS. HOMER:** As long as they specifically give you
17 the authority to do that.

18 **DR. ZIEMER:** Okay, I'd like a motion then. Oh,
19 Wanda, you have a comment first?

20 **MS. MUNN:** I would like to move that our Chair be
21 given the authority to draft the letter, submit it to us
22 for our -- our scrutiny and then be authorized to send
23 it on our behalf.

24 **MR. PRESLEY:** Second.

25 **DR. ZIEMER:** With the understanding that the letter

1 would be crafted, taking into consideration the comments
2 that have been made here in our discussion.

3 **MS. MUNN:** Yes.

4 **DR. ZIEMER:** Thank you. All in favor say aye.

5 (Affirmative responses)

6 **DR. ZIEMER:** All opposed, no?

7 (No responses)

8 **DR. ZIEMER:** And abstentions?

9 (No responses)

10 **DR. ZIEMER:** No? Okay. Thank you very much and
11 we'll proceed on that basis.

12 **MR. ELLIOTT:** I will have to make sure that --
13 there's one question we have here that I don't think has
14 been clearly answered yet, in my mind, and that is can
15 you distribute -- even given the authority, can you
16 distribute a draft like this and get a Board decision
17 out of that process.

18 **DR. ZIEMER:** That's what I was asking.

19 **MR. ELLIOTT:** So we may -- we're going to ask you
20 to work closely with us on this and OGC will have to
21 weigh in on this, I think.

22 **DR. MELIUS:** Could you clarify that? I don't --

23 **DR. ZIEMER:** He's saying that can -- if there's a
24 final letter -- even though you've authorized me to send
25 it, can we, without having it available in the public

1 forum first, finally send this letter, I think is --

2 **MR. ELLIOTT:** Yes, yes, that's -- authorizing the
3 Chair to do something is not the problem. It's -- we
4 want to make sure that the process that the Chair uses
5 then in carrying out that authorization is appropriate
6 under FACA. In other words, the particular piece I'm
7 concerned about is sharing this draft and then all of a
8 sudden it become a decision. Can we make that -- can
9 you make that happen.

10 **DR. ZIEMER:** Yeah, and you'll have to advise me --

11 **DR. MELIUS:** But I think we assume that -- I guess
12 operate under -- that Paul -- the Chair will send the
13 letter --

14 **DR. ZIEMER:** If the --

15 **DR. MELIUS:** -- in drafting it, do that in
16 accordance with --

17 **DR. ZIEMER:** Right, if -- if they say legally we've
18 got to do an additional step, which is to bring it back
19 to open committee, then we'll do that. It delays
20 sending the letter. It might even be done at -- in --
21 well, we could do it with a teleconference, but that's
22 not easy to do, either. We'll have to find out.

23 **DR. MELIUS:** I just -- again, this isn't a legal
24 opinion, but I've been on many, many FACA advisory
25 committees. I've never heard where the chairman

1 couldn't be authorized to send a letter on --

2 **MR. ELLIOTT:** That's not the issue. The issue is
3 not authorization to send a letter. The issue is how
4 you develop the final letter, can you do that in a --

5 **DR. ZIEMER:** It's a process.

6 **MR. ELLIOTT:** -- in the dark or do you do it in the
7 light, and under this authorization, we've got to check
8 with FACA to make sure that we don't -- we don't violate
9 that.

10 **DR. ZIEMER:** I'm looking -- I'm looking to see
11 whether we have additional action items before we look
12 at calendars -- oh, we do. We have a major action item.

13 You have in your booklet subcommittee discussion
14 documents. At the last meeting we -- we had assigned a
15 workgroup to prepare a proposed charter for a
16 subcommittee. And you recall under the FACA rules, a
17 subcommittee has to be duly established with a --
18 basically a charter or a statement of responsibilities.
19 It is an ongoing subset of the main committee. Its
20 meetings have to be announced in the *Federal Register*.
21 It has to meet in open forum. It would -- it just
22 entails a smaller group of the total committee. It may
23 or may not be authorized to actually make final
24 decisions, depending on what -- what level of authority
25 it is given by the main committee to act on its behalf.

1 So Mark and Tony and I have collaborated since the
2 last meeting to develop a proposed structure for this
3 subcommittee, with a list of responsibilities or
4 charges. And so -- and attached to that we have a
5 separate page which is called issues for discussion,
6 some items that the Board may wish to consider as you
7 think about setting up this subcommittee. And the
8 function of the subcommittee basically is described in
9 terms of that -- the list of charges, that this is a
10 subcommittee that will be -- our dose
11 reconstruction/site profile review committee that would
12 be involved in the ongoing basically dose reconstruction
13 review process, determining perhaps which -- which cases
14 would be reviewed and identifying which Board members
15 might be assigned to groups of cases to -- to review
16 them prior to Board meetings.

17 This subcommittee is -- as it's proposed would have
18 four members and would have also a non-voting government
19 representative. So you see the structure as proposed.
20 Let's see, I guess, Mark, I'll just ask you to move the
21 -- the draft of the subcommittee structure and charges,
22 and then we'll discuss it.

23 **MR. GRIFFON:** I make a motion to adopt the
24 subcommittee charter and charges outlined in this draft
25 document.

1 **DR. ZIEMER:** Second?

2 **DR. ANDRADE:** (Off microphone) Second.

3 **DR. ZIEMER:** Thank you. Moved by Griffon, seconded
4 by Andrade.

5 Let's start with structure. Our thought was four
6 individuals is probably about the right number. There's
7 no magic number, but it's about a third of the Board.
8 We need to have a Federal official involved. If -- if
9 there are any who believe it should be a different
10 number, then this would be the time to bring that up.

