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convenes

MEETING 47

ADVISORY BOARD ON

RADIATION AND WORKER HEALTH

DAY TWO

ROCKY FLATS MOTION AND VOTE EXCERPTS

The verbatim transcript of the 47th

Meeting of the Advisory Board on Radiation and

Worker Health held at The Sheraton Denver West,

Lakewood, Colorado on June 12, 2007.

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TRANSCRIPT LEGEND

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JUNE 12, 2007

DR. ZIEMER: Now Mark -- call on Mark for purposes of a recommendation from the working group.

MR. GRIFFON: Yeah, I -- I think at this point the workgroup -- I have at least a -- a preliminary motion, and I think -- I have written out a draft anyway that has some of the details supporting the motion, but I think I can offer the sense of the motion first --

DR. ZIEMER: Okay.

MR. GRIFFON: -- if that's okay.

The motion is to -- to have an SEC established for all workers who were monitored, or should have been monitored, for neutron exposures from January 1, 1959 through December 31st of 1966, and -- and it's -- it's worded as all -- all workers who were monitored, or should have been monitored, so we have that same language where we have to -- that's why I was inquiring some on the buildings that would be included and how we're going to determine -- I think that's a separate discussion, but that's -- that's the -- that's the one -- one motion we're prepared

1 to make. 2 DR. ZIEMER: Okay. Let -- let me -- that --3 that is a motion then from the -- from the 4 workgroup? 5 Well, it's a motion -- well, I MR. GRIFFON: guess it's my motion. We didn't have -- Mike 6 7 Gibson wasn't -- hasn't -- hasn't seen this or 8 heard this, so -- but Wanda --9 MS. MUNN: I second. 10 MR. GRIFFON: Wanda seconds, yeah. 11 DR. ZIEMER: Okay, the motion is made and 12 seconded. Let me ask if the workgroup is 13 prepared, after we take action on this motion, 14 to address subsequent years, namely '67 and 15 beyond, in some fashion and -- or -- your 16 motion goes through '66 --17 MR. GRIFFON: Yeah, yeah --18 **DR. ZIEMER:** -- 1966, you would --19 MR. GRIFFON: -- the motion beyond -- '67 20 through the -- is it 2005, the motion is to 21 accept NIOSH's evaluation report and -- and 22 that would also overlap the '52 through '66 for 23 non-neutron parts of the evaluation report. 24 it's basically to accept NIOSH's conclusions in

the report for --

1 DR. ZIEMER: Well, that motion is not before us 2 yet, but just --3 MR. GRIFFON: Right. 4 DR. ZIEMER: -- in anticipation. So the motion 5 is to recommend Special Exposure Cohort status 6 for neutron workers for the period of January 7 1st, 1959 through December 31st, 1966 -- is 8 that correct? 9 MR. GRIFFON: Right -- yes. 10 DR. ZIEMER: Okay, and the motion's been 11 seconded. Board members, do you have questions 12 or comments on this motion, pro or con? 13 MR. GIBSON: Can I make a comment? 14 DR. ZIEMER: Yeah, is that Mike? 15 MR. GIBSON: Yeah. 16 DR. ZIEMER: Mike Gibson, please proceed. 17 MR. GIBSON: First I apologize that I wasn't 18 able to be there in Denver, but -- so I have 19 not seen the motion. I guess I just want to 20 comment that in light of Ms. Munn's comments 21 and I, as part of the working group, do take 22 responsibility for the process being drawn out. 23 I didn't quite look at it in those terms as --24 that she's put them, but I do accept that

