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PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes the

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ADVISORY BOARD ON
RADIATION AND WORKER HEALTH

VOL. IV

DAY THREE

ABRWH BOARD MEETING

The verbatim transcript of the
Meeting of the Advisory Board on Radiation and
Worker Health held at the Marriott Metro Center,
Washington, D.C., on June 16, 2006.

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TRANSCRIPT LEGEND

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-- "*" denotes a spelling based on phonetics, without reference available.

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

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P R O C E E D I N G S

(8:30 a.m.)

WELCOME AND OPENING COMMENTS

DR. PAUL ZIEMER, CHAIR

1 DR. ZIEMER: Okay. Good morning, everyone. We're
2 ready to start day three of this meeting of the
3 Advisory Board on Radiation and Worker Health.
4 We have a number of items on the agenda that
5 we'll pick up from yesterday, and we'll come to
6 those later, but just to call attention to the
7 fact that the item called "Status and Planning
8 for Upcoming SEC Petitions," that's one that
9 we'll pick up. And LaVon Rutherford had to
10 leave, so Stu Hinnefeld will give that report.
11 We have discussion on the Board's use of
12 subcommittees and working groups that we
13 started a little bit on Tuesday, and we'll pick
14 that up again. I'm sorry, on Wednesday it was.
15 We didn't meet Tuesday.
16 And then we have the rest of the items that are
17 on today's agenda. One carryover item was the
18 motion on the Y-12 plant, and we'll be taking
19 that up shortly. I understand we have written
20 copies of the proposed motion, so -- and those

1 will be distributed shortly and then that will
2 be the first thing on the agenda.

3 Dr. Wade, do you have any opening remarks as --

4 **DR. WADE:** No, only to point out to the Board
5 and those interested that if you look at this
6 morning's agenda, I built in copious time to --
7 to look at the sixth round selection and the
8 reports on the second and third round. We're
9 really going to be deferring that, so our
10 agenda this morning -- we'll be able to catch
11 up, at least, and then maybe even more so in
12 terms of the day's activities. So I think we
13 should be in good shape today.

14 **Y-12 SEC**

15 We will start, though, with the Y-12 SEC
16 petition that we left off, and that requires,
17 sadly, us to have three of our members adjourn
18 to the front row. If they will be so kind, we
19 will conclude our Y-12 business and we'll be
20 back whole as a Board.

21 **DR. ZIEMER:** Yeah, we were thinking of going up
22 to Starbuck's but I guess we'll go to the front
23 row. So Mr. Presley and --

24 **DR. WADE:** Dr. DeHart.

25 **DR. ZIEMER:** -- DeHart and Ziemer will --

1 **DR. WADE:** The law firm of Presley, DeHart &
2 Ziemer --

3 **DR. ZIEMER:** -- exit and I'll turn the gavel
4 over to our distinguished Federal Official.

5 **DR. WADE:** Right. When last we met, Dr. -- Dr.
6 Melius and Mark were going to take the
7 intellectual discussion that had ensued and
8 turn it into writing and a draft motion, and I
9 optimistically assume that's where we are. So
10 Dr. Melius.

11 **DR. MELIUS:** Yeah, I'd like to offer a motion,
12 and I believe it's been passed out here and I
13 believe there are other copies available. It
14 starts (Reading) The Board recommends that the
15 following letter be transmitted to the
16 Secretary of Health and Human Services within
17 21 days. Should the Chair become aware of any
18 issue that, in his judgment, would preclude the
19 transmittal of this letter within that time
20 period, the Board requests that he promptly
21 informs the Board of the delay and the reasons
22 for this delay, and that he immediately works
23 with NIOSH to schedule an emergency meeting of
24 the Board to discuss this issue.

25 The Advisory Board on Radiation and Worker

1 Health (The Board) has evaluated SEC petition
2 00028 concerning workers at the Y-12 plant
3 under the statutory requirements established by
4 EEOICPA and incorporated into 42 CFR Section
5 83.13(c)(1) and 42 CFR 83.13(c)(3). The Board
6 respectfully recommends a Special Exposure
7 Cohort (SEC) be accorded to all employees of
8 the DOE or the DOE contractors or
9 subcontractors who were monitored, or should
10 have been monitored for:

11 (1) thorium exposures while working in
12 Building 9201-3, 9202, 9204-1, 9204-3, 9206 or
13 9212 at Y-12 for a number of work days
14 aggregating at least 250 work days during the
15 period from January 1948 through December 1957,
16 or in combination with work days within the
17 parameters established for one or more other
18 classes of employees in the SEC; or

19 (2) radionuclide exposures associated with
20 Cyclotron operations in Building 9201-2 at Y-12
21 for a number of work days aggregating at least
22 250 work days during the period from January
23 1948 through December 1957, or in combination
24 with work days within the parameters
25 established for one or more classes of

1 employees in the SEC.

2 This recommendation is based on the following
3 factors:

4 NIOSH found that there are insufficient
5 bioassay or air sampling data in the available
6 Y-12 databases to allow for the reconstruction
7 of internal thorium exposures for employees who
8 worked within several buildings where thorium
9 operations took place during the time period
10 from January 1948 through December 1957. These
11 buildings have been identified by NIOSH as
12 follows: 9201-3, 9202, 9204-1, 9204-3, 9206 and
13 9212. The Board concurs with this finding.

14 Finding number two. NIOSH found that there are
15 insufficient bioassay or air sampling data in
16 the available Y-12 databases to allow for the
17 reconstruction of internal exposures to
18 Cyclotron workers (employees who worked in
19 Building 9201-2). NIOSH presented information
20 indicating that the Cyclotron workers may have
21 accumulated substantial chronic exposures
22 through episodic intakes of a variety of
23 radionuclides that were produced during the
24 operation period. The Board concurs with this
25 finding.

1 NIOSH determined that health was endangered for
2 the workers at Y-12 exposed to thorium in these
3 operations and for workers exposed in the
4 Cyclotron operation. The Board concurs with
5 this determination.

6 The NIOSH and Board review of the available
7 data on operations and exposures at the Y-12
8 facility during the period January 1948 to
9 December 1957 found that the data were
10 sufficient to support accurate dose
11 reconstructions for a number of important
12 exposures. These include, but are not
13 necessarily limited to:

14 (1) NIOSH demonstrated that sufficient
15 bioassay data are available for reconstruction
16 of internal doses for workers for potential for
17 exposure to uranium or recycled uranium
18 contaminants (plutonium-238 (plutonium-239 in
19 lesser quantities), neptunium-237 and
20 technetium-99) during the time from January
21 1948 to December 1957.

22 (2) NIOSH demonstrated sufficient data are
23 available for reconstruction of internal doses
24 for workers involved in plutonium operations
25 during the time period from January 1948 to

1 December 1957 when plutonium was enriched with
2 the Calutrons.

3 (3) NIOSH demonstrated that sufficient
4 monitoring records are available for individual
5 dose reconstructions for external doses for
6 workers at the Y-12 facility during the time
7 period from January 1948 to December 1957.
8 Enclosed is supporting documentation from the
9 recent Advisory Board meetings held in December
10 -- held in Washington, D.C. and Denver,
11 Colorado, as well as several Advisory Board
12 workgroup meetings where this Special Exposure
13 Cohort was discussed. This documentation
14 includes a review report of the NIOSH
15 evaluation report prepared by the Board's
16 contractor, SC&A; transcripts of public
17 comments on the petition, copies of the
18 petition and the NIOSH review thereof, and
19 related documents distributed by NIOSH and the
20 petitioners. If any of these items are
21 unavailable at this time, they will follow
22 shortly.

23 **DR. WADE:** Okay, we have a motion. Do we have
24 a second.

25 **DR. LOCKEY:** Second.

1 **DR. WADE:** Okay, second by Dr. Lockey.

2 Discussion?

3 **DR. MELIUS:** May I just start off with one
4 point? The section that is sort of new, not --
5 not sort of standardized in this, is the
6 section at the top of the second page where we
7 had discussed yesterday where we are presenting
8 what we sort of can do, not what can't be done.
9 And I think it's -- we discussed yesterday,
10 this is not a comprehensive list of all the
11 possible dose reconstructions, so I think tried
12 to make that -- I tried to make that clear in
13 sort of the introduction to that. And I think,
14 since we're saying it's something that the --
15 these are just areas the Board has focused on.
16 There are other items that I think we're sort
17 of taking at face value, so to speak, and
18 haven't focused on. It's not to say
19 something's not on this list that can't be
20 done, but these were areas where we have --
21 have actively reviewed and -- and been involved
22 in. So that's why that -- just a list of
23 three, you know, areas, but --

24 **MS. MUNN:** That's appropriate.

25 **DR. MELIUS:** -- and I tried to, you know,

1 convey -- convey that, and so I think we need
2 to at least think -- think about or pay some
3 attention to that -- that sentence. I think
4 it's -- I think that approach is okay, but
5 again, it is new and untried, so to speak.

6 **DR. WADE:** It would also be appropriate for the
7 NIOSH Director to -- to look at those
8 recommendations, and even the aspects that you
9 didn't speak to, and possibly add more grain if
10 he feels it's appropriate -- to what can be
11 done.

12 **DR. MELIUS:** Explain that.

13 **DR. WADE:** Well, I mean I think what you're
14 saying is that this is what the Board has
15 discussed in terms of what can be done. There
16 are possibly other things that can be done.

17 **DR. MELIUS:** And -- and I think our letter says
18 that. These are just things that the Board has
19 -- I mean the introduction -- I was trying to
20 say was the Board and re-- NIOSH and the Board
21 review. This is what we focused on as the
22 Board -- and what the Board can say based on
23 our --

24 **DR. WADE:** Right.

25 **DR. MELIUS:** -- that's the focus of our -- it's

1 not limiting to what can be done or has been
2 done in terms of other exposures. There's lots
3 of areas -- this facility we may -- may not
4 have been discussed or reviewed at all, and it
5 -- it's sort of the -- the down side of saying
6 what we can do is it's probably impossible to
7 put a comprehensive list. You know, a complete
8 list.

9 **MS. MUNN:** We shouldn't try.

10 **DR. MELIUS:** Nor should we try, yeah.

11 **DR. WADE:** And my comment was to be that the
12 NIOSH Director --

13 **DR. MELIUS:** Yeah.

14 **DR. WADE:** -- as he passes the package forward,
15 could add more specificity to it if he felt it
16 was appropriate, not in any way limiting what
17 the Board said --

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

19 **DR. WADE:** -- but opening up more avenues,
20 that's all.

21 **DR. MELIUS:** Okay, that's what -- the part I
22 wanted to make clear. Yeah -- is that -- yeah,
23 Larry's...

24 **MR. ELLIOTT:** I was -- yes, I was just going to
25 add to -- for clarity that while we appreciate

1 this language, we've looked it over, it does
2 capture what we feel we worked through with the
3 working group and the -- and the Board.