11 We have an estimate of the number of meeting times
12 per year, but this does not mandate that. It's strictly
13 there to give an idea that this committee might have to
14 meet on a monthly basis, keeping in mind that these
15 would be announced meetings. They would be open to the
16 public. There might be cases, if it involved such
17 things -- things similar to the cost estimate issues
18 that we have with the contractor where you're required
19 to meet in closed session, but otherwise it would be
20 open-meeting situation. And all the actions of the
21 subcommittee report back to the Board for consideration
22 and whatever action's needed. In some cases the Board
23 would have to take final action, in other cases they
24 might authorize the committee to take the action, but it
25 still would be reported back.

1 Cori has some additional input for us on the
2 legalities here.

3 **MS. HOMER:** If I could, I'd like to suggest -- on
4 line two you have identified that the subcommittee will
5 consist of a minimum of a chair plus three members of
6 the Board. I'd like to suggest something about balance
7 or expertise covered.

8 **DR. ZIEMER:** Right. We talked about whether to put
9 this in or not. We certainly want to have some degree
10 of balance.

11 **DR. MELIUS:** (Off microphone) Why?

12 **MS. HOMER:** Because we're required to. Balance is
13 absolutely essential for all -- balance is essential for
14 all areas of expertise or interest to be covered.

15 **DR. ZIEMER:** So we should reflect that in the...

16 **DR. MELIUS:** But -- but -- can I ask -- can that
17 just be a specific statement there rather than trying to
18 designate specific numbers? The one draft had --

19 **MS. HOMER:** Certainly.

20 **DR. MELIUS:** Huh?

21 **MS. HOMER:** Certainly it can be. It's entirely up
22 to the Board whether you want to specifically identify
23 particular expertise or if you just want to strive for
24 balance. With four members, I'm not sure if every area
25 of expertise you're looking for can be covered, but

1 that. We don't need a subcommittee to -- to okay the
2 invoices. But there may be other things along the way
3 where the contractor needs some level of interaction.

4 Now keep in mind we're not talking about the
5 contractor getting on the phone with the subcommittee
6 and asking some questions, because that can't happen
7 without an announcement in the *Federal Register*. But it
8 may be that the contractor does need to move -- or we
9 need to move more rapidly than we can get a full group
10 together, and so we would say okay, between the next
11 meeting -- or before the next meeting, this group needs
12 to meet to do some particular thing. So point of
13 contact is in that sense where there's some level of
14 urgency.

15 Okay. Track audit contractor performance with
16 respect to Board initiatives and scheduled deliverables.
17 That would simply be a -- something that this
18 subcommittee would report back to the Board at its
19 regular meetings on what's happening with the
20 subcontractor. Now the subcontractor also does such
21 reporting, but the subcommittee presumably would sort of
22 try to keep on top of that on a close basis.

23 Review, approve or disapprove audit contractor
24 procedures relating to dose reconstruction/site profile
25 reviews as appropriate. Now their procedures now, so

1 far, have already been approved. But one might
2 anticipate that some -- the contractor might get into
3 things and say, you know, we need to change something
4 and -- we can't anticipate everything here so we're
5 trying to reflect here, but you understand what we're
6 saying here, yeah.

7 **DR. MELIUS:** And I don't know -- I mean some of the
8 stuff you can word it, you know, upon, you know,
9 referral from the Board. But some of the things you
10 want to have the subcommittee do 'cause you don't have
11 time for the Board to meet and then refer. I mean it
12 would delay things --

13 **DR. ZIEMER:** Right, and a subcommittee might say --
14 or it might be authorized to give temporary approval or
15 interim approval until the Board -- so that the
16 contractor can move ahead, something like that.

17 The fifth one was the one that we had originally
18 focused on a great deal, and that was selecting the
19 cases for individual dose reconstruction review, where
20 the Board would give guidance on what that distribution
21 should be amongst, you know, the various sites and the --
22 -- the characteristics, but the actual selection of cases
23 then might be left to a smaller group.

24 Insert an item here. Cori?

25 **MS. HOMER:** Just a suggestion, going back to

1 structure. The nomination process may not be something
2 that you considered with the subcommittee structure.
3 You may want to consider placing a caveat in the
4 structure that you can rotate members of the
5 subcommittee.

6 **DR. ZIEMER:** Right. I had assumed that the Chair
7 would appoint the members --

8 **MS. HOMER:** Uh-huh.

9 **DR. ZIEMER:** -- and that means that you could
10 change membership at any time. If somebody said they
11 could no longer serve, you'd appoint someone else or --

12 **MS. HOMER:** That's true, but --

13 **DR. ZIEMER:** But do we need to have specific terms?

14 **MS. HOMER:** Well, it could also cover balance. It
15 could be very related to balance. If you don't have
16 appropriate balance for a particular area you're working
17 on, then that would allow you to rotate a member or it
18 would give the --

19 **DR. ZIEMER:** Oh, at any given time.

20 **MS. HOMER:** At any given time. I mean it would
21 just be a matter of resubmitting or letting committee
22 management know in a formal fashion, which is easy --

23 **DR. ZIEMER:** Who the new member is.

24 **MS. HOMER:** -- who the new member is, but it would
25 also let -- it would be documented that you could do so

1 without -- without -- I guess I'm considering public
2 viewpoint, that if they were to all of a sudden see a
3 new member on the subcommittee, they might wonder why.