responsibility. And I feel that since we have

1	been less than timely, I would just like to say
2	that at the end of this exhaust (broken
3	transmission) approach, we're still down to
4	NIOSH saying throwing the word "plausible"
5	around. And when I look at the definition of
6	"plausible," it says believable and appearing
7	likely to be true, but usually in the absence
8	of proof. And given that, I just think that we
9	might ought to consider (broken transmission)
10	the petition to include all Rocky Flats
11	workers.
12	UNIDENTIFIED: (From the audience and off
13	microphone) Yes.
14	DR. ZIEMER: So Mike, you are speaking against
15	the motion, as I understand it then.
16	MR. GIBSON: Or to to amend it and to
17	broaden the scope.
18	DR. ZIEMER: Okay, thank thank you. Other
19	comments or questions, Board members? Dr.
20	Lockey or Phil Phil Schofield, any comments?
21	MR. SCHOFIELD: Yeah, this is Phil. I would
22	like to I'm still concerned about some of
23	the records, particularly (broken transmission)
24	to about 1970, which if we're not going to be
25	able to expand it for the whole time frame,

1 then we should at least make it through the end 2 of 1970 because of the spottiness of a lot of 3 the records in '69 and '70. 4 DR. ZIEMER: Okay, so your concern here is the 5 period from basically '67 to '70. Is that correct? 6 7 MR. SCHOFIELD: Correct. 8 DR. ZIEMER: Yeah, okay. Let me ask Mark to 9 address that momentarily here. 10 MR. GRIFFON: That was certainly a -- a -- a 11 lengthy discussion between workgroup members 12 that -- and we -- we certainly considered that. 13 A couple of points on that. One is that it's -14 - it's clear in our review that the -- the 15 highest exposed individuals from '67 through 16 '70 -- the time period for this NTA film 17 consideration -- were actually measured during 18 this time period and -- and not -- not assigned 19 notional dose in the NDRP project. So that was 20 one part of it. 21 The other part of it was that this question of 22 the zeroes and the correction factors and this 23 -- this sort of non-recovered films that were 24 never -- never measured. The -- the worksheets 25 being available is helpful 'cause we can

1 distinguish which ones are actually measured 2 zeroes versus -- and I raised this as a concern 3 yesterday, that if we can't sort that out, we -4 - we may have a -- a problem here. But in fact 5 we have the worksheets to back that up and -and one further item was that I've -- and NIOSH 6 7 can confirm this, but I've been assured that in 8 the event that worksheets are not available for 9 certain of that group, they would assume 10 unmonitored and assign just the highest -- the 11 95th percentile cycle date. I -- NIOSH may 12 want to veri-- they're -- they're nodding their 13 head, the record should show, in agreement with 14 that. 15 So given those factors, I think that -- you 16 know, that made -- that made a solid argument 17 to break that period up and that's -- that's 18 why we ended up with that split there. 19 Certainly we -- we did consider at -- at length 20 for guite a while as to whether to include it 21 all the way through '70. 22 DR. ZIEMER: Okay. Thank you. Other members 23 wish to speak for or against the motion? 24 (No responses) 25 Are you ready to vote on the motion?

1	MS. MUNN: Yes, call the question.
2	UNIDENTIFIED: (From the audience and off
3	microphone) All or nothing.
4	DR. ZIEMER: Okay, the motion is to add or
5	recommend the addition of neutron workers to
6	the Special Exposure Cohort for the period of
7	June 1st
8	MR. GRIFFON: January.
9	DR. ZIEMER: or January 1st, I'm sorry, 1959
10	through December 31st, 1966. We'll take an
11	individual vote here. I think I'm going to ask
12	the Designated Federal Official to do a roll
13	call vote here, so
14	DR. WADE: Okay. Mr. Presley?
15	MR. PRESLEY: I vote for the motion.
16	DR. WADE: Mr. Clawson?
17	MR. CLAWSON: No.
18	DR. ZIEMER: No.
19	DR. WADE: Mr. Griffon?
20	MR. GRIFFON: For the motion.
21	DR. WADE: Ms. (sic) Roessler?
22	DR. ROESSLER: I'm for the motion.
23	DR. WADE: Ms. Munn?
24	MS. MUNN: For the motion.
25	DR. WADE: Dr. Melius?