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

5 **MR. ELLIOTT:** What -- what we could add, on
6 behalf of the Director, is that occupational
7 medical dose, X-ray dose, is something we feel
8 we can do.

9 **DR. MELIUS:** Yeah.

10 **MR. ELLIOTT:** We have the ability to do that.
11 We can bound the environmental dose. So -- and
12 there may be other types of radiation exposure
13 that -- that we would encounter --

14 **DR. MELIUS:** Right.

15 **MR. ELLIOTT:** -- as we go through a dose
16 reconstruction effort that we would feel we
17 could do or we would identify we can't do,
18 so...

19 **DR. MELIUS:** Yeah, yeah, right. Yeah.

20 **DR. WADE:** Okay. Discussion. Gen?

21 **DR. ROESSLER:** Two things. I agree in concept
22 with that second page, certainly -- now I
23 assume somebody goes over the grammatical stuff
24 on this, so --

25 **DR. WADE:** That was usually Dr. Ziemer and he's

1 not with us, so --

2 **DR. ROESSLER:** Well, now maybe we could assign
3 it to --

4 **DR. ZIEMER:** (Off microphone) (Unintelligible)
5 grammar (unintelligible) as to content.

6 **DR. WADE:** Yes. Yes, you can.

7 **DR. ROESSLER:** The other thing I guess I'd look
8 for somewhere, and maybe it's not necessary in
9 this letter, is a nice concise statement that
10 says exactly which workers qualify. It's --
11 it's broken up into so many different parts
12 here that it's kind of hard for anybody to sort
13 it out -- something like NIOSH does when they
14 present the proposed class definition, and
15 maybe that just comes somewhere else.

16 **MR. GRIFFON:** Well, one and two, right?

17 **DR. MELIUS:** One and two, those -- that is the
18 proposed class definition, word for word.

19 **DR. ROESSLER:** Okay. I guess it is --

20 **DR. MELIUS:** I may -- I may have --

21 **DR. ROESSLER:** Maybe I got dis--

22 **DR. MELIUS:** -- lost a semi-colon or something
23 in there but it's --

24 **DR. ROESSLER:** Maybe I got --

25 **DR. MELIUS:** -- pretty close.

1 **DR. ROESSLER:** -- distracted.

2 **DR. WADE:** That is the way NIOSH presented it.

3 **DR. MELIUS:** That is the revised one.

4 **DR. ROESSLER:** Okay.

5 **DR. MELIUS:** The one that was done
6 (unintelligible) so that -- I think as a result
7 of our discussions yesterday, I think we sort
8 of clarified what was meant by that and -- and
9 so those two points were I think taken directly
10 from -- well...

11 **MR. ELLIOTT:** I think it's here, Dr. Roessler,
12 and --

13 **DR. ROESSLER:** It is, I --

14 **MR. ELLIOTT:** -- the Board respectfully
15 recommends the cohort be accorded to all
16 employees of the DOE or DOE contractors or
17 subcontractors who were monitored, or should
18 have been monitored -- that's the phraseology
19 we used in --

20 **DR. ROESSLER:** I see it now. I got distracted
21 with the rest of the stuff.

22 **DR. WADE:** It's a new format for us. Other
23 comments? Questions?
24 The Federal Official recognizes Dr. Ziemer only
25 for the purpose of grammatical input.

1 **DR. MELIUS:** The Board grammarician.

2 **DR. ZIEMER:** Other than "the data were" that
3 was corrected by the reader, although it's
4 wrong in the document --

5 **DR. MELIUS:** And it has been corrected in the
6 document.

7 **DR. ZIEMER:** -- the -- the introduction to the
8 three bullets on the last page is very awkward.
9 "These include... NIOSH demonstrated" -- it
10 needs --

11 **DR. ROESSLER:** That's exactly it.

12 **DR. ZIEMER:** Yeah, so --

13 **DR. ROESSLER:** You'll -- you'll fix it.

14 **DR. ZIEMER:** -- but we can fix that, and -- and
15 then I'm going to call this a grammatical
16 question in -- well, I guess it's part of the
17 definition so I can't call it into question --
18 "radionuclide exposures from Cyclotron" -- it
19 seems to omit direct radiation, but...

20 **DR. ZIEMER:** Okay, so you can't call that into
21 question.

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

23 **MR. GRIFFON:** We maybe -- Jim, can you speak to
24 that, just to clarify it for us?

25 **DR. WADE:** Could you raise the issue, Mark?

1 administrative work necessary to get this
2 letter transmitted to the Secretary, so he's
3 back in our good graces.

4 Welcome back to the table, gentlemen. As you
5 come back, again, yesterday I mentioned many
6 people deserve a great deal of thanks for this
7 -- SC&A, NIOSH, the working group. But I would
8 be remiss if I didn't point out again Mark
9 Griffon and the tremendous effort that he put
10 into this. It's, in my opinion, the -- the
11 most dedicated effort I've seen by a Special
12 Government Employee, and Mark is worthy of, I
13 think, all of our thanks, and certainly mine,
14 Mark.

15 **DR. ZIEMER:** Thank you. And Mark, certainly
16 all the Board members agree with that. And I
17 will confer with Dr. Melius, but if I may be
18 allowed those -- some flexibility on the
19 grammar, and perhaps the flexibility of
20 inserting the dates on the two meetings that
21 are --

22 **DR. MELIUS:** Yeah, I --

23 **DR. ZIEMER:** -- referenced. I'll take it
24 without objection that those will be considered
25 editorial changes.

1 **MR. HINNEFELD:** All right. I am here to
2 present the information prepared by LaVon
3 Rutherford, so I'll try to -- I'll -- I'll go
4 through the information provided and try to
5 provide any answers to any questions anyone
6 might have at the end.

7 I think I passed one up, didn't I? Well, I'll
8 just briefly state that what we wanted to
9 accomplish with this presentation, the purpose
10 of the presentation, was to provide information
11 to the Board about -- essentially about
12 upcoming items that will be coming before the
13 Board in the -- in the coming months, because
14 this is work that's in front of us now and that
15 all of the Special Exposure Cohort work of
16 course comes to -- before the Board, and so
17 this is sort of to allow you to prepare for
18 information or the -- this upcoming work.
19 And we're going to cover here the number of
20 qualified petitions that are currently under
21 evaluations, as well as some of the additional
22 information on sites that we're evaluating
23 through the 83.14 process, which will likely
24 get here as well. In other words -- you know,
25 in that case we won't have a petition in house

1 yet, but we feel like we're -- we probably will
2 end up with an 83.14 finding on some of these
3 and that they will then develop into a
4 petition.

5 Okay. This -- this slide presents a summary of
6 the petition submissions that have been
7 received so far -- SEC submissions -- the total
8 number being 61. Twenty-two of those have
9 already been qualified for evaluation, and 11
10 of them are still in the qualification process.
11 That leaves 28 of the submissions that did not
12 qualify, for one reason or another.

13 Of the 22 that have been qualified for
14 evaluation, nine of those have resulted in at
15 least recommendations of classes being added to
16 the -- to the Special Exposure Cohort. They
17 may not be all the way through the designation
18 process, but at least resulted in that -- in
19 recommendations to the Secretary to that
20 extent.

21 Of course you all remember the NBS, which was
22 qualified and recommended, but then determined
23 not to be covered employment.

24 Of the 28 that didn't qualify, the most common
25 causes for those are that petition requirements

1 were not met. There are a number of
2 requirements for a petition that are published
3 in 43 -- or Part 43 -- 42 CFR 83, the Special
4 Exposure Cohort rule. You know, you have to
5 have a valid petitioner, it has to be -- has to
6 petition for a specific site. You know, that's
7 one of the rules, that it -- you know, a single
8 site petition. And -- and then there are
9 technical bases that have to be established in
10 order for the evaluation to proceed. Those are
11 things like the -- the exposures for this event
12 or at this site were not monitored, either they
13 were just -- either no -- there is neither any
14 personal monitoring data or workplace
15 monitoring data. Another potential reason is
16 that there is evidence that the monitoring data
17 that is available is -- has been -- some of it
18 has been discarded, it's been falsified or
19 destroyed, you know, evidence like that. A
20 third would be that someone with knowledge of
21 dose reconstruction techniques to attest -- you
22 know, explains why that the information
23 available isn't sufficient. And then a fourth,
24 there may be a technical paper presented,
25 published in a number of forums, that might

1 call into question the data available -- that
2 is available that would -- could be used for
3 dose reconstruction.

4 Okay. There are ten petitions that have been
5 qualified that are in various phases of the
6 evaluation process. We issued evaluation
7 reports for SECs number 28, 30 and 38, and
8 those are on the -- on the chart here. The Y-
9 12, action was just taken on, again -- or
10 rather was earlier action adding a portion, and
11 there's additional action just now; 30 was
12 discussed but some -- briefly yesterday, the
13 progress on 30, and additional work is going on
14 there; and then 38 was a recommendation and
15 action was taken on that earlier in the week.
16 33 and 43 are in the late stages of the
17 evaluation process. We're in the final
18 technical evaluation of the evaluation reports,
19 and so those will be forthcoming relatively
20 soon. Those represent Oak Ridge Institute for
21 Nuclear Studies and Chapman Valve, which is an
22 AWE in western Massachusetts.

23 **DR. WADE:** Stu, before you leave that chart,
24 could you give us some expectation as to when
25 the Board might see evaluation reports on 33

1 and 43?

2 **MR. HINNEFELD:** Let's see if Bomber has it in
3 his notes here. I'm sorry, I've called him
4 Bomber for too many years. I've got to
5 remember to call him LaVon.

6 **DR. WADE:** Just for planning purposes.

7 (Pause)

8 **MR. HINNEFELD:** I don't have a presumed date,
9 but my expectation from my understanding of
10 where we are in the process is that those will
11 be available before the next Board meeting, I
12 would think.

13 **DR. WADE:** So it's reasonable for us to expect
14 that the Board would have them in sufficient
15 time before the next Board meeting in September
16 that the Board would hear a presentation of an
17 evaluation report at that meeting.

18 **MR. HINNEFELD:** I see some nods over there, so
19 yes, I believe so.

20 **DR. WADE:** Thank you.

21 **MR. HINNEFELD:** So -- and then the remaining
22 five that have been qualified are -- are listed
23 on this -- on this slide. These are the
24 remaining five of the ten qualified petitions.
25 For the -- SEC 45, which relates to Blockson

1 Chemical, which is an AWE in Illinois, our
2 current projected schedule is the evaluation
3 report should be completed in early August and
4 available for the Board and the petitioners.
5 For SEC number 46, Feed Materials Production
6 Center, a DOE site near Cincinnati, the project
7 schedule is for the Board and the petitioners
8 to have the evaluation report around mid-
9 September.

10 For SEC 49, Monsanto Chemical Works, which is
11 the predecessor to the Mound site in Dayton, we
12 don't have a finalized estimated completion
13 date because we just recently had an additional
14 data capture to help in that evaluation, so we
15 don't have a scheduled date at this time for
16 those.