4 **DR. ZIEMER:** So the issue is -- the broader issue
5 is change in membership --

6 **MS. HOMER:** Absolutely.

7 **DR. ZIEMER:** -- and how that is done.

8 **MS. HOMER:** Yes.

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

10 **MR. ELLIOTT:** Cori, can I ask -- does this charter
11 have to have a -- like the committee's, the full
12 committee's charter has a time set for it. Do we have
13 to abide by that, as well?

14 **MS. HOMER:** I don't believe so.

15 **MR. ELLIOTT:** So this doesn't have to be renewed;
16 it can stand --

17 **MS. HOMER:** No, it stands.

18 **MR. ELLIOTT:** -- as a subcommittee until --

19 **MS. HOMER:** It stands.

20 **MR. ELLIOTT:** -- they're -- till they're --

21 **MS. HOMER:** Until we terminate that subcommittee,
22 uh-huh.

23 **MR. ELLIOTT:** Okay.

24 **MS. HOMER:** And just as a piece of information, we
25 would formally terminate the subcommittee when the work

1 is done -- or it's no longer needed.

2 **DR. ZIEMER:** Right, right.

3 **MR. ELLIOTT:** I'm sorry, I missed a little bit of
4 the interchange between you two about the nomination. I
5 took it to mean the nomination process might influence
6 who was sitting on this subcommittee at some point in
7 time and you needed the ability to replace. But I think
8 you're right, Dr. Ziemer, that you -- the Chair has the
9 authority to appoint, so if you lose a member --
10 somebody says they can't serve -- you could appoint at
11 any point in time.

12 **DR. ZIEMER:** Or if some -- if -- if there was some
13 need for, at a particular time, a -- an individual with
14 a certain expertise, the membership could be altered --

15 **MS. HOMER:** Yes --

16 **DR. ZIEMER:** -- even if temporarily, that for the
17 next so many months, Roy DeHart will replace so-and-so
18 on this committee or something like that.

19 **MS. HOMER:** And what I'm trying -- I'm going
20 through my experience with charters, and I -- if I
21 remember correctly, there is one charter that I have
22 experience with that allows for exchange of membership
23 with ex officios. But it's entirely up to the Board how
24 they want to address this, if you just need a simple
25 statement or don't care to insert the statement about

1 rotation or replacement.

2 **DR. ZIEMER:** Okay.

3 **MS. HOMER:** I mean it depends on how specific you
4 want to be.

5 **DR. ZIEMER:** Okay. Hold that thought then. We're
6 going to come back -- I just want to finish up this
7 other list and then --

8 **MR. GRIFFON:** Just one more -- one more thing on
9 that that I guess we really didn't consider was if there
10 are -- if you have four members and there's any
11 conflicts that people have to recuse themselves on, I
12 don't know if there'd be a need for alternates or if
13 there'd be allowable alternates for the -- you know.

14 **MR. ELLIOTT:** That's an excellent point 'cause I
15 was thinking about that just before you brought it up,
16 and I was also thinking about burnout on this committee.
17 I mean I'm looking at both of those things, conflict of
18 interest and how we balance that in this subcommittee.
19 And I'm also thinking about if you're going to meet --
20 this subcommittee's going to meet every month, that
21 means an additional day when this committee meets, plus
22 every month you're meeting.

23 **DR. ZIEMER:** Right, right.

24 **MR. ELLIOTT:** Huge -- huge commitment.

25 **DR. ZIEMER:** Yes, Richard has a comment.

1 **MR. ESPINOSA:** Just along the same lines with the
2 conflict of interest, I'm just wondering if number five
3 also needs to have taken into account Board members'
4 conflict of interest --

5 **DR. ZIEMER:** Yes.

6 **MR. ESPINOSA:** -- under the case selection.

7 **DR. ZIEMER:** Yeah, that -- and that's sort of
8 understood, but we could add it here, taking into
9 consideration conflicts of interest.

10 And then number -- number six is related to five,
11 and that is assign individual reviews to Board review
12 panels. Remember we talked about having subsets of the
13 Board be review panels. Now a review panel would look
14 more like a working group. It's ad hoc, like a one-time
15 thing. And our thought was here, for example, there
16 might be a group of cases -- I don't know how many it
17 would be, but maybe a half a dozen cases -- and we would
18 say okay, we would like Rich and Tony to sit down with
19 the contractor and learn about those cases and then they
20 would present them to the Board with a recommendation.

21 **MR. GRIFFON:** (Off microphone) Or actually to the
22 subcommittee (Inaudible) we were saying --

23 **DR. ZIEMER:** Or to the subcommittee, it may be.
24 But in any event, that was the idea here. Or it may
25 just be one person, or two. But the idea here is an

1 idea that we talked about early on, having review
2 panels. But these, insofar as they are ad hoc, like a
3 one-time thing for that particular set of cases, we
4 think those workgroups can meet with -- you know, in
5 private -- 'cause they're going to be looking at
6 specific cases -- with the contractor. The contractor
7 basically would be presenting their findings to a couple
8 of members of the Board, who would be preparing for the
9 presentation and perhaps even preparing a recommendation
10 for Board action, based on those --

11 **MS. HOMER:** (Off microphone) That sounds -- I see
12 no reason why (Inaudible) --

13 **DR. ZIEMER:** That was our idea here.

14 **MR. ELLIOTT:** And we think that would work.
15 Working groups don't have to have a public meeting.
16 There's not a quorum. They're not taking action on
17 behalf of the Board. You can work with Privacy Act-
18 related data at that level. You can then turn to your
19 summary of the review of that information and not speak
20 about the privacy or the confidential information and
21 avoid the Privacy Act problem from that point on. So we
22 do think it -- this will work.