1	DR. MELIUS: Just repeat the motion again.
2	DR. ZIEMER: The motion is to recommend a
3	Special Exposure Cohort status for neutron
4	workers covering the period of January 1st, '59
5	through December 31st, '66. And of course the
6	wording that would go to the Secretary would
7	include the more complete description and our
8	usual caveats which would spell out how soon
9	the Chairman has to get that information in and
10	and
11	DR. MELIUS: Okay.
12	DR. ZIEMER: the usual legal wording on
13	on that motion.
14	DR. MELIUS: Then then I'll vote for that.
15	DR. ZIEMER: Okay.
16	DR. WADE: Dr. Lockey?
17	DR. LOCKEY: I vote for the motion.
18	DR. WADE: Mr. Schofield?
19	MR. SCHOFIELD: Vote for the motion.
20	DR. WADE: I'm sorry?
21	MR. SCHOFIELD: Vote for the motion.
22	DR. ZIEMER: For the motion.
23	DR. WADE: Mr. Gibson?
24	MR. GIBSON: I abstain.
25	DR. WADE: I assume Dr. Poston is not on the

1 line? 2 (No responses) 3 Dr. Mel-- Dr. Ziemer? 4 DR. ZIEMER: For the motion. 5 DR. WADE: We have eight yeses, one no, one abstention. 6 7 DR. ZIEMER: The motion then carries. 8 Chair now recognizes the workgroup chairman for 9 making any additional motions. 10 MR. GRIFFON: Yeah, the -- the second --11 this second time period, I don't know that 12 we've -- I -- I was trying to look for language 13 to this effect, but it's basically to -- we did 14 agree that we would discuss this second time 15 period separately, in a separate motion, so 16 that's why I'm offering it as a separate 17 motion, to have a separate discussion on it and 18 19 DR. ZIEMER: Right, the --20 MR. GRIFFON: -- separate -- separate vote. 21 DR. ZIEMER: -- Chair insisted at the last time 22 that the Board take some kind of action, pro or 23 con, on the remaining time period. I -- I want 24 it on the record, at least. So we're talking 25 about January 1st, '67 and up through I think

1 2005 --2 MR. GRIFFON: Five, right. 3 DR. ZIEMER: -- was the period covered in the 4 petition. 5 MR. GRIFFON: Yeah. 6 DR. ZIEMER: So your -- your motion basically 7 is that --8 MR. GRIFFON: That the -- that the Board accept 9 the NIOSH evaluation conclusion that they can 10 reconstruct dose for -- can reconstruct all 11 radiation dose for that time period. 12 DR. ZIEMER: That is the motion. Is there a 13 second? 14 MS. MUNN: Second. 15 DR. ZIEMER: And seconded. Now discussion on 16 this motion? Let me start with those on the 17 phone. 18 MR. SCHOFIELD: Yeah, could I have the motion 19 restated and -- I seemed to break up right 20 then. 21 DR. ZIEMER: The -- the motion is to accept the 22 -- or to agree with the NIOSH recommendation 23 that for the period 19-- January, 1967 through 24 2005, agreeing that dose reconstruction can be 25 done and therefore to not recommend Special

1 Exposure Cohort status for that time period. 2 Now Board members, do you wish to speak for or 3 against the motion? Dr. Melius. 4 DR. MELIUS: I'd like to speak against the 5 motion. I think there are too many open issues 6 that have not been adequately addressed, at 7 least to my satisfaction, regarding the '67 to 8 '70 neutron dose exposure issue, the thorium 9 issue and the building 881 issue, as well as I 10 think a number of other issues that have been -11 - been brought up today by the petitioners and 12 other people here. And for those reasons, I am 13 not in support of that motion. 14 UNIDENTIFIED: (From the audience and off 15 microphone) Thank you. 16 DR. ZIEMER: Thank you. 17 MR. GIBSON: Dr. Ziemer? 18 DR. ZIEMER: Somebody on the phone, is it --19 MR. GIBSON: Dr. Ziemer, it's Mike. 20 DR. ZIEMER: Okay, Mike Gibson, thank you. 21 MR. GIBSON: Yeah, I'd like to -- I'd like to 22 speak out in opposition of this motion. 23 Board was made up by law of those from the 24 scientific, medical and the labor field, and I 25 think that we have to give as much weight to

the experiences that the people went through at the site as we do to the scientific issues.