17 Petitions number 60 and 61 that relate to the
18 Oak Ridge Thermal Diffusion Plant, which was a
19 predecessor for the gaseous diffusion plant,
20 and -- and 61, which is a Los Alamos National
21 Laboratory for employees exposed to radioactive
22 lanthanum, these are 83.14 findings and 83 --
23 these are (unintelligible) the 83.14 process,
24 in which case we've identified it's not
25 feasible to do the reconstruction of some

1 component of the dose for these -- for these
2 classes. And so these would -- should proceed
3 fairly rapidly because we've already done a lot
4 of the evaluation work before we arrived at
5 this decision, so these should pursue --
6 proceed pretty -- pretty rapidly. I don't see
7 right now whether we've actually identified the
8 claimant to carry the cohorts forward. What we
9 norm-- what we do on 83.14 is we identify a --
10 sort of a lead claimant, identify them that we
11 cannot perform their dose reconstruction with
12 sufficient accuracy with the information
13 available, send them a blank petition -- I
14 believe it's Form A of the petition -- and say
15 just sign the form and send it back, and that's
16 all the petitioning that that person has to do
17 because the evaluation has already been done.
18 So those should proceed fairly rapidly upon
19 identification and contact with those lead
20 petitioners.

21 **MR. ELLIOTT:** (Off microphone) (Unintelligible)

22 **MR. HINNEFELD:** We have identified them,
23 according to Larry.

24 Now additional facilities that are being
25 evaluated through the 83.14 process -- these

1 are things where we're -- we're pretty far down
2 the path. We're pretty sure we have not -- we
3 will not be able to find the information to
4 allow us to com-- reconstruct all components of
5 the doses at these facilities, and so we're
6 proceeding to attempt to identify claim-- you
7 know, lead claimants or le-- to form -- to
8 become the petitioner for these sites. One
9 site is Harshaw Chemical Company, which was an
10 AWE in the Cleveland area. As you can see, the
11 time period is from '42 to '49. It was one of
12 the early, during the War, uranium producers.
13 And also the General Atomics plant, with -- the
14 covered period is the decade of the '60s.
15 General Atomics is an -- an AWE, I believe -- I
16 won't swear to that, but it's located in --
17 this is the one in LaJolla. Right? So...
18 That's the completion of the prepared slides.
19 I'll be glad to answer any questions I can.

20 **DR. ZIEMER:** Okay. Thank you, Stu. Let's open
21 the floor for questions then at this point.

22 Yes, John Poston.

23 **DR. POSTON:** Stuart, as you know, I'm new at
24 this so I'm trying to add all these numbers up
25 and make some sense out of it. On the

1 qualified petitions you said there were 11 on
2 the early slide and then you presented ten, and
3 then there's two that are being evaluated under
4 the 83.14 process. So can you help me a little
5 bit there? What's missing or --

6 **MR. HINNEFELD:** I'll try. The 11 qualified I
7 believe included the NBS. Is that right?

8 **MR. ELLIOTT:** (Off microphone) (Unintelligible)

9 **MR. HINNEFELD:** It included the National Bureau
10 of Standards, which was qualified and approved,
11 but then determined to be non-covered -- a non-
12 covered facility. So that's the difference
13 between ten and -- ten and the 11.

14 **DR. POSTON:** Thank you.

15 **MR. HINNEFELD:** And then the two additional are
16 not part of the ten or the 11. They are yet to
17 be added to that list.

18 **DR. POSTON:** All right. Thank you.

19 **DR. ZIEMER:** Other comments? Yes, Dr. Melius.
20 Oh, you have a comment on that, Larry Elliott?

21 **MR. ELLIOTT:** Just a little further
22 elaboration. Those -- those two, the Harshaw
23 and the General Atomics, at the time this
24 presentation was made and prepared for this --
25 this meeting, we had not yet identified the --

1 what we call the --

2 **MR. HINNEFELD:** We call it the litmus test.

3 **MR. ELLIOTT:** We call it the litmus case, but
4 it's essentially the -- an individual within
5 that class for which we can't reconstruct dose
6 who is a living Energy employee who has a
7 presumptive cancer. That's very important that
8 we -- we identify somebody with those
9 characteristics to establish themselves as a
10 petitioner. We talk to them about their role
11 in that regard. And Harshaw Chemical, we --
12 Monday I signed the letter to this individual
13 who's going to serve as the -- as the
14 petitioner.

15 In our conversations with those people we
16 express to them the duty that they have as a
17 petitioner, that they have full responsibility
18 and obligation -- if they wish to exercise it -
19 - to notify others that they know of who might
20 exist who worked with them in that class, that
21 they can inform them of the process.

22 We advise them that the Department of Labor
23 will be sending them a letter that says their -
24 - their claim has been denied, but not to be
25 concerned or worried about that letter, that we

1 are ready and willing to work with them and
2 process the 83.14 petition with them and seek
3 resolution of their case through this whole
4 process. And so it's a -- it's a complex
5 process and we're trying to explain it very
6 clearly to these people. And I just wanted the
7 Board to realize that.

8 We also have to advise them on -- it's their
9 prerogative if they wish to have their identity
10 revealed to people other than ourselves. We
11 don't disclose that, and so we protect their
12 identity and if they so choose, they can reveal
13 that they are a petitioner and announce that
14 they're willing to talk to others and -- and
15 bring others into the fold. So it's -- it's a
16 difficult and complex process and we're trying
17 very hard to work very diligently with these
18 folks.

19 **DR. ZIEMER:** Thank you. Dr. Melius.

20 **DR. MELIUS:** Yeah, Larry, don't -- don't get
21 too comfortable, because my first question was
22 related to that. I think I mentioned it last
23 time, also, and I think we've struggled with
24 the -- some situations where we don't have good
25 representation, so to speak, and it's more

1 getting to the -- the -- many of the other
2 affected or potentially affected parties
3 involved in this process. And I would hope
4 that we could work out the -- I understand
5 there may be privacy concerns that the -- sort
6 of the -- the index case is -- has certain
7 rights and so forth, but -- but I think we need
8 to sort of rework something so that we at least
9 have a group of other people that are -- are
10 infor-- should the index case not wish to
11 reveal their identity, which I can understand,
12 that we have a -- a public involvement process
13 where we could certainly notify other people
14 and have them involved in working group
15 meetings and other sort of public events that
16 we're having so -- 'cause I think it actually
17 moves the process along --

18 **MR. ELLIOTT:** Yes.

19 **DR. MELIUS:** -- and gives it more credibility
20 and -- and I would hope we'd work to -- to --

21 **MR. ELLIOTT:** We would welcome suggestions. We
22 -- our deliberations on that point have been
23 how can we get the word out, how can we
24 announce that there is a petition and that
25 people who -- and pro-- provide a proposed

1 definition for that class and let people know
2 what that definition is. Whether they feel
3 they fit into it, they can self-identify. They
4 can step forward then and become part of the
5 process. So we're looking at ways to do that -
6 - media announcements, outreach, working with
7 the Department of Labor in the resource
8 centers. So we're going to start working
9 harder at making these notifications more
10 public and trying to bring more people into the
11 fold.

12 **DR. MELIUS:** Yeah, I mean -- and certainly
13 there are unions or former unions in the area
14 with some -- some representation, and certainly
15 the ability to contact and notify some
16 individuals in the area. There may be retiree
17 groups also and --

18 **MR. ELLIOTT:** Sure, those are good suggestions.

19 **DR. MELIUS:** -- I think that would -- would
20 just be helpful to move along 'cause it's just
21 an awkward situation --

22 **MR. ELLIOTT:** Yes, it is.

23 **DR. MELIUS:** -- to do. I have a coup-- couple
24 more. I have a question --

25 **DR. ZIEMER:** Go ahead.

1 **DR. MELIUS:** -- for you, Larry, so -- last
2 night we heard from a person who had --
3 petition was in the process of being qualified
4 at Los -- Los Alamos, and I'm just confused
5 between the 83.14 listing here and that other
6 petition in terms of -- of coverage. There's a
7 little -- I'm not sure if this description here
8 is -- you know, being -- is this complete? I
9 mean your listing on the slide, or what, 'cause
10 I thought I heard something else last night and
11 I'm -- I'm just trying to understand the --
12 what's being -- what petition's being evaluated
13 and so forth, and then secondly is there a
14 possibility of sort of merging the two
15 processes.

16 **MR. ELLIOTT:** Absolutely, yes. We're going to
17 be talking to Mrs. Ruiz about that. I think --
18 I talked with her last night and my
19 understanding when she made her presen-- when
20 she provided her public comment, she included
21 years beyond what we're talking about in this -
22 - this 83.14 situation. This 83.14 for LANL is
23 Bio Canyon* and the lanthium (sic) exposures
24 that occurred in the proce-- in the particular
25 operations they did in that -- that area, so

1 there is a little bit of overlap, but I think
2 hers is more broad in -- in duration time and -
3 - and more areas on the site.

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

5 **MR. ELLIOTT:** We'll be talking to her about
6 that. Unfortunately, what happened in her
7 case, she submitted the wrong form. And before
8 we could actually start having conversations
9 and working with the -- the petitioner about
10 what has been submitted with a form, we have to
11 get the right form in. And so we sent back to
12 her the right form and we asked her to fill out
13 the right form. Yes, that meant she'd checked
14 the wrong box, but once we have that right
15 form, we -- we are currently evaluating what
16 she submitted, and we'll have a conversation.
17 There is a teleconference that is conducted
18 with the petitioner to go over the materials
19 and the documentation that are submitted with
20 the petition. They are advised of our
21 evaluation at that point of the submittal --
22 submitted information. They are notified at
23 that point as to what areas they -- the
24 petition submission might be deficient in.
25 There is full documentation of that

1 conversation.

2 They are provided a letter that -- that
3 provides all of that documentation. They're
4 asked to review that and make sure that if they
5 heard something that's different than what was
6 recorded, they -- they let us know. There --
7 there's a -- a time frame that's established
8 for them to contribute and remedy any -- any
9 deficiencies. It's not a hard and fast thing.
10 We continue to advance that time frame --
11 frame, if they ask for it.

12 And unfortunately, Mrs. Ruiz just hasn't got
13 into that -- that dialogue with us yet, so I'm
14 anxious that -- we'll have Laurie Ishak talk
15 with her. We'll probably end up aiding her in
16 -- in the development of that petition and
17 coordinating this one with the 83.14 that we
18 have.

19 **DR. MELIUS:** Okay. I mean, without getting
20 into the details of what happened or whatever -
21 - I mean I would hope that, you know, somehow a
22 telephone call early on could take care of this
23 --

24 **MR. ELLIOTT:** I agree. I agree.

25 **DR. MELIUS:** -- and --

1 **MR. ELLIOTT:** That would have been the best way
2 to handle it, personal communication rather
3 than a letter saying you checked the wrong box.

4 **DR. MELIUS:** Yeah.