23 **DR. ZIEMER:** Yeah, Rich? Thank you.

24 **MR. ESPINOSA:** I might be a little bit confused on
25 this, but I thought in the prior meetings we talked

1 about de-identifying a lot of this stuff prior to the
2 review panel.

3 **DR. ZIEMER:** Certainly be de-identifying the
4 identity of the individuals. I'm not -- I'm not sure
5 the extent to which the site would be unidentifiable.
6 We --

7 **DR. MELIUS:** We had -- go ahead, Larry.

8 **MR. ELLIOTT:** Well, we -- yes, there's been a lot
9 of discussion, Rich, over the course of time here on
10 this point, and we've wrestled with this, and that's why
11 I made this comment a moment ago that I think this will
12 work where your work panels are actually dealing with
13 real information on the cases in a private setting. And
14 you know, it's like the closed sessions you have to come
15 up with your independent government cost estimate,
16 you're bound to protection of that information.

17 We don't -- we have a great difficulty in figuring
18 out how we can redact all information from all these
19 case files to the point where an individual's privacy is
20 protected.

21 **MR. ESPINOSA:** So it's --

22 **MR. ELLIOTT:** In some cases, your reviews are going
23 to touch on very few cases from a particular site,
24 perhaps even targeted to a certain type of cancer, and
25 all of a sudden -- it doesn't make any difference if you

1 don't have a name, Social Security number and address;
2 everybody in the community might know who you're talking
3 about.

4 **MR. ESPINOSA:** Okay.

5 **DR. ZIEMER:** Mark?

6 **MR. GRIFFON:** I was just going to make a -- that's
7 a much bigger point. I was just going to make a minor
8 suggestion on number six that we -- just to be
9 consistent with the top paragraph, that you just say and
10 ensuring a balance of perspectives, especially since you
11 may not even have three members on the panels, you know.
12 I don't know if you can -- just a balance of
13 perspectives instead of scientific, medical and worker.
14 That's consistent with the top --

15 **DR. ZIEMER:** Well, the other part was the conflict
16 of interest part in number six, the parenthetical part.
17 Oh, you have the balance in here.

18 **MR. GRIFFON:** Yeah.

19 **DR. ZIEMER:** Oh, you're just saying a similar
20 statement earlier.

21 **MR. GRIFFON:** As you did earlier in the top
22 paragraph of this, yeah, in the charge -- or in the
23 structure part.

24 **DR. ZIEMER:** Yeah, okay. And then seven, compiling
25 recommendations and findings for submission to the

1 Board.

2 And then the eighth one would cover things similar
3 to what we just did on the letter from the Congressmen.
4 It would be the first point of maybe preparing a
5 response and bringing it to the Board type of thing.

6 So there -- there you have it, and I -- there are
7 still some issues in terms of change in membership,
8 conflict of interest --

9 **MR. GRIFFON:** Alternates.

10 **DR. ZIEMER:** Right. Wanda, then Cori.

11 **MS. MUNN:** I just had a suggested language for the
12 problem with respect to replacing and appointing. I was
13 suggesting at the end of the second line, right after
14 ABRH (sic), adding "appointed and/or replaced as deemed
15 necessary by the Chair". As long as the Chair doesn't
16 burn out, then that should work.

17 **DR. ZIEMER:** There are no guarantees.

18 **DR. ANDRADE:** I'm sorry, Wanda, could you repeat
19 your words, please?

20 **MS. MUNN:** Yes, after ABRWH --

21 **DR. ANDRADE:** Right.

22 **MS. MUNN:** -- "appointed and/or replaced as deemed
23 necessary by the Chair". That leaves the Chair all the
24 latitude necessary for special circumstances where he
25 needs additional expertise for --

1 **DR. ROESSLER:** You're speaking of this -- this
2 Chair?

3 **MS. MUNN:** The -- the Chair.

4 **DR. ROESSLER:** You've got two Chairs in that --

5 **DR. ZIEMER:** The Board Chair.

6 **MS. MUNN:** Yeah, the Board Chair.

7 **DR. ZIEMER:** Other items? Oh, Cori, yes.

8 **MS. HOMER:** Just a suggestion on number eight.

9 There is nothing in number eight that says that it was -
10 - that it would be for submission or approval by the
11 Board. And correspondence would be either approved by
12 the Chair, signed by the Chair -- and the word
13 "policies", I'd like to suggest that we use the word
14 "practices", because the Board doesn't have an official
15 policy on this, unless you'd care to develop a policy on
16 that.

17 **DR. ZIEMER:** Thank you, Board practices. I --

18 **MS. HOMER:** Or by standard practices or...

19 **DR. ZIEMER:** Yeah, I understand -- a policy may
20 have a very specific meaning in -- in --

21 **MS. HOMER:** In the government, yes.

22 **DR. ZIEMER:** -- in the government, and practices
23 would be fine. For example, the Board, on these
24 Congressional things, said that we would like these to
25 come before us. That -- I'm interpreting it as a

1 policy, but you would say well, that -- that is a
2 practice then.

3 **MS. HOMER:** Uh-huh, a little wordsmithing, but --

4 **DR. ZIEMER:** Yeah. So prepare responses for the --
5 for the Chair's signature is what you said here.

6 **MS. HOMER:** Well, the Board -- either the Chair's
7 signature or submission to the full Board for their
8 approval. I'm just kind of throwing terms out for you.