And again I state, at the end of the day all I hear is it's plausible on the scientific side, and I hear argument after argument from people that were actually there doing the job, and I think that the -- if we're to do our duties correctly, we need to consider the people's experiences and we need to grant this petition as they (broken transmission) it.

DR. ZIEMER: Thank you. So you are speaking against the motion. Thank you.

Wanda Munn.

MS. MUNN: At the core of our responsibility on this Board we have only one issue. We are not chartered with dealing with the unfortunate business of what's been referred to as chemical cocktails -- I think appropriately referred to. We have one responsibility and one only, and that's to deal with the issue of whether adequate information exists to complete accurate -- reasonably accurate dose reconstructions for individuals who have had radiation exposure. So the core of our responsibility is really very difficult to get

1 to, but in simple terms, the only issue is 2 whether adequate information exists for those 3 reconstructions to be done in a reasonable 4 manner. 5 We have heard no indication that we do not have adequate information to do that. We have 6 7 excellent information, and for that reason I 8 support the motion. 9 DR. ZIEMER: Other Board members, pro or con? 10 Yes, Mr. Clawson. 11 MR. CLAWSON: You're absolutely right. 12 got a responsibility, but we also know that 13 there is gaps. And I'm -- I'm not a scientific 14 person. I'm still a worker. I still work in 15 the industry and I still know the fallacies 16 that are out there. I believe that we are 17 still learning. I believe that we -- you look 18 in the last 40 years what we have learned and 19 what we have gotten, and I apologize, I -- it's 20 no disrespect to NIOSH or anybody else, but I 21 really do not feel that it can be done, and I 22 speak against it. 23 UNIDENTIFIED: (From the audience and off 24 microphone) Thank you. 25 DR. ZIEMER: So you speak against the motion.

1 Mr. Presley?

MR. PRESLEY: As a -- a Board member that's been on the working group, yes, we've taken a tremendous amount of time. We've looked at a tremendous amount of data. And I think that NIOSH has done their job, SC&A has done their job. They have given us reports, they have given us data that says that they can do dose reconstruction and do it accurately and do it in the favor of the petitioner. I would like to speak in favor of the motion.

DR. ZIEMER: Thank you. Dr. Roessler?

DR. ROESSLER: I wasn't on the working group, but I have worked in the field of health physics and dosimetry for a long time. And I - I have confidence that NIOSH, in their very detailed evaluation of the situation, can reconstruct the doses in the manner that we're required by this rule, and that is to have an upper bound. I think enough information is known, in spite of all of the things that have been brought up, that -- that an upper bound and a claimant-friendly dose can be obtained. I -- I do want to add, though, that it's very difficult, as a Board member, to listen to

1 these people, and I sympathize with all of the 2 health problems. So this decision is very 3 difficult for me to make. 4 DR. ZIEMER: Thank you. Any others on the 5 phone that have comments? Dr. Lockey? MR. GIBSON: Dr. Ziemer? 6 DR. ZIEMER: Yes. 7 8 MR. GIBSON: If I could just add --9 DR. ZIEMER: Sure. 10 MR. GIBSON: -- (broken transmission) my 11 comment just a little bit. 12 DR. ZIEMER: Yes, Mike Gibson. 13 MR. GIBSON: And with all due respect to my 14 former -- my working group member, Ms. Munn, I 15 just want to make a note (broken transmission) the record that we have more than one 16 17 responsibility. We have the responsibility to do this in a timely manner, and I just (broken 18 19 transmission) I take the responsibility as a 20 member of the working group that we have not 21 (broken transmission) in this time, but you 22 know, I don't think we have that liberty now 23 that it's been put in this kind of light. But 24 we have more than one responsibility to do it

in a timely manner and I don't believe that

criteria was met in this situation.