5 **MR. ELLIOTT:** And that's -- that's why I feel
6 it's very important that we have somebody like
7 Laurie Ishak to serve as a -- as essentially an
8 ombudsman here to --

9 **DR. MELIUS:** Yeah.

10 **MR. ELLIOTT:** -- to identify these kind of
11 situations and say this is not the right way to
12 do this. We can do it a lot better way, so...

13 **DR. MELIUS:** Even the IRS you can call
14 somebody. They put you on hold forever, but...

15 **MR. ELLIOTT:** Absolutely.

16 **DR. MELIUS:** I have one other comment --

17 **DR. ZIEMER:** Okay.

18 **DR. MELIUS:** -- though not necessarily for
19 Larry, so you can sit down. But it's -- it's a
20 follow-up to our -- I guess the Y-12 we dealt
21 with, but I notice on some of these other
22 pending SEC petitions, some of these are very
23 large sites, and I think the -- Y-12 was the
24 first one where we've done -- sort of picked
25 out part of a site in a not-straightforward way

1 in terms of being able to identify workers and,
2 you know, who was -- who's actually in the
3 cohort and how -- how it will be implemented,
4 just much more complicated. And I suspect as
5 we look at some of these other sites, you know,
6 with potential SECs, like Rocky Flats, LANL,
7 Fernald and so forth, that -- that we may --
8 we're going to encounter those situations again
9 and -- and it would be helpful for the Board I
10 believe to have some feedback on how that
11 definition is being implemented. How -- how
12 well did it go, is there -- you know, some
13 feedback through -- you know, as you work with
14 DOL on -- on implementing the Y-12, just so we
15 have some lessons learned so that we -- we do,
16 you know, as good a job as we can in defining
17 that Special Exposure Cohort. So I think as
18 you do that over the next few months with --
19 with DOL, it would be helpful for us to here
20 about that.

21 **DR. ZIEMER:** Thank you. Brad.

22 **MR. CLAWSON:** I just had a question for Larry.
23 You know, you're telling about when you finally
24 identified an individual that meets the
25 qualifications that you wanted, I -- you did

1 call out a lot of forms and stuff like that,
2 but is there a personal phone call to explain
3 to these people, because a lot of these people
4 are getting up in age and, you know, you
5 mentioned the comment that you're going to be
6 getting a letter from DOL saying you're not
7 qualified but don't worry about that. I just
8 want to make sure there's a personal phone call
9 or --

10 **MR. ELLIOTT:** Yes.

11 **MR. CLAWSON:** -- someone to help --

12 **MR. ELLIOTT:** Yeah, yeah.

13 **MR. CLAWSON:** -- guide it through.

14 **MR. ELLIOTT:** On 83.14s there is a personal
15 phone call. On the -- on the petitions that
16 come to us unannounced, and we don't know --
17 you know, we just receive one in the mail,
18 we've been very passive about that. We're
19 going to now be more active and make personal
20 phone calls, make sure that we talk to the
21 folks over the line before they get a letter
22 back from -- under my signature saying we got
23 your -- we got your submission and it doesn't
24 meet the mark, so we will be taking action on
25 that. But for 83.14s, yes, we make a personal

1 phone call -- 'cause we think it's important to
2 tell them you're going to be getting a letter
3 that says we cannot reconstruct your dose, and
4 you'll get a subsequent letter from the
5 Department of Labor that says your claim has
6 been denied because of that. And that's a very
7 chilling letter when they get that. And we
8 want to prepare them for that and we want them
9 to understand that when they receive that,
10 that's not the end of the day, that we are --
11 you know, we are -- at that point, we start
12 working with them. We tell them we're going to
13 send you the right form. We even fill out the
14 form. We put on it a sticker that says "sign
15 here," so there's no mistake about checking the
16 wrong box or using the wrong form. We really
17 have -- saw the need to work hand in hand with
18 these people.

19 **MR. CLAWSON:** I appreciate that. Thank you.

20 **DR. ZIEMER:** Thank you.

21 **DR. MELIUS:** Larry --

22 **DR. ZIEMER:** Dr. Melius.

23 **DR. MELIUS:** -- sorry, but you said -- you've
24 mentioned this twice and I -- why do they have
25 to get a letter saying they're denied?

1 **MR. ELLIOTT:** Well, you have --

2 **DR. MELIUS:** If you -- if you can't do the --
3 I'm just curious.

4 **MR. ELLIOTT:** It's --

5 **DR. ZIEMER:** I don't know, it sounds like
6 Labor's way of closing something out.

7 **MR. ELLIOTT:** It's part of the -- Labor's
8 procedures. They have -- they have a formal
9 process that they've got to go through, and
10 they have to notify the person that their claim
11 has been denied, as filed under Subtitle B for
12 dose reconstruction.

13 **DR. ZIEMER:** It would seem to be helpful if
14 there was a different kind of letter that said
15 however, in your case -- and then --

16 **MR. ELLIOTT:** Well, we're working with them --

17 **DR. MELIUS:** Yeah, okay.

18 **MR. ELLIOTT:** -- on the language of this letter
19 'cause we don't -- we --

20 **DR. ZIEMER:** This -- this is sort of what I was
21 referring to yesterday, when get into the
22 bureau-ese --

23 **DR. MELIUS:** Yeah, yeah.

24 **DR. ZIEMER:** -- it is somewhat intimidating for
25 a person and they don't really know how to

1 understand it, yeah. So if you can work with
2 Labor, that would help.

3 **MR. ELLIOTT:** We are aware of this language and
4 we're working --

5 **DR. ZIEMER:** Robert Presley.

6 **MR. PRESLEY:** I just saw one the other day that
7 came from Labor, and --

8 **MR. ELLIOTT:** Can I sit down?

9 **MR. PRESLEY:** Yeah, you can sit down. This --
10 I'm going to be honest with you. I've had some
11 very, very good comments from NIOSH on their
12 participation and everything. But I saw one
13 last week from Labor that said -- the guy
14 brought it to me and said this -- what do I do?
15 And it said you have been accepted, but here's
16 five pages of stuff that you've got to fill out
17 on your association with the claimant. I mean
18 they've already turned in birth certificates,
19 and they've already turned in this, and it said
20 you have to check the box -- but there's no box
21 to check -- and then it says you've got to
22 write a letter. Well, all this stuff's been
23 done. And I -- I -- I hate to say it, but --
24 and the person that brought this to me is a
25 very, very knowledgeable person --

1 **MR. ELLIOTT:** (Off microphone) (Unintelligible)

2 **MR. PRESLEY:** Yeah, and it's just --

3 **MR. ELLIOTT:** (Off microphone) Please say that.

4 **MR. PRESLEY:** It's Subtitle E. And it -- it
5 is, it's -- it's very, very hard for people to
6 understand. I am going to get a copy of this
7 and send it to -- to Turcic and see if he can't
8 do something about it, so it's -- we do have a
9 very, very big problem.

10 **DR. ZIEMER:** And I think Pete committed to us
11 yesterday that they were trying to address this
12 issue, so hopefully they will become better at
13 it, as it were.

14 Other comments? Yes, Roy DeHart.

15 **DR. DEHART:** I suspect the denial letter is
16 required before one can go and request an
17 appeal and (unintelligible).

18 **DR. ZIEMER:** But perhaps it can be somewhat
19 modified to correlate better with what NIOSH is
20 going to do as a follow-up.

21 Other comments? I note that -- Stu, that when
22 you gave us the statistics on the -- the
23 submissions that didn't qualify for evaluation
24 -- yesterday we heard from Representative Udall
25 -- actually asked the question about whether

1 the Board sort of monitors those, and maybe I
2 will re-raise that question. Does -- does the
3 Board wish to look at some of those cases, just
4 to satisfy itself in a kind of audit fashion,
5 or is that -- is that a concern to the Board?
6 I'll just ask it that way. And if it is, at
7 least at some level, it would seem to me fairly
8 straightforward -- something a working group
9 could take a sample of those -- I'm not even
10 sure we'd need contractor help on those. It'd
11 seem to me it would -- whether or not something
12 qualified would be fairly straightforward, but
13 let me get some feedback on that question. Dr.
14 Melius.

15 **DR. MELIUS:** Yeah, I actually think it would be
16 helpful to review some of those. Not that
17 there are necessarily a lot of problems or, you
18 know, that we've necessarily heard about a -- a
19 lot of problems with them and -- and so forth,
20 and I -- I know from some of the reports
21 Larry's given that there are, you know, some
22 very valid reasons why some of these have been
23 turned down. But -- and sort of -- it -- it is
24 an area that -- where people are being denied a
25 review and I think they -- they're looking for

1 some way of -- of having that evaluated. I --
2 I think we could do that, not in the sense of -
3 - 'cause there is an appeals process and so
4 forth, not to interfere that, but to get a
5 better understanding of how to communicate
6 this, and as well as to be able to say that,
7 you know, we've reviewed this part of the
8 program and it appears to be operating well --
9 appears to be operating well, needs better
10 communication or what-- you know, whatever that
11 -- in sort of a preventive sense. And then --
12 then when these issues come up we can say that
13 well, look -- no, we have looked at this
14 overall part of the program and it appears to
15 be operating as such.

16 **DR. ZIEMER:** Well, we'll let others weigh in.
17 I think -- Larry, you have a comment on that?

18 **MR. ELLIOTT:** Well, I don't want to steal
19 thunder from somebody, but I would welcome
20 that. We -- we have what we think is a very
21 clear documentation of the interaction that
22 leads to denying a qualification of a petition.
23 We can lay that out if you want to send a
24 working group to Cincinnati. I think you can
25 spend a half a day and look at all 28, and

1 something that we can handle directly without
2 additional assistance. And if the working
3 group gets into that and finds that there's
4 some weighty issues that need to be address, we
5 can get additional help.

6 Okay. Thank you. Anything further for Stu or
7 for Larry on this?

8 **DR. WADE:** Maybe one summary comment. So if I
9 -- if I sort of integrate all that you've told
10 us, Stu, it's possible that this Board would
11 see in September petitions from ORINS, Chapman
12 Valve, Blockson Chemical and possibly Oak Ridge
13 Thermal Diffusion.

14 **MR. HINNEFELD:** I believe those are the ones --

15 **DR. WADE:** And I say that just so the Board and
16 its working groups can also begin to think
17 about how it might want to engage SC&A, if
18 appropriate, as that meeting date comes up.

19 **MR. HINNEFELD:** Right. I was thinking Fernald
20 might be in there, but I don't believe it will.
21 I mean it's -- the scheduled completion date is
22 so close to the next Board meeting, I think
23 (unintelligible) --

24 **MR. ELLIOTT:** Yeah, Fernald may be tough, but I
25 would -- I would think, and I hope, that we

1 would prov-- be able to provide Harshaw, the
2 83.14 situation there, and the LANL Bio
3 Canyon*.

4 **DR. NETON:** (Off microphone) (Unintelligible)
5 merges with the other one.