9 **DR. ZIEMER:** Yeah. I think out intent here was
10 that this -- this would be to prepare a draft for the
11 Board's --

12 **MS. HOMER:** Uh-huh.

13 **DR. ZIEMER:** -- action. So we have a number of
14 items here, and I sit here looking at the time and I'm
15 wondering if -- do we need a subcommittee before our
16 next meeting? Because if we don't, I think I would like
17 to see some cleaned-up language for our final action,
18 'cause this becomes a fairly important entity as we go
19 forward. I want to make sure that we have it properly
20 structured. I think we're going to have to meet as a
21 full Board to do the independent cost estimate, unless --
22 -- although that is something I guess could be delegated
23 if this were in place.

24 **DR. MELIUS:** I thought I asked that.

25 **DR. ZIEMER:** But the limiting factor was that you

1 still have -- you still have to go through all the same
2 steps. You just --

3 **MR. ELLIOTT:** The subcommittee could develop it,
4 but you'd still have to meet to approve it.

5 **DR. ZIEMER:** You'd have to meet to approve it.

6 **DR. MELIUS:** Okay.

7 **DR. ZIEMER:** Yeah, so it doesn't -- it doesn't
8 eliminate a meeting.

9 **DR. MELIUS:** (Off microphone) (Inaudible)

10 **DR. ZIEMER:** Right, right, so we might as well meet
11 and do it --

12 **DR. MELIUS:** (Off microphone) Yeah, yeah, okay,
13 (Inaudible).

14 **DR. ZIEMER:** And that would be the most pressing
15 thing.

16 **DR. MELIUS:** Why don't we continue with the working
17 group to -- I mean you, Mark and Tony --

18 **DR. ZIEMER:** Yeah, we --

19 **DR. MELIUS:** -- continue to --

20 **DR. ZIEMER:** That's what I was actually suggesting,
21 that we take this input and come up with a revision to
22 for a final look at the next meeting. I think we're
23 okay time-wise in terms of not needing to have the
24 subcommittee in place before our next meeting. Is -- is
25 that agreeable?

1 **DR. MELIUS:** Can I just mention one thing now
2 'cause it may help. When I chaired the ATSDR board of
3 scientific counselors we had -- we had a subcommittee
4 structure set up. It was a little bit more complicated
5 because it had special consultants and so forth, but
6 there's some language from that charter that may be --

7 **DR. ZIEMER:** That might be helpful to --

8 **DR. MELIUS:** -- useful 'cause we included it when
9 we --

10 **DR. ZIEMER:** Right.

11 **DR. MELIUS:** -- renewed the -- the charter.

12 **DR. ZIEMER:** Thank you.

13 **DR. MELIUS:** Yeah.

14 **DR. ZIEMER:** So we're taking most of these as kind
15 of friendly amendments right now, but what I'm going to
16 suggest here, and we'll hear from Cori again, is a
17 motion to remand this document back to the working group
18 for additional work. In effect it tables it to the next
19 meeting. Cori?

20 **MS. HOMER:** Just a couple of things very quickly.
21 For the Buffalo meeting, if you want to get me your
22 travel plans as quickly as possible.

23 Also for those who are attending the tour of the
24 Hanford facility tomorrow, dress comfortably, no
25 electronics. And if you've read the agenda, you see

1 that we're meeting downstairs prior to 8:00 a.m. The
2 Federal Building is directly across the street, but due
3 to Wanda's management we have been able to add the B
4 reactor to the tour. But we have to be over to the
5 Federal Building by 7:00 a.m. So if you want to meet
6 downstairs no later than 6:45, if you miss 6:45, you're
7 going to miss the tour.

8 **MS. MUNN:** Don't forget picture I.D.

9 **MS. HOMER:** And bring a picture I.D., absolutely.

10 **DR. ZIEMER:** Okay. Thank you. Now back to our
11 document here, I'm -- the Chair's calling for a motion
12 to refer this back to the committee -- the working group
13 for additional work for consideration at our next full
14 Board meeting.

15 **MR. ESPINOSA:** So moved.

16 **DR. ZIEMER:** So moved, and seconded?

17 **MR. PRESLEY:** Second.

18 **DR. ZIEMER:** Any discussion?

19 (No responses)

20 **DR. ZIEMER:** Perhaps not, since it's in effect a
21 motion to table, no discussion allowed.

22 All in favor, aye.

23 (Affirmative responses)

24 **DR. ZIEMER:** Opposed?

25 (No responses)

1 **DR. ZIEMER:** Motion carries, and we will refer that
2 back for input and additional work.

3 **DR. MELIUS:** I just want to thank Tony, Paul and
4 Mark 'cause I think this was a -- really moved us along
5 a lot on these issues, so --

6 **DR. ZIEMER:** Thank you.

7 **THE COURT REPORTER:** Dr. Ziemer, who motioned and
8 seconded that? I didn't --

9 **DR. ZIEMER:** Did Rich make the motion?

10 **MR. ESPINOSA:** I made a motion, yeah.

11 **DR. ZIEMER:** And who seconded?

12 **UNIDENTIFIED:** Bob Presley.

13 **DR. ZIEMER:** Bob seconded it.

14 **DR. MELIUS:** We have the next meeting date, also
15 (Inaudible) work out?

16 **DR. ZIEMER:** Now we're up to our final item here I
17 think today is calendars. Do we have anything else
18 besides our calendars? Okay, time to boot up. I'm
19 ready.

20 Now I want to ask about the -- the task. The task
21 is ready. We need the independent government cost
22 estimate. So if -- if that doesn't occur till June,
23 then we're into July before the document reviews begin.