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DR. ZIEMER: Thank you. Let's see, Mike -- okay, Mark.

MR. GRIFFON: Yeah, I -- I guess I have to -- I mean I -- I want to say that I agree with Wanda's point that -- and as a workgroup member I do take responsibility, and probably the chief responsibility for some of these delays because, quite frankly, I was the last person maybe on the workgroup or -- well, maybe not -maybe that's not true, but I certainly was attempting to, as Brant I think characterized it, turn over every stone and had a great bit of doubt about some of the database data, asked for -- met some resistance sometimes, but asked for a lot in terms of we want more raw data to support some of these conclusions. We -- you know, I -- I see some inconsistencies between databases. We -- we have to go back to raw data and verify this. We're not just going to accept this as the truth. And I think we did push for a lot of those -- extensive amount of raw data and looked into that at great length and, you know, I -- I think it's also important to point out, after doing all this, I think --

1 at least for those points I went over in my 2 presentation yesterday -- it doesn't include 3 the '67 through '70 time -- time period with 4 the neutrons, but from '70 and beyond, SC&A is 5 -- is concluding -- is in agreement with this, you know, that their -- their findings are 6 consistent with what we're saying on the 7 8 workgroup. So it's not only NIOSH telling us 9 this. We've had SC&A look at this thoroughly, 10 and I think that's also important to remember. 11 We -- and we all know how extensive SC&A's 12 report is. I think it totals probably over --13 close to 1,000 pages now. So we -- we 14 definitely looked at this and didn't just 15 accept it on face value. We -- we tore into 16 this and I think at the end of the day, you 17 know, we -- we do have the data for that later ti-- I feel we do have the data for that later 18 19 time period, so... 20 DR. ZIEMER: Thank you. Let me ask if either 21 Phil or Jim Lockey have any comments, pro or 22 con, on the motion? 23 DR. LOCKEY: This is Jim Lockey. I -- I've 24 been impressed by the -- the work that this 25 working group has gone through, and

1 particularly Mark leaving no stone unturned. 2 And I think that all the Board owe a debt of 3 gratitude and thanks for the extra effort 4 that's gone into this project. 5 DR. ZIEMER: Okay. Do you have any specific 6 comments for or against the motion? 7 DR. LOCKEY: I -- you know, after looking at 8 all the data and -- and listening to the 9 workgroup, I think it -- it -- that it appears 10 that dose can be reconstructed in this cohort 11 for the time period outlined. 12 DR. ZIEMER: Okay, thank you. Phil, are you on 13 the line? 14 MR. SCHOFIELD: Yes, sir. I'm actually against 15 the motion as it stands because I still feel 16 that the data for '69 to '70 is awful spotty 17 and there's a lot of assumptions being made 18 instead of hard data for that, so people 19 actually trying to get their dose 20 reconstructed, '69/'70, when there's large 21 gaps, I have a problem (broken transmission) 22 those years in the motion. 23 DR. ZIEMER: Okay, thank you. Dr. Melius, you 24 have an additional comment? 25 DR. MELIUS: I would just like to elaborate a

25

little bit. First of all, I -- my disagreement with the conclusions of the workgroup is not meant to in any way criticize the workgroup's hard efforts in trying to evaluate this petition and -- and come to grips with what's a very complicated site with lots of different exposures and over a long time period and with information that's not always easy to deal However, I would remind the -- all of the Board that I -- I think the -- the fault, to a great extent, with this process and with the effort required, you know, goes back to how this site was originally approached. We had a site profile that was largely written by people with very significant conflicts of interest. To this day if one goes back to the revised site profile in the two main chapters, those on external and internal exposures, all of the attributions I believe in those chapters are to those two individuals who were originally involved in the dose reconstruction program -yet to be convinced that there's been an adequate, independent review of that. Secondly, there was no opportunity, for very little opportunity for worker input into the