6 **MR. ELLIOTT:** It may -- that may be the
7 complicating (unintelligible) --

8 **MR. HINNEFELD:** That's right, I forgot about
9 that.

10 **DR. WADE:** Okay. Just to get a sense of the
11 work in front of us. Thank you very much.

SITE PROFILE UPDATES:

SAVANNAH RIVER SITE; HANFORD; NEVADA TEST SITE;

SECOND YEAR SITE PROFILES

DR. JAMES NETON, NIOSH

12 **DR. ZIEMER:** Thank you. Let's move on then to
13 the item that starts today's agenda and that is
14 the site profile updates. Dr. Neton is going
15 to cover that, and I believe there is a handout
16 on this, as well.

17 **DR. WADE:** And I will again note that we have
18 Board members conflicted on certain of these
19 sites -- Wanda on Hanford, Mark on NTS -- but
20 since this is a discussion of site profiles,
21 they can certainly remain at the table. They
22 should not make motions or vote on motions, but
23 I don't think those will be forthcoming on this

1 topic.

2 **DR. NETON:** Good morning, everyone. I have a
3 fairly brief presentation -- I think it's
4 brief, anyways -- on the status of where with
5 the site -- site profile reviews. There's so
6 much effort has been focused by the Board and
7 working groups on site profiles that were
8 related to SEC petitions -- namely the Y-12 and
9 now Rocky Flats ongoing -- that sometimes the
10 other site profile reviews that have been
11 conducted by SC&A have -- have frankly taken a
12 back burner because of, you know, resource
13 constraints to help move them forward. So I
14 thought, you know, we would take some time here
15 just to put on the table what's out there, what
16 needs to be reviewed and -- and a brief
17 snapshot of the status of where we currently
18 are with these -- these site profiles.
19 I'm going to talk first about the three that we
20 actually have in our hands -- for some time now
21 -- reviews by SC&A for Savannah River, Hanford
22 and NTS. And then I'll finish up with a brief
23 review of where we are with the six additional
24 site profiles that have been -- SC&A has been
25 tasked with doing and -- and where we are in

1 that regard.

2 The first one I'll talk about is Savannah River
3 Site site profile review, and I think it's
4 probably the one we're furthest along, although
5 we still have a long way to go. For each of
6 these the Board has -- has selected a working
7 group, and I've listed the working group for
8 each of these on the slides. Dr. DeHart is the
9 chair of the Savannah River Site working group,
10 along with Mark Griffon, Mike Gibson and Dr.
11 Lockey.

12 For each of these we've also appointed an OCAS
13 point of contact. That is, a health physicist
14 on our staff who will help facilitate these
15 reviews. I -- I am involved with all of them,
16 but I obviously can't -- can't get engaged at
17 the level I have been on some of these, such as
18 Y-12. So for the Savannah River site profile
19 we have Sam Glover as our OCAS point of
20 contacts -- point of contact.

21 If you recall, the site profile reviews are
22 fairly large documents. I mean they -- then
23 tend to run around a couple of hundred pages,
24 and many findings and observations are
25 sprinkled throughout these reviews. And a

1 while back the Board asked SC&A to sort of
2 consolidate these findings into a sort of a
3 hierarchy as to which ones are really important
4 issues and which ones are -- are, you know,
5 significant but not necessarily need to be
6 addressed right away. And SC&A has produced
7 these finding resolution matrices for the
8 Savannah River, the Hanford and the NTS site
9 profiles. So we've had that in hand for -- for
10 Savannah River for some time.
11 And the OCAS response to that matrix had just
12 been provided on June 5th, so we've finally
13 gotten a consolidated response together. SC&A
14 has that in their possession. And in fact
15 there was a working group conference call just
16 before the Board meeting, on June 7th -- again
17 chaired by Dr. DeHart -- where there was a
18 meeting of the minds, so to speak, to go over
19 issues. It was sort of a high level meeting,
20 not in the sense that there was any substantive
21 scientific discussions or resolutions being --
22 being taken care of, but more in the spirit of,
23 you know, where are we, what's on the table,
24 what are the next steps forward. And I
25 encourage Dr. DeHart to correct me if I'm wrong

1 on this, I didn't have the opportunity to
2 participate in the call, but that's my sense of
3 what occurred.

4 So the next step -- and these are all going to
5 parallel very similarly to what's been going on
6 with Y-12 and Rocky, and that is the working
7 group is going to have to convene. I suspect
8 that there will be a face-to-face meeting next
9 for the Savannah River Site to sit around a
10 table, very much like we've done with the other
11 site profiles, and hash out the issues. You
12 know, where -- where are we, where are the
13 areas of agreement that these things can fall
14 off the table, and where are there issues that
15 we still need to have some -- some scientific
16 debate -- discussion, I should say.

17 Okay. The next one is the Hanford site
18 profile. I've listed the working group members
19 here. Dr. Melius is the chair. Chuck Nelson
20 is our OCAS point of contact. And again, SC&A
21 has created the finding resolution matrix. At
22 the current time OCAS, with the assistance of
23 ORAU, is preparing responses to that matrix. I
24 think we're close, but we're not quite there
25 yet. As soon as that's completed, we will

1 forward that over to SC&A and then we'll have
2 to see about availability of time and staff
3 resources to schedule a meeting to move that
4 one forward.

5 Nevada Test Site working group is chaired by
6 Bob Presley, with the other three members
7 listed here. Mark Rolfes is our point of
8 contact. Again, just like Hanford, the finding
9 resolution matrix is in our possession and we
10 are preparing responses to that matrix. There
11 are some issues, though, necessarily related to
12 the addition of the Special Exposure Cohort to
13 the -- NTS to the Special Exposure Cohort in
14 the sense that once that becomes -- once that
15 class is added, we believe a number of the
16 issues that were raised in the site profile
17 evaluation will drop off the table, we'll no
18 longer be constructing doses. So you know, we
19 expect that letter to be put out by the
20 Secretary fairly soon. Once that happens, we
21 need to look at the finding resolution matrix
22 to see, you know, which issues remain. I'm
23 certain there are issues left, but we don't
24 want to be going over issues that are no longer
25 relevant. And there is no meeting currently

1 scheduled for NTS.

2 And the last slide I have is a listing of six
3 additional site profile reviews that the Board
4 asked SC&A to conduct, those being Fernald,
5 Linde, X-10, Mound, LANL and Pinellas. I've
6 listed the OCAS point of contact for each of
7 these, and for most of them -- for Fernald,
8 responses to SC&A ques-- SC&A --

9 The way this normally works is SC&A goes about
10 and does an investigation, interviews people at
11 the sites, looks over some preliminary
12 documents, then puts together a list of
13 questions that they have that they feel that,
14 you know, we could discuss prior to them
15 issuing a report where we may be able to
16 clarify some issues, add some substance, that
17 sort of thing. I think for all of these that
18 are listed here, we have received a list of
19 questions from SC&A, with the exception of X-10
20 and Pinellas. So right now we have not been
21 engaged with SC&A in any way on those sites.
22 We expect as they -- as they move further along
23 in those reviews, we'll be receiving questions.
24 And for two of these sites, I think that's
25 Mound and Los Alamos, we've actually had

1 conference calls with SC&A. These -- these are
2 conference calls -- the questions come through
3 and we prepare responses, and then there's a
4 conference call held where we sort of just go
5 through these issues point by point and offer
6 any insight that we might have into the --
7 either the correctness or the validity or the --
8 - you know, the -- how -- how close they are to
9 the mark on some of these areas that they're --
10 they're going down.

11 And that's all I really have to say. I'll be
12 happy to answer any questions if there are any.

13 **DR. ZIEMER:** Okay. Thank you, Jim. That's a
14 very good update for us, to see where we stand
15 in terms of the timetables.

16 I've got Roy DeHart and then Jim Melius. Roy?

17 **DR. DEHART:** If I may, I'd like to take just a
18 moment to go through a little bit of what the
19 working group has done.

20 **DR. ZIEMER:** Proceed.

21 **DR. DEHART:** And to do that, I need to go back
22 in history a bit. And I'm going to jump in the
23 middle of the NIOSH work that has been done
24 with regard to the report.

25 In March of this year -- of '05, I'm sorry,

1 March of '05, SC&A published the review of the
2 NIOSH Revision 2. This was followed then by a
3 briefing to this Board in October of last year.
4 Then in January of this year SC&A published its
5 matrix of issues, and that, too, had been
6 briefed to the Board. The -- about that time,
7 the working group was formed, so we're -- we're
8 a new working group. SC&A's resolution matrix
9 then was published in -- the 17th of January,
10 '06 and, as I've said, presented to the Board.
11 This was followed then by the decision to have
12 a meeting of the working group, and that was
13 scheduled this spring, to occur in June. On
14 June the 7th, the working group set up a
15 conference call to -- as a basic history of
16 what has transpired with this particular
17 document, and it was not a resolution meeting.
18 It was a two-hour meeting that was recorded but
19 not transcribed because it was simply -- simply
20 a review. All members of the working group
21 were present and representation by NIOSH and
22 SC&A were -- were there.
23 Before the meeting occurred on the 7th, NIOSH
24 provided a copy of their response to the
25 January matrix, and that was on the 5th of

1 June. Obviously there was no time for SC&A to
2 do any -- any review of that at all. In fact,
3 there had not been time for SC&A to do a review
4 of Revision 3, which was published back in the
5 spring of this past year. It's a year old now,
6 so that Revision 3 has not been reviewed by
7 SC&A.

8 The members of the working group, with
9 permission from NIOSH, have tasked SC&A to do
10 two things: Review Revision 3, and at the same
11 time look at NIOSH's response to the matrix of
12 16 issues that they have defined. That will
13 occur in July. There will be a one-day face-
14 to-face meeting of all active participants in
15 Cincinnati, the date to be determined, during
16 August, with the intent of a report out on that
17 particular resolution meeting at the September
18 meeting. So that's where we stand.

19 **DR. ZIEMER:** Very good. Thank you, Roy, for
20 that additional update. Dr. Melius.

21 **DR. MELIUS:** I have a quick question on
22 Hanford. You have a better idea of when your
23 draft response is going to be done? You said
24 soon. I mean --

25 **DR. NETON:** I think it's soon. We -- we

1 actually have received responses from ORAU and
2 we're reviewing them internally at NIOSH, so
3 I'm reluctant to always give an exact time.

4 **DR. MELIUS:** I know, I'm just trying to --

5 **DR. NETON:** I don't mean to be --

6 **DR. MELIUS:** -- pin you down a little bit more
7 than --

8 **DR. NETON:** Yeah, weeks. Weeks.

9 **DR. MELIUS:** Okay. Then -- then what I will do
10 is con-- contact either you or Chuck, whoever's
11 --

12 **DR. NETON:** Chuck.

13 **DR. MELIUS:** -- appropriate, and start to talk
14 about setting up a meeting.

15 **DR. NETON:** My recollection was that those --
16 the responses were just about ready. There
17 were just a couple issues that we wanted to
18 make sure we refined them a little bit.