24 **UNIDENTIFIED:** So you're looking at a one-day Board
25 meeting?

1 **DR. ZIEMER:** On the other hand, if we -- if we can
2 have a meeting earlier -- and this would be like a half-
3 day meeting, I think -- we -- we could take care of that
4 item of business. This would be a closed session.

5 **MR. ELLIOTT:** If I may, I'd propose you do it like
6 you did last time, come to Cincinnati. We'd hold it at
7 that hotel by the airport, a nice place, and...

8 **DR. ZIEMER:** What has to happen before -- we have
9 to have the *Federal Register* notice, which -- what do we
10 need, two weeks?

11 **MS. HOMER:** (Off microphone) (Inaudible) days
12 notice. I have to give it to (on microphone) committee
13 management 30 days prior to the meeting. We can rush it
14 through if it's --

15 **DR. ZIEMER:** If it -- if we --

16 **MS. HOMER:** -- three -- or two weeks prior, but I
17 also need the determination to close, and --

18 **DR. ZIEMER:** Today --

19 **MS. HOMER:** -- OGC needs to be able to review that,
20 so --

21 **DR. ZIEMER:** Right, and today is the 21st, so we're
22 talking about roughly third week in May, huh?

23 **MS. HOMER:** Roughly.

24 **DR. ZIEMER:** Let -- let me start out with May 21st.

25 **MS. HOMER:** Okay.

1 **UNIDENTIFIED:** (Off microphone) On Friday?

2 **DR. ZIEMER:** Friday, May 21st -- oh, Rich.

3 **MR. ESPINOSA:** I agree with what Larry is saying,
4 you know, is take it to Cincinnati. I think it'll be,
5 you know, convenient for everybody. However, I really
6 believe that this meeting should be held in the
7 afternoon to where people can fly in on the same day and
8 not -- the last meeting that we had in Cincinnati, I
9 believe it was held in the morning and --

10 **DR. ZIEMER:** It's really difficult for those who
11 come from a distance, yes.

12 **MR. ESPINOSA:** Yeah, so if we can hold it in the
13 afternoon, I know myself can make it there by 12:00 or
14 so.

15 **DR. ZIEMER:** Any reason why it couldn't be
16 afternoon?

17 **MS. HOMER:** No reason.

18 **MS. MUNN:** I'd have to come the night before --

19 **DR. ZIEMER:** Anyway, but a lot of -- lot of folks
20 could come in that morning. I could do that, myself,
21 but -- thanks.

22 **MS. HOMER:** Oh, I have a meeting in Washington I
23 have to be at that day.

24 **DR. ZIEMER:** Okay, so the 21st is out -- 20th or --

25 **MS. HOMER:** I'm there on the 20th, as well.

1 **DR. ZIEMER:** Okay, that's out. How about the 24th
2 -- week of the 24th, let's start there. Is that a
3 holiday?

4 **MS. HOMER:** What about the 25th?

5 **UNIDENTIFIED:** (Off microphone) (Inaudible)
6 Memorial Day?

7 **DR. MELIUS:** (Off microphone) No, the 24th is not,
8 the 31st is --

9 **UNIDENTIFIED:** (Off microphone) 31st is Memorial
10 Day.

11 **DR. ZIEMER:** The 24th is Victoria Day in Canada.
12 We can't meet then.

13 **DR. MELIUS:** No, I have a -- the holiday's the 31st
14 'cause I have a -- I have a conflict most of that week,
15 but --

16 **DR. ZIEMER:** The week of the 24th is bad?

17 **DR. MELIUS:** For me it is.

18 **MS. MUNN:** It's bad for me.

19 **DR. ZIEMER:** Bad, bad, bad. Okay.

20 **MR. ESPINOSA:** Can we go back to the beginning --

21 **MS. HOMER:** What about the --

22 **MR. ESPINOSA:** -- of May --

23 **MS. HOMER:** -- 17th?

24 **MR. ESPINOSA:** -- or to the --

25 **DR. ZIEMER:** Well, okay, Cori, going before the 30

1 days?

2 **MS. HOMER:** Sure, I think we can manage that, yeah.

3 **DR. ZIEMER:** Okay, earlier in the -- how about --

4 **MS. HOMER:** It's close, but we can manage it.

5 **DR. ZIEMER:** -- Monday the 17th? For whom is it
6 bad? Okay, 18th? The entire week is bad.

7 **MS. HOMER:** Well, we'll just have to rush, won't
8 we?

9 **DR. ZIEMER:** Let me also point out that we -- not
10 that everyone isn't valuable, but if we can do this in a
11 quorum, we can do it. If one person can't come, I would
12 say -- and the rest can, we probably should go ahead.
13 We need to get this done.

14 **MR. ESPINOSA:** Well, Cori and Tony are in
15 Washington, why don't we take it to Washington?

16 **DR. ZIEMER:** 17th -- Tony, you're bad all week.
17 Right? Anyone else bad on the 17th? Any preferences
18 for later in the week -- 18th?

19 **MR. ESPINOSA:** The 18th would be a lot better for
20 me.

21 **DR. ZIEMER:** The 18th is better.

22 **MR. ESPINOSA:** The 17th will work.

23 **DR. MELIUS:** The 18th you lose me.

24 **DR. ZIEMER:** 18th --

25 **DR. MELIUS:** 18th, 19th and 20th.

1 **MR. GRIFFON:** 17th's better.

2 **DR. ZIEMER:** So we start to lose more people --
3 17th's still doable with some effort?

4 **MR. ESPINOSA:** Yeah.