1 process. There was one meeting held in 2004 2 prior to the more recent work with the 3 petition. And one -- if one goes back to the 4 revised site profile, one -- though one finds 5 some verbiage that says that worker inputs were considered, there is not one reference to a --6 7 any comment or information received from a 8 worker into that -- that report. 9 Unfortunately we're then left at the end of the 10 process with the petition to try to sort 11 through what I think's been a lot of valuable 12 information, including valuable information 13 that we received last night that I don't think 14 we've given, you know, adequate attention to or 15 -- or have adequately followed up on. 16 We also are dealing with a process that's very 17 unfair to the petitioners. They are given --18 you know, they lack resources. They're given 19 access to information begrudgingly and often at 20 the last minute and not in a timely fashion. 21 And even the Board is presented with 22 information from NIOSH that is incomplete and 23 at the last minute. We were given a 24 presentation yesterday we're still struggling 25 to get some of the references for that was --

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the report given to us I believe in the end of May had no attributions as to where the information came from and so forth. And so we're being asked to judge things very quickly and with incomplete and inadequate information. And finally, I -- I think the report that Jennifer and the other petitioners have -- have made quite well. I mean this process has taken 847 days and that's -- it's -- something is sort of grossly unfair about that and, you know, maybe we could struggle on and -- and try to come to grips with all these issues, but I think we have to try to reach some closure on it. It may be up to Congress or to the legal system to better address this process, but -or it may be to NIOSH to revise the whole process, but -- but thi -- this is not a fair process and I can't, you know, claim that I've been adequately convinced that individual dose reconstruction is po-- feasible to be done with sufficient accuracy over the entire time period and over the tire-- entire scope of the period that's covered in -- in Mark's motion.

DR. ZIEMER: Okay.

UNIDENTIFIED: (From the audience and off

1 microphone) Thank you.

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DR. ZIEMER: Thank you. And typ-- typically the -- typically the Chair on a board of this type is supposed to sort of be the moderator and -- and not enter into the debate. But I think it behooves me to make some remarks, as well.

First of all, I've become convinced, based on the work of the working group, that it is certainly feasible to -- for NIOSH to do dose reconstruction with sufficient accuracy -- and sufficient accuracy in this case means accuracy that will allow them to make a claimantfavorable decision. I also note that the workgroup, through their process, has caused, in a way, NIOSH to change much of what they were doing on this site in terms of dose reconstruction so that in the end, sort of regardless of how the final thing comes out, dose reconstructions done here will be done in a much better manner than they would have been done prior to the efforts of this workgroup and this process.

Now we heard from the Congressman earlier today and I -- in a sense, and I can say this since

I'm not a part of any of these agencies. It's unfortunate that the burden has been passed to a group like this to correct what Congress should have done correctly in the first place. It is hard to get any of them to admit that the -- the generation of the convoluted process that we find ourselves in is the way that the law was originally written, that basically -- UNIDENTIFIED: (From the audience and off microphone) (Unintelligible)

DR. ZIEMER: -- that basically requires us to go through this process, that requires some time-consuming efforts for us to do our responsibilities as they are stated under the law, because what we see here is duplicated all over the country. This is not the only site that has the same -- we have these problems -- timing problems with a Board which -- of workers which is not as large as the law dictates it should be and therefore is very overburdened. That's why our working groups are -- are overburdened in time -- doing a little soap-boxing here --

DR. WADE: No more about Congress, but you can talk about the process.