19 **DR. MELIUS:** And I would also suggest that we -
20 - I think the model that Roy -- Roy's group
21 used I think is a good one to -- maybe first a
22 conference call, short conference call to try
23 to pinpoint, you know, key issues and -- and
24 then not get bogged down in other issues I
25 think would be helpful, and then decide at that

1 call what -- what's an appropriate time to have
2 a full meeting -- do that, so...

3 **DR. WADE:** Could I just ask --

4 **DR. MELIUS:** We'll follow your lead, Roy.

5 **DR. ZIEMER:** A question here. Lew?

6 **DR. WADE:** A clarifying question because it has
7 budget implications. In the case of Hanford
8 and NTS, what -- what version was reviewed by
9 SC&A and what version is current?

10 **DR. NETON:** I'm not prepared to answer that
11 right now. We need to look at that, yes.

12 **DR. WADE:** We all need to look at that because
13 there are -- there are contract implications
14 when --

15 **DR. NETON:** Yes.

16 **DR. WADE:** -- we go back and ask SC&A to look
17 at another document.

18 **DR. NETON:** Yes.

19 **DR. WADE:** Okay.

20 **DR. ZIEMER:** John Mauro --

21 **DR. NETON:** Although -- before John speaks, I
22 might -- I think, though, a valid response on
23 NIOSH's part is "That issue has been addressed,
24 and here are the relevant pages of the new
25 revision --

1 **DR. WADE:** That's fine.

2 **DR. NETON:** -- that -- that take care of that
3 issue."

4 **DR. MAURO:** I have two I guess questions and I
5 guess suggestions. Regarding when there is a
6 new revision, such as Savannah River where I
7 believe it's a complete new revision, I'm not
8 quite sure, we see that as not within our scope
9 of work under Task I. However, and this is
10 where a judgment call's in -- there are -- may
11 be some circumstances, though, where a document
12 has been revised, but only to -- marginally.
13 And I think that -- one of the first steps
14 during the conference call, such as the one we
15 had with Dr. DeHart. In that case the judgment
16 was made this was a substantial revision and it
17 was -- and as a result we don't take action
18 until authorized to proceed on -- on such a new
19 endeavor. So I guess -- there's a little gray
20 area, when it's appropriate for us just to move
21 forward on -- on -- in the process and when we
22 really need to get authorization because it
23 represents an ex-- extension of scope of work.
24 **DR. ZIEMER:** Right, and the working group at
25 that point has expressed what they would like,

1 and I think it's got to come up through our
2 Federal Official, and there's also some
3 implications with the contracting officer if
4 there's a substantial change. Again, a bit of
5 a judgment call, but a minor revision on, you
6 know, a few paragraphs is one thing. A
7 complete overhaul is a --

8 **DR. MAURO:** Exactly.

9 **DR. ZIEMER:** -- a substantial different task.

10 **DR. MAURO:** Exactly.

11 **DR. ZIEMER:** Substantially different task.

12 **DR. MAURO:** The other question has to do with
13 the normal process from -- for preparing our
14 reports, the draft reports that come out. As
15 you know, we are working on I guess seven or
16 eight of them right now, all of which are
17 substantially written, except we haven't had an
18 opportunity yet to have our dialogue with the
19 questions and answers, which is always very
20 helpful, with NIOSH before we put the reports
21 together.

22 What I've done, because I am concerned --
23 September 30th is the end of our period of
24 performance and we have a commitment to deliver
25 those draft reports to you prior to that date.

1 I guess I'm looking for a little guidance. We
2 can do one of two things. We could proceed to
3 prepare our draft site profile reviews and
4 deliver them if -- during that -- and move
5 along those lines. Along that way, if we do
6 have our question and answer dialogue, great,
7 we will accommodate that, work it into our
8 reports. But if it turns out the timing is
9 such that it becomes difficult to -- to do
10 that, we could do one of two things. We could
11 hold off on delivering our draft report until
12 we do have the questions and answers, or we
13 could go ahead and submit the report without
14 the benefit of the question and answer session
15 that we normally would have, and deal with the
16 question and answer session during the closeout
17 process. It really becomes a matter of what --
18 what's your preference.

19 Right now, my preference is let's move the
20 reports out. I like the idea of getting the
21 material out into the hands -- but the downside
22 of that is what you would have is a report that
23 would not benefit from the dialogue that we
24 normally would have before the report goes out.
25 So a little guidance -- right now we're -- we

1 are moving forward writing these reports, even
2 though we usually by this time would have had
3 the dialogue with -- with NIOSH.

4 **DR. ZIEMER:** Let me react in part to that, and
5 others can join in. Certainly there's a
6 contractual deliverable that you're concerned
7 about.

8 **DR. MAURO:** Exactly.

9 **DR. ZIEMER:** Which is some sort of written
10 document that is provided to the contracting
11 officer, I believe, as well as to the Board.
12 But as you've indicated, that has not had the
13 benefit of what we early on called some sort of
14 reality check --

15 **DR. MAURO:** Exactly.

16 **DR. ZIEMER:** -- you know, is it
17 (unintelligible) --

18 **DR. MAURO:** (Unintelligible) --

19 **DR. ZIEMER:** -- factual -- are the
20 (unintelligible).

21 **DR. MAURO:** -- exactly.

22 **DR. ZIEMER:** So if -- if -- is -- my question
23 is, is there some way to distinguish, in terms
24 of how we identify that -- I mean we've been
25 talking about first draft or something draft,

1 but is there -- is there some way to identify
2 that --

3 **DR. MAURO:** Sure.

4 **DR. ZIEMER:** -- for what -- maybe you can think
5 of a clever name that's -- I don't want to call
6 it a pre-reality draft, but --

7 **DR. MAURO:** We call it preliminary. In other
8 words, we could call it preliminary and make it
9 very clear in the introduction that this report
10 is being delivered without, you know, having
11 gone through the question and answer session.
12 As soon as that question and answer session is
13 held, we could submit a revision.

14 **DR. ZIEMER:** But let me ask Lew, in terms of
15 contractual requirements on deliverables, if --
16 if they have a -- for example, a fiscal year
17 deadline on a deliverable and they're ready to
18 -- and they have the written report but haven't
19 been able to do that cross-check with -- with
20 OCAS, what -- or NIOSH, what -- what is the --
21 what do we need to do on that?

22 **DR. WADE:** And again, I speak in this case not
23 as the Designated Federal Official but as the
24 technical project officer on the contract, so -
25 - I mean I think -- I think we could go one of

1 two ways, and -- and they've been pretty well
2 articulated by John. I think contractually we
3 could work it out with SC&A that they did not
4 have to meet that deliverable. We could issue
5 them instruction and we could absolve them by
6 our communication. But in this -- this era of
7 audits and reviews and -- I can appreciate
8 their reluctance to be in that situation where
9 they, while they haven't met a deliverable,
10 they've got a letter that explains it, but --
11 so I think that the approach that you've just
12 outlined is probably preferable. And that
13 would be a submission, albeit a submission that
14 clearly identifies what the submission is and
15 what it's not. But we could work it out either
16 way. Either way, it could be worked out
17 contractually.

18 **DR. MAURO:** At present we are moving forward on
19 that path. If we're -- I guess until we're
20 given other direction. You know, if we -- the
21 -- I guess the step that would be taken is we
22 could submit a letter -- submit the report and
23 -- with the appropriate qualifications of what
24 this report is, and -- or alternatively, we
25 could make a request of the contracting officer

1 for a no-cost extension for a deliverable.
2 Normally we're -- it wouldn't cost any more
3 money, but rather than have everything
4 delivered by September 30th, we would -- may
5 want to push it off to a later date. So that's
6 -- really becomes the option.

7 **DR. WADE:** In fact we could even initiate that
8 by sending you a letter making that suggestion.
9 So I think there are ways to deal with it. But
10 again, this is a -- this is a climate where
11 everyone watches and counts everything.

12 **DR. ZIEMER:** Roy.

13 **DR. DEHART:** I think, too, we have to keep in
14 mind what Savannah River has taught us, that
15 these are living documents. I hate to use that
16 term, but -- but they're dynamic. And before
17 one review is completed, the second revision is
18 out. And that sort of thing I'm sure will
19 happen with most of these reviews that are
20 coming out on site profiles. We just need to
21 be aware of that, that it's an ongoing process.

22 **DR. MAURO:** In fact, in dealing with that issue
23 -- for example, right now we are reviewing a
24 number of documents. What we tried -- we try
25 our best to be current. That is, though we may

1 have begun the process with a given document,
2 if -- there are always OTIBs that are being
3 issued, that -- that's one -- the situation.
4 When they are issued, we bring them in. So we
5 -- in our first issuance of our draft report we
6 try to have that deliverable current. All
7 right. So -- so -- for example -- but if we're
8 real close to completion and we're ready to
9 deliver and a new version comes out or a new
10 OTIB comes out -- and this is where I make a
11 judgment call and say listen, you know, we -- I
12 don't want to stop the presses and now regroup,
13 so -- it's almost like it's -- it's a gray
14 area. You know, when do we try to incorporate
15 late-breaking information. If we can, we do.
16 If we feel as if it's overwhelming, in terms of
17 cost and in terms of schedule, then we don't.
18 We deliver our deliverable and then -- we
19 acknowledge, however, that by the way, this
20 deliverable does not reflect the latest OTIB
21 that came out last week, you know, or something
22 like that.

23 **DR. ZIEMER:** Thank you, John. I don't know who
24 was next. Wanda?

25 **MS. MUNN:** I have great sympathy with John's

1 position, and I understand the need for the
2 contractor to try to appear to be Caesar's
3 wife. But the first visual image that I have
4 is of an enormous churn. Certainly we must
5 have learned, as Dr. DeHart has pointed out,
6 that issuance of documents prior to a cross-
7 talk occurring between NIOSH and the contractor
8 is absolutely disastrous.

9 What we get, first of all, is delivery to the
10 Congressional representation the day after the
11 document is issued, and a long list of concerns
12 from the Hill about what our perceived-to-be-
13 auditor is finding in the documents that have
14 not yet been discussed. There must be some way
15 for common sense to override our contractual
16 requirements here so that documents are not
17 placed on the street before they've had an
18 opportunity to be at least initially vetted
19 between the technical authorities that are
20 looking at these things.

21 I know you don't want to get in a position
22 where you have only a piece of paper that says
23 this document exists but it's not out yet.
24 That's not a good thing, either. And I
25 understand also what Dr. Wade is saying. But

1 surely we must find some way to be able to not
2 put SC&A's documents on the street before
3 they've been vetted by the NIOSH technical
4 staff. This just has been disastrous for us in
5 the past, and will continue to be disastrous.
6 There's no point in our churning everybody if
7 we don't absolutely have to do that. And if
8 contractual obligations are what is causing us
9 to do that, then we need to take a closer look
10 at what the contracts -- at the wording of the
11 contracts and how we handle them.