5 **DR. ZIEMER:** Afternoon of the 17th, Cincinnati.

6 **MR. ESPINOSA:** Well, since it's on a --

7 **MS. HOMER:** From 1:00 till --

8 **MR. ESPINOSA:** -- since we're flying out on --
9 since it's a holi-- since it's a weekend the week before
10 or the day before, we can do it in the morning. I don't
11 --

12 **DR. ZIEMER:** You want to do morning then?

13 **MR. ESPINOSA:** It doesn't matter if we do it in the
14 morning if I have to fly on a Saturday -- or a Saturday
15 or Sunday, you know, but if we're going to do it in the
16 week, I would rather --

17 **DR. ZIEMER:** I gotcha.

18 **MR. ESPINOSA:** -- do it in the afternoon.

19 **DR. ROESSLER:** You can leave in the afternoon.

20 **MR. PRESLEY:** Late in the afternoon.

21 **DR. ZIEMER:** All right, we're back to morning,
22 Cori.

23 **MS. HOMER:** We're back to mornings. What time did
24 you want to start?

25 **DR. ZIEMER:** I think a 9:00 o'clock is fine. Those

1 coming from the west coast, it's pretty early. Even
2 9:00 o'clock is early.

3 **MS. MUNN:** 9:00 is fine.

4 **MR. ESPINOSA:** 9:00's fine.

5 **DR. ZIEMER:** 9:00 o'clock. Now we still have a
6 June meeting in Buffalo, June 2nd.

7 **MS. HOMER:** Yes, you do, June 2nd and 3rd.

8 **DR. ZIEMER:** Full-fledged meeting in Buffalo.

9 **MS. HOMER:** Full meeting.

10 **DR. ZIEMER:** Do you want to go beyond --

11 **MS. HOMER:** That would be helpful.

12 **DR. ZIEMER:** -- June? We were talking about
13 August.

14 **MS. HOMER:** We'll need dates and a location.

15 **DR. ZIEMER:** Let's -- let's look at August and see
16 what we have.

17 **DR. MELIUS:** Can we do location first, 'cause that
18 -- given -- if it's on the west coast or east coast it
19 makes difference --

20 **DR. ZIEMER:** It makes a difference --

21 **DR. MELIUS:** -- in some of our calendars.

22 **DR. ZIEMER:** What did we have on the list of --

23 **MS. HOMER:** The last time we had Buffalo and Idaho
24 Falls on the list. There are a few places we haven't
25 been to yet. I believe Texas, Nashville, San Francisco,

1 Pittsburgh --

2 **MR. ESPINOSA:** I'd like to make a suggestion of San
3 Francisco.

4 **MS. HOMER:** -- in addition to Idaho Falls.

5 **MR. ESPINOSA:** You guys are going to let me watch
6 Barry Bonds play, so...

7 **DR. ZIEMER:** Actually if we're going to do Idaho
8 Falls, that might not be a bad time to do Idaho.

9 **MS. HOMER:** That would be a very good time to be in
10 Idaho Falls.

11 **DR. ROESSLER:** It doesn't snow in August then?

12 **MS. HOMER:** Not yet.

13 **DR. ZIEMER:** Get early August, you might be all
14 right.

15 **MS. HOMER:** Early August it should be okay.

16 **DR. ROESSLER:** I should talk.

17 **DR. ZIEMER:** Let's see how the calendars look and
18 give -- give Cori some -- some dates. Week of August
19 2nd --

20 **DR. MELIUS:** Week of August 2nd and 9th, I'm bad on
21 both of those.

22 **DR. ZIEMER:** You're bad on both weeks? Okay.

23 **MR. PRESLEY:** (Off microphone) I'm (Inaudible)
24 those two weeks, too.

25 **DR. ZIEMER:** And actually Anderson is bad the first

1 week of August. How's --

2 **DR. MELIUS:** (Off microphone) (Inaudible) fishing
3 may be in Idaho, so --

4 **DR. ZIEMER:** -- August -- week of August 16th, how
5 are we looking there?

6 **MR. ELLIOTT:** That's not a good week.

7 **DR. ZIEMER:** Not a good week for anyone in NIOSH?

8 **MR. ELLIOTT:** Not for me.

9 **DR. ZIEMER:** Okay, week of the 23rd. Okay, who --
10 who has conflicts August 23rd, 4th, 5th, 6th or 7th? No
11 conflicts?

12 **UNIDENTIFIED:** (Off microphone) (Inaudible) earlier
13 on in the week.

14 **MR. ESPINOSA:** Yeah, on the 25th and 26th it's kind
15 of iffy for me, so very late in the week --

16 **DR. ZIEMER:** Let's -- let's look at 23rd and 24th
17 or 24th and 25th, depending on what Cori can find for
18 arrangements then.

19 **MS. HOMER:** Okay, let me pose a question, though.
20 If you have a subcommittee in place by that time, will
21 you require additional time?

22 **DR. ZIEMER:** I think the answer is going to be yes,
23 so let's meet on the 24th and 5th and the subcommittee
24 could come in on the day before, if needed, 'cause the
25 subcommittee would have to meet first to prepare things

1 for the main meeting.

2 **MS. HOMER:** Okay. Idaho Falls is your primary. Do
3 you have a secondary choice?

4 **UNIDENTIFIED:** (Off microphone) (Inaudible)

5 **DR. ZIEMER:** In August?

6 **MS. MUNN:** (Off microphone) San Francisco. San
7 Francisco.

8 **DR. ZIEMER:** Amarillo in August. What were the
9 other ones?