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DR. ZIEMER: Yeah. But the process perhaps could -- could have been set up in a better manner at the front end, but we have what we have. And I think the Board is struggling to do its job in the way that it -- it believes it should be done. Every Board member is very conscientious. I think every Board member empathizes with the workers very much. We -we end up in somewhat different places. We do this in a collegial fashion. None of us are mad at each other because of how we vote on these things. We do it in a collegial fashion, but we have to -- we have to proceed and vote. Now at the moment, without the vote having occurred, it appears to the Chair that the vote may pass. Now -- and I want -- I want us to think about that for a moment because what we will have will be a recommendation to the Secretary that is not a very strong recommendation. But nonetheless, he will have to deal with that in some manner or another. The other part of it is to point out to the assembly that we are not precluded, I suppose, in the future from having a different recommendation if other information comes forth

1 of the type that Jim mentioned. However, I --2 I do -- I don't want to drag out the process 3 and -- and delay the process. I've tried to 4 press the Board to come to a type of closure. 5 We'll be where we are at the end of this process today. Perhaps there will be 6 7 additional information come forth that would 8 re-- that would suggest that there be some --9 some other endpoint in the future, but we have 10 what we have at the moment. 11 MR. ROMERO: (From the audience and off 12 microphone) Mr. Zimmer (sic), another question, 13 please? 14 DR. ZIEMER: Yes. 15 MR. ROMERO: If it's Congress's problem why 16 this is not working, why didn't you address 17 that when the man was standing right there? 18 DR. ZIEMER: Probably I --19 Why didn't you tell him how to fix MR. ROMERO: 20 it so he can go to Washington and fix it? 21 DR. ZIEMER: I -- I think -- I think he's 22 already indicated that -- that they're --23 Congress is in fact taking some steps that may 24 change the process, so he recognizes that, I 25 think, and -- I -- I don't want to say -- I'm -

1	- it's not my intent to insult Congress. I'm -
2	- I'm simply expressing a concern
3	UNIDENTIFIED: (From the audience and off
4	microphone) (Unintelligible)
5	DR. ZIEMER: I'm simply expressing a
6	concern. None none of these laws are you
7	know, this one doesn't consider the chemical
8	mixes and so on, so we have there's
9	there's those kinds of things. We can't
10	address them all, but we'll do the best we can.
11	Now
12	DR. WADE: Call the roll?
13	DR. ZIEMER: additional comments. Robert?
14	DR. WADE: I can call the roll.
15	DR. ZIEMER: Ready for a roll-call vote.
16	DR. WADE: Okay. Presley?
17	MR. PRESLEY: I vote for I vote for the
18	motion.
19	DR. WADE: Clawson?
20	MR. CLAWSON: No.
21	DR. WADE: Griffon?
22	MR. GRIFFON: For the motion.
23	DR. WADE: Roessler?
24	DR. ROESSLER: For the motion.
25	DR. WADE: Munn?

1	MS. MUNN: For the motion.
2	DR. WADE: Melius?
3	DR. MELIUS: Against the motion.
4	DR. WADE: Lockey?
5	DR. LOCKEY: For the motion.
6	DR. WADE: Schofield?
7	MR. SCHOFIELD: Against the motion.
8	DR. WADE: Gibson?
9	(No response)
10	Mike? Mike Gibson, are you with us?
11	MR. GIBSON: Yeah, are you calling me?
12	DR. WADE: Yes.
13	MR. GIBSON: I can hardly hear.
14	DR. ZIEMER: You vote
15	DR. WADE: I'm sorry.
16	MR. GIBSON: I vote against the motion.
17	DR. ZIEMER: Thank you.
18	DR. WADE: Thank you. Dr. Ziemer?
19	DR. ZIEMER: For the motion.
20	DR. WADE: The vote is six to four in favor of
21	the motion.
22	DR. ZIEMER: Six to four is the vote. The
23	motion carries.
24	Board members, are there any follow-up and
25	again, this motion would be put into the the