12 **DR. ZIEMER:** And certainly Dr. Wade has laid
13 out a method that would allow the venting (sic)
14 to occur first and -- so there certainly is a
15 mechanism to do that. Dr. Melius, an
16 additional comment?

17 **DR. MELIUS:** Well, yeah, I would strongly
18 disagree with Wanda's comments. First of all,
19 the, you know, setting out of drafts has not
20 been a disaster. There is a benefit to having
21 some dialogue, but I think we all sort of
22 remember that there's a constituency out there,
23 a public, that wants this information and if
24 the rate-limiting step is within NIOSH and --
25 or within their contractor or whatever in

1 getting -- you know, responding to SC&A's
2 draft, so be it. I mean we can't hold these
3 programs up for-- forever, and I think the
4 credibility of the entire program is not served
5 by stretching out -- out the delivery of site
6 profile reviews that -- delivery of other
7 documents, and if -- I think there's been a
8 reasonable time period involved. We're already
9 falling behind in getting work done in this
10 program. Site profile reviews, SEC reviews and
11 so forth, and it's difficult and while I
12 sympathize with NIOSH and NIOSH staff and all
13 the other people involved in this program, I
14 think that the resources need to be available
15 to respond in a timely fashion to these
16 documents. It's not like all of them are being
17 delivered September 1 waiting for, you know,
18 questions to -- to come back and so they can be
19 delivered by September 30th. I think -- we're
20 in June. It still -- we have until September,
21 so if it's such a priority to get this -- and
22 if there are things in those documents that are
23 so disturbing to NIOSH, then let them make it a
24 higher priority to get the information back to
25 SC&A. But I think overall the program's much

1 better served by us com-- you know, doing our
2 function, which is to get reports out. I
3 think, as has been suggested, having a
4 introduction or cover page that indicates the
5 status of this, the fact that NIOSH has not
6 responded to -- is sufficient. I'll remind the
7 Board that we have a -- discussed this
8 situation before and we have a policy of making
9 these draft documents available, preferably
10 after there's been some dialogue with NIOSH,
11 but I think SC&A has done its job in getting
12 the information to NIOSH, at least as I
13 understand what's been done in terms of the
14 schedule. It's up to NIOSH to get back in a
15 timely fashion to this. And if not, I think we
16 just need to get these site profile documents
17 out and available and continue on with the
18 process.

19 **DR. ZIEMER:** Thank you. I -- as I understand
20 what you're saying, that if -- if it appears at
21 least that there has been a reasonable amount
22 of time elapsed, then perhaps should not delay
23 -- and I would guess you might also say, for
24 example, a -- a document from the contractor
25 that appear-- or got to NIOSH on September 25th

1 or something --

2 **DR. MELIUS:** Exactly.

3 **DR. ZIEMER:** -- you wouldn't put it in that
4 category.

5 **DR. MELIUS:** Yeah, yeah.

6 **DR. NETON:** I think that --

7 **DR. ZIEMER:** So you might have both -- both
8 options available --

9 **DR. MELIUS:** Yeah.

10 **DR. ZIEMER:** -- depending on the situation, so
11 -- Jim.

12 **DR. NETON:** I would like to offer just some
13 clarification on what the current process is.

14 **DR. ZIEMER:** Sure.

15 **DR. NETON:** I think there's a little bit of
16 confusion here maybe. We are not currently
17 reviewing draft documents that SC&A produces.
18 I mean they go out the door the day they're
19 issued by them, and we get them the same time
20 the Board does. Where the review cycle -- and
21 it's not really a review cycle, it's -- it's a
22 question cycle. In their prepar-- in the
23 preparation of documents, SC&A comes up with
24 certain questions, certain questions that they
25 might want clarification for, and this assists

1 them -- at least in my mind -- in writing a
2 better document, and NIOSH has the opportunity
3 to respond to those questions, and that's where
4 the bottleneck is.

5 **DR. ZIEMER:** Right.

6 **DR. NETON:** It's not in the release of the
7 final product or the draft --

8 **DR. ZIEMER:** I think --

9 **DR. NETON:** -- document.

10 **DR. ZIEMER:** -- John is saying that they're --
11 they're ready to go --

12 **DR. NETON:** Right.

13 **DR. ZIEMER:** -- but they're just awaiting that
14 feedback on some of the --

15 **DR. WADE:** Right, and talked about the -- let's
16 -- I think this issue can be answered in the
17 grain. I think we're talking about the six
18 site profiles that are under review this year.
19 Correct?

20 **UNIDENTIFIED:** (Off microphone) No.

21 **DR. ZIEMER:** No, these are ones that there --
22 there's been no SC&A report out yet. Right?

23 **DR. MAURO:** Yeah -- right. There -- there are
24 nine that -- there are six that were from last
25 year and nine that are in the pipeline, and the

1 -- the nine that are in the pipeline -- what we
2 have is a -- an interesting situation. We've
3 got nine in the pipeline -- I believe it's nine
4 -- that we're going to be putting out right
5 now, and we -- are being written. A lot of
6 them are already written, sitting -- holding --
7 in a holding pattern waiting to -- for an
8 opportunity to make sure we got our facts
9 correct.

10 **DR. NETON:** Are you sure there are nine, John?
11 I thought that these were the six that you were
12 producing at this point. I can't think of any
13 other sites.

14 **DR. MAURO:** I -- I -- no, I'm thinking nine,
15 because I remember the nine was this -- that we
16 had a set of nine. Like -- like Paducah is not
17 up there.

18 **DR. NETON:** Paducah, yeah.

19 **DR. MAURO:** And there was -- I might be wrong,
20 let's see --

21 **DR. NETON:** Okay, well --

22 **DR. ZIEMER:** Okay, but --

23 **DR. MAURO:** Maybe it's the -- the -- the exact
24 number -- please forgive me, it might be seven
25 then. But the -- the -- now we also have not

1 delivered our questions on every one of them,
2 as --

3 **DR. NETON:** Right.

4 **DR. MAURO:** -- you just correctly pointed out,
5 so we are also part of the bottleneck. I mean
6 but --

7 **DR. WADE:** Let's just start with this six list
8 and then -- I think three things emerge when I
9 look at this list. In the case of two of them,
10 LANL and -- for LANL, responses to questions
11 have been provided, so you -- you've gone
12 through this step for LANL. You've gone
13 through this step for Mound. Right?

14 **DR. NETON:** Right.

15 **DR. MAURO:** Yes, that's -- that's correct --
16 that's a correct statement.

17 **DR. WADE:** Okay. So in that case, we've --

18 **DR. ZIEMER:** You're ready to go on those.

19 **DR. MAURO:** We're clean -- we're clean.

20 **DR. WADE:** On Fernald and Linde, NIOSH is
21 drafting responses.

22 **DR. NETON:** Correct.

23 **DR. WADE:** So according to Dr. Melius's
24 provision, this is June, that's September, one
25 could hope that those two will have been

1 through this process by the time you release.
2 And that leaves us the two where, on X-10 and
3 Pinellas, there -- you have not issued the
4 questions.

5 **DR. MAURO:** Correct.

6 **DR. WADE:** So we -- we need to talk about that,
7 and maybe that falls into the questions coming
8 out next week, NIOSH can respond. Or maybe the
9 category of September 20th.

10 **DR. MAURO:** Yes.

11 **DR. WADE:** So to me, the answer is in the
12 grain. Now if there's another one, we need to
13 know what that is and what category it's in.

14 **DR. ZIEMER:** Paducah, maybe.

15 **DR. MAURO:** And that would be Paducah, and
16 those questions are being drafted as we speak,
17 and they will get them out as quickly as
18 possible. But what -- what I'm saying is, this
19 is -- you know, we're real close to July,
20 September's around the corner, and production -
21 - and we really normally are in production at
22 this point.

23 **DR. ZIEMER:** I think certainly our official is
24 aware of both sides of the concern and the time
25 lines here, and there are ways to address it

1 either way to try to minimize --

2 **DR. MAURO:** It seems to be a manageable
3 situation.

4 **DR. ZIEMER:** I think we want to minimize the
5 concerns that Wanda has. We want to maintain
6 the openness that Jim has referred to. It's a
7 -- it's a fine balance, like much of what we
8 do, and I think it's doable.

9 **DR. WADE:** And I would suggest that at the
10 August call of the Board that we make a
11 complete report of this and the Board can
12 decide how it would like to proceed.
13 Hopefully, if we do good staff work, we can get
14 these issues resolved. But if not, then the
15 Board can weigh in in August as to how it would
16 like to see.

17 **DR. ZIEMER:** Very good. Thank you. Other
18 comments on this -- Jim?

19 **DR. MELIUS:** Just -- it's not a question but a
20 comment. I notice on this list of six
21 coincides with at least two of the SECs that
22 are being -- under -- we will see reports on
23 relatively shortly. I believe Fernald and LANL
24 are on here. I don't think I missed any, but
25 could have. And we need to think in terms of

1 our functions and so forth, what's going to be
2 needed in terms of -- you know, potentially
3 needed in terms of reviewing those SEC
4 evaluations and in terms of -- of certainly
5 having a site profile review available would --
6 would -- is going to be helpful and...

7 **DR. ZIEMER:** Okay. Thank you. Oh, I'm sorry,
8 I guess Mike, also -- Bob Presley, then Mike
9 Gibson.

10 **MR. PRESLEY:** Jim --

11 **DR. ZIEMER:** Go ahead, Bob.

12 **MR. PRESLEY:** The NTS TBD is a little over two
13 years old now. Do we -- do you know if we have
14 been sent the copy of the matrix created by
15 SC&A on that, or do you all have the --

16 **DR. NETON:** Do you mean has the Board been sent
17 a copy?

18 **MR. PRESLEY:** Yeah.

19 **DR. NETON:** I believe the Board received a copy
20 of the matr-- the comment resolution matrix,
21 yes.

22 **MR. PRESLEY:** Okay.

23 **DR. NETON:** But I can certainly re-send that if
24 -- if you like.

25 **MR. PRESLEY:** Do you remember getting -- any of

1 y'all remember getting it? We've --

2 **DR. NETON:** Normally --

3 **MR. PRESLEY:** -- had so much that --

4 **DR. NETON:** Yeah, normally when those come out
5 SC&A distributes them to the Board and NIOSH
6 simultaneously. But you know, I can't swear
7 that it happened, but that's the normal process
8 and --

9 **MR. PRESLEY:** Yeah. I just don't remember it,
10 it's been so long.

11 **MS. MUNN:** I don't, either. We can ask that it
12 be sent --

13 **MR. GRIFFON:** (Off microphone) (Unintelligible)
14 re-send -- re-send it.

15 **DR. MAURO:** To help out a little bit, we ran
16 exactly into this situation on Savannah River
17 with such a -- a delay, so any of the working
18 group members who don't have either the report
19 itself for some reason -- you know, so much
20 paper -- or the -- the matrix, just let me know
21 and we will deliver it, just as we did in your
22 -- in the case of Savannah River.