10 **MS. HOMER:** Let me think. Let's see, we have --
11 there's Texas, Nashville, San Francisco, south Florida,
12 I guess -- did I mention Pinellas? Pittsburgh.

13 **DR. ZIEMER:** But there's really nothing to see in
14 Pinellas anymore. Are there many people -- I mean that
15 --

16 **MS. HOMER:** I don't know if there's interest at
17 Pinellas or not.

18 **DR. ZIEMER:** There was really not very much
19 radiation work done at Pinellas. It was primarily a --

20 **MS. HOMER:** Is there another site that has had
21 renewed interest or a spike of interest lately, since
22 we've already been there?

23 **MR. ELLIOTT:** I would offer this, that Denise Brock
24 always wants us back in St. Louis, and we -- NIOSH is
25 committed to go back there at some point in time, but

1 whether the Board wants to or not, that's another story.
2 But...

3 **MR. ESPINOSA:** I'd like to extend the offer to New
4 Mexico, as well.

5 **DR. ZIEMER:** Well, we've been to -- we've been to
6 Albuquerque, though -- or Santa Fe, actually.

7 **MS. HOMER:** Santa Fe.

8 **DR. ZIEMER:** So we've been near the Los Alamos
9 site.

10 **DR. ROESSLER:** How about San Francisco?

11 **DR. ZIEMER:** San Francisco as --

12 **MS. HOMER:** As an alternate? Okay.

13 **DR. MELIUS:** Booking that in August will be tough.

14 **DR. ZIEMER:** Yeah, probably. I suspect Idaho Falls
15 won't be a problem getting in, but see what you can find
16 out.

17 **MS. HOMER:** We might, there's a contract renewal
18 going on right now, so -- but if we have any difficulty,
19 I'll pose the question again.

20 **DR. ZIEMER:** Thank you.

21 **MR. GRIFFON:** You know, it might not be the time of
22 year, but there might be -- Washington, D.C., we haven't
23 had a meeting there in a while, and there's other people
24 that show up at those meetings that are interested in
25 this process. And we might have an SEC rule to look at,

1 you know. Who knows?

2 **DR. ZIEMER:** True.

3 **MS. MUNN:** Let's don't do that in August.

4 **MR. GRIFFON:** Yeah, it's nice and warm -- like a
5 sauna. Yeah, I know.

6 **DR. ZIEMER:** Well, that can be a tertiary site, if
7 necessary, Washington, D.C. Thank you.

8 Do we have other items that need to come before
9 this Board today? Rich, please.

10 **MR. ESPINOSA:** I like the way the schedule's being
11 set up as the public comment -- to where the public can
12 come in in the later evening. However, coming in at
13 9:00 and then breaking for three hours, I just don't see
14 the need in it. What I would like to see is maybe the
15 Board starting at 1:00 or 2:00 o'clock and deliberating
16 throughout to where the public can come in as they get
17 off of work, hear what we have to say, and then make
18 public comments based on the Board's deliberation.

19 **DR. ZIEMER:** Okay. So your suggestion would be a
20 meeting that started closer to midday and then went on
21 through with a supper break or -- maybe start it right
22 after lunch and went through to --

23 **MR. ESPINOSA:** Yeah --

24 **DR. ZIEMER:** -- supper break.

25 **MR. ESPINOSA:** -- exactly.

1 **DR. ZIEMER:** How do others of you react to that
2 idea?

3 **MR. PRESLEY:** I'd rather have a break in the
4 afternoon. I hate to say that, but I would.

5 **DR. ZIEMER:** What about the rest of you, pro or
6 con?

7 **DR. MELIUS:** It's -- yeah, there's no easy way of
8 doing it is the -- is the problem. And as I say, it was
9 -- started to think, well, if we have a subcommittee
10 meet in the morning, but then by 8:00 o'clock they'll be
11 worn out and -- which isn't fair to them, though -- I
12 mean in terms of scheduling.

13 **DR. ZIEMER:** Well, it's an idea to consider in the
14 future, and we appreciate that recommendation and --

15 **DR. MELIUS:** And it actually may depend on where
16 we're --

17 **DR. ZIEMER:** Where we are and --

18 **DR. MELIUS:** -- where we're meeting and --

19 **DR. ZIEMER:** -- the local conditions, yeah.

20 **DR. MELIUS:** -- yeah, and do that.

21 **MS. HOMER:** Just from a logistics point of view,
22 setting up for an evening session, depending on the
23 interest that we receive in the area, that -- that
24 dinner break gives us some time to clean up, reset and
25 expand if we need to.

1 **DR. ZIEMER:** Which was the case here, yes. Thank
2 you.

3 **DR. MELIUS:** But I -- my understanding is correct,
4 for -- like for Buffalo, Larry has a -- there's a public
5 meeting of some sort up there in May?

6 **MR. ELLIOTT:** Yes.

7 **DR. MELIUS:** Yeah, so a month before our meeting,
8 so I'm not sure there'll be as much interest in an
9 evening -- there may be more, I don't...

10 **UNIDENTIFIED:** (Off microphone) (Inaudible)

11 **DR. ZIEMER:** Yeah, so I don't -- I don't know if we
12 can --

13 **DR. MELIUS:** No, I'm just saying it's --

14 **DR. ZIEMER:** -- prejudice that. Let's make the
15 opportunity available and see how it goes. Thank you.

16 Any other items to come before the Board at this
17 meeting? Anything for the good of the order?

18 (No responses)

19 **DR. ZIEMER:** If not, we stand adjourned.

20 (Meeting adjourned 4:50 p.m.)

21

22

23