1 normal regulatory form that would go forward to 2 the Secretary, and I assume that -- and -- and 3 we have, at the request of the -- the Colorado 4 delegation, held the letter for the original 5 motion. They asked that it not be sent in until we completed the -- the work here at this 6 7 -- so there -- there would be recommendations 8 on three different time periods that would go 9 forward. Is -- is that your understanding --10 DR. WADE: Correct. 11 DR. ZIEMER: -- Dr. Wade? Right. Okay, Board 12 members, any further comments or questions 13 relative to the Rocky Flats petition? 14 MR. SCHOFIELD: This is Phillip, just one 15 comment. I think that SC&A and the working 16 group have done an outstanding job and have dug 17 up a mountain of facts that they have (broken 18 transmission) to sift through. 19 DR. ZIEMER: Thank you, Mike (sic). Any other 20 comments? 21 DR. WADE: We have more work to do. That was 22 Schofield. 23 DR. LOCKEY: Paul? 24 DR. ZIEMER: Oh, that was Schofield. Okay. 25 Yes?

1 DR. LOCKEY: Paul, Jim Lockey, I --2 DR. ZIEMER: Jim. 3 DR. LOCKEY: -- I just wanted to reiterate your 4 -- your comment that you made a few minutes ago 5 about additional steps that -- that perhaps should be taken in relationship to this 6 7 legislation. 8 DR. WADE: Again, individual Board members can 9 speak out their views relative to Congress, but 10 the Board really is in no position to advise 11 Congress. 12 DR. ZIEMER: Okay. Yes. 13 UNIDENTIFIED: (Off microphone) 14 (Unintelligible) [name redacted] 15 (unintelligible) (on microphone) and I'm going 16 to ask you to sit through one more thing. 17 DR. ZIEMER: Sure. 18 This is called "The Silent UNIDENTIFIED: 19 Soldiers." (Reading) They walked many days in 20 plutonium dust because there were those who 21 told them they must. They stood behind glass 22 that was meant to shield while the gaskets on 23 boxes plutonium did yield. They battled the 24 dragons of plutonium fire and fought 25 criticalities down to the wire. Aprons of lead

1 were their garments of armor, dosimetry badges 2 their badges of honor. They went when their 3 call -- country called them to service, as the nuclear threat made our citizens nervous. 4 5 after day quietly serving their nation, and they did it proudly till the Cold War 6 7 cessation. But now when they need their 8 allegations supported, there is none to be 9 found, the nation's aborted. They die one by 10 one, brothers and sisters by their side, 11 watching and waiting till it's their turn to 12 die. There will be no flags flown half-mast in 13 their honor, no flags on their coffins when 14 that -- once they have passed. No statutes --15 no statues designed nor monuments created, no 16 walls with their names, only memories abated. 17 I call the nation to consider their plight, for 18 these are the silent soldiers of the Rocky 19 Flats site. 20 DR. ZIEMER: Thank you. 21 UNIDENTIFIED: (Off microphone) I honor all of 22 you, including (unintelligible). 23 DR. WADE: One thing we need to do are the --24 DR. ZIEMER: Thank you very much. Let's see if 25 we can move ahead.

1	DR. WADE: Right now? Okay.
2	DR. ZIEMER: We do have some members that will
3	be needing to catch planes and I'm wondering,
4	Board members, do you want to proceed through
5	the lunch hour and try to finish up?
6	MS. MUNN: Could we have a 20-minute break?
7	DR. ZIEMER: We can have a break comfort
8	break, 20 minutes, and we'll recon well,
9	let's see what it it's
10	MR. ROMERO: (From the audience and off
11	microphone) I'd like to thank the four members
12	four Board members that voted for us, I'd
13	like to thank them.
14	DR. ZIEMER: So noted, thank you. We'll take a
15	20-minute break.
16	(Whereupon, a recess was taken from 1:10 p.m.
17	to 1:50 p.m.)
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CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of June 12, 2007; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 14th day of June, 2007.

STEVEN RAY GREEN, CCR

CERTIFIED MERIT COURT REPORTER

CERTIFICATE NUMBER: A-2102