23 **MR. PRESLEY:** Could you -- could you go ahead
24 and re-send that to --

25 **DR. MAURO:** Both the report and the matrix or

1 just --

2 **MR. PRESLEY:** Please.

3 **DR. MAURO:** We'll take care of that, so you --
4 it'll come out electronically --

5 **MR. PRESLEY:** To the --

6 **DR. MAURO:** -- or hard copy, whatever you --

7 **MR. PRESLEY:** Hard copy, please.

8 **DR. MAURO:** Hard copy.

9 **MR. GIBSON:** Electronic.

10 **MS. MUNN:** Electronic.

11 **DR. ZIEMER:** Mike Gibson, a comment.

12 **MR. GIBSON:** It's switching gears a little bit,
13 but just a question and a comment. How are the
14 point of contacts chosen for the -- the sites
15 to respond to SC&A?

16 **DR. NETON:** Well, Stu -- Stu might be able to
17 help me out a little bit with this, but you
18 know, we have limited resources. I know a lot
19 of the -- a lot of it was based on
20 availability, but I'll let Stu comment.

21 **MR. HINNEFELD:** Well, our -- our point of
22 contact, recall, is sort of a -- a coordinator
23 because he essentially collects the questions,
24 provides them to ORAU, who works up the
25 responses and things like that. So we've kind

1 of selected people that -- you know, some
2 knowledge of the site, if we can. You know, if
3 we've got somebody who has some knowledge of
4 the site, we kind of select them to do this
5 coordination task.

6 **MR. GIBSON:** Okay. I guess that was kind of my
7 concern. I'm getting back to this conflict of
8 interest or perceived conflict of interest.
9 Take Mound, for example. Point of contact
10 there certainly has knowledge of Mound, but
11 also has worked intimately, closely and in the
12 same areas and may possibly have worked for
13 some of the people that were chosen as site
14 expert to do the Mound site profile. So that -
15 - that seems a little too cozy that, you know -
16 -

17 **MR. HINNEFELD:** Well --

18 **MR. GIBSON:** Someone should -- have -- if they
19 take site profile information from the site
20 experts, it shouldn't matter -- it shouldn't
21 have to be someone with Mound history to relay
22 that information to SC&-- to respond to SC&A's
23 questions.

24 **MR. HINNEFELD:** Well, I mean it wouldn't have
25 to be. We felt like they might be able to more

1 readily come up to speed on the nature of the
2 question and -- and assess it and so that's why
3 we made the assignment. I mean he and -- and
4 Sam Glover, for that matter, is conflicted at
5 Los Alamos, so if -- if that is, you know,
6 something we should avoid at this step, we can
7 do that. We didn't feel like this person has a
8 particular decision-making role at this point.
9 All they are -- collecting questions,
10 consolidating questions, you know, scheduling
11 conference -- telephone conference calls and
12 things of that sort. And so we essentially
13 selected people with some knowledge of the case
14 because we don't feel like these people are
15 particularly decision-makers at this point.

16 **MR. GIBSON:** Well, again -- but -- I mean if
17 you guys got the information down in black and
18 white from the site experts, your point of
19 contact, to me, is just -- just a conduit --

20 **MR. HINNEFELD:** Yes.

21 **MR. GIBSON:** -- to relay that information.

22 **MR. HINNEFELD:** Exactly right.

23 **MR. GIBSON:** And so it just -- to me, it seems
24 like a very cozy relationship that --

25 **MR. HINNEFELD:** Okay. Well --

1 **MR. GIBSON:** That's just my opinion.

2 **MR. HINNEFELD:** Those -- those two individuals
3 essentially have completed the task of, you
4 know, consolidating the comment -- or the
5 responses to the questions and providing them
6 back. Those are the two where we are at that
7 point.

8 **MR. GIBSON:** Right.

9 **MR. HINNEFELD:** We can -- you know, for future
10 point of contact work on resolving -- you know,
11 once the report is written and resolution, if
12 it's the Board's -- if the Board's desire, we
13 can make -- we can avoid that, because you
14 know, we consciously chose, in many cases,
15 okay, so-and-so will be able to get up to speed
16 quicker, understand the questions quicker, so
17 we put them in this role. And -- and because
18 we don't feel like they're decision-making at
19 this point. You know, they're sort of
20 consolidating. So we -- we intentionally chose
21 them in some cases for that reason.

22 **DR. ZIEMER:** Okay.

23 **MR. HINNEFELD:** But like I said, they've
24 completed that role.

25 **MR. GIBSON:** Well, again, I -- I don't un--

1 really understand the getting up to speed. If
2 you've got black and white documentation from
3 site experts and SC&A asks a question, it looks
4 like the point of contact would simply turn to
5 the documentation and answer the question
6 rather than maybe speak off the top of their
7 head for --

8 **DR. ZIEMER:** Okay, let's --

9 **MR. GIBSON:** -- (unintelligible) personal
10 (unintelligible).

11 **DR. ZIEMER:** -- return to this in a moment.

12 **CONGRESSMAN JOHN HOSTETTLER**

13 We'll interrupt the proceedings for a moment
14 and welcome a fellow Hoosier to the room. You
15 all know what a Hoosier is, don't you?

16 **MS. MUNN:** Of course.

17 **DR. ZIEMER:** What is a Hoosier, you ask. It's
18 a person who's dribbling a basketball around
19 the Indianapolis Speedway while hunting for
20 mushrooms. Representative John Hostettler,
21 serving sort of the southwest portion of our
22 state, welcome, sir. We'd be glad to have you
23 address the Advisory Board. You can use the
24 podium or the mike in the middle, whichever is
25 comfortable.

1 **CONGRESSMAN HOSTETTLER:** Thank you, Mr.
2 Chairman, and that is as good an explanation of
3 a Hoosier as I have heard, having lived there
4 my whole life. It's a matter of some
5 significant controversy, so I appreciate that
6 contribution.

7 I want to thank you all for giving me the
8 opportunity to appear before the Board today.
9 I serve as Chairman of the Subcommittee on
10 Immigration, Border Security and Claims, the
11 subcommittee with jurisdiction over claims
12 against the government, and thus with oversight
13 responsibility with regard to the Energy
14 Employees Occupational Illness Compensation
15 Program. This Board serves as the essential
16 check and balance to ensure science used as the
17 basis for compensation decisions is reliable
18 and thorough in its substance.

19 As you know, the fair review of claims under
20 this program faces many obstacles due to
21 missing or inadequate records. Additionally,
22 as we have verified through historical
23 documents uncovered with regard to some
24 facilities, there is a real possibility of data
25 tampering that shadows the reliability of

1 records throughout the complex.

2 I appreciate the substantial work that each one
3 of you have taken on. I also comment NIOSH for
4 keeping the Board's work open to the public,
5 transcribed and publicly noticed, because
6 transparency is vital to the credibility of
7 actions under the program.

8 There has been a question raised about the
9 motivation for the Subcommittee hearings that
10 began in March, and so let me make my
11 motivations clear. As Chairman of the
12 Subcommittee tasked with oversight on EEOICPA,
13 I have been looking with -- I have been looking
14 whether the program is fulfilling the purposes
15 of the law, to ensure workers made ill due to
16 their work on the nation's defense nuclear
17 program receive the assistance they need, the
18 compensation they deserve, and a fair
19 evaluation of their claims. I have not jumped
20 into this issue because I have a major facility
21 in my district. There are a small number of
22 claims from the Dana Heavy Water facility.
23 However, my motivation is the belief that the
24 Cold War era workers, many of whom were
25 deceived as a matter of government policy and

1 subjected to dangers unwittingly, deserve our
2 thanks as a nation for their service, and fair
3 and honest treatment in the processing of the
4 claims for the physical harm they suffered
5 because of that service by all of us, and
6 especially the agencies responsible for running
7 the program.

8 To that end, the Subcommittee asked GAO to
9 conduct a series of evaluations, looking first
10 at the implementation of Subtitle B, and later
11 at the roles of NIOSH program staff, the
12 Advisory Board, and the audit contractor, and
13 whether cost increases related to the audits
14 were reasonable. More recently we have asked
15 GAO to assess the ORAU contract and
16 implementation of the NIOSH conflict of
17 interest policy.

18 Because I so strongly support the mission of
19 this program, a particular concern was sparked
20 when the OMB pass-back document was brought to
21 my attention. This document's call for
22 administrative steps to be taken which would
23 work to reduce the number of SEC approvals in
24 order to, quote, contain the growth and
25 benefits under the program, end quote,

1 compromises a core principle of the program.
2 When data is missing or inadequate, classes of
3 workers are to be put in the SEC, not refused
4 inclusion when someone deems the cost too
5 expensive.

6 While we are investigating the pass-back
7 options to provide administration review of SEC
8 petitions, to alter the balance of the Advisory
9 Board, and to impose constraints on the Board's
10 audit contractor, there is no intention of
11 intruding on the Board's work.

12 That being said, there is concern that two
13 members of the Advisory Board have been
14 selectively removed from the White House
15 without cause, and now only two of the 11
16 workers repres-- members represent workers. No
17 effort has been made to rebalance this Board to
18 meet the requirement for a balance of, quote,
19 scientific, medical and worker perspectives,
20 end quote. It is imperative that this be
21 resolved to the satisfaction of the claimant
22 community and thus to the representatives here
23 in Congress because they look to this Board to
24 assure them that their claims are being
25 considered fairly.

1 The Director of NIOSH testified before our
2 Subcommittee on March 1st that NIOSH was
3 developing a new conflict of interest policy,
4 and I commend him for soliciting your input and
5 that of the public. In that regard, I urge you
6 to maintain the current conflict of interest
7 requirements for your audit contractor so that
8 the independence of individuals working on this
9 project are beyond reproach.

10 Also with regard to the audit contractor,
11 testimony from DOL at that same hearing
12 expressed concern that individuals working for
13 NIOSH were barred from some work because they
14 were experts on behalf of DOE or its
15 contractors in litigation, but there were no
16 constraints on the work of the audit contractor
17 or their associates if they had supported
18 claimants in litigation against DOE. While
19 this equal bias standard appears to make sense
20 in theory, in practice the primary concern is
21 that the work of NIOSH and ORAU be audited in a
22 way that leaves no stone unturned by parties
23 whose work has the confidence of the claimant
24 community, regardless of their past actions.
25 Given the history of the nuclear weapons

1 complex, if experts are excluded due to their
2 work on behalf of claimants, all EEOICPA
3 claimants may be short-changed. The whole
4 point of this review process is to overcome the
5 doubt created through the government's
6 deception early on, and the questionability of
7 honest and reliable information being the basis
8 for claims processing. To fulfill this intent,
9 claimants need reviewers asking the questions
10 that speak to their interests.
11 Finally, I'm concerned that DOL bracketed out
12 the funding for the Advisory Board and its
13 audit contractor in their FY '07 budget
14 request. In FY '06 the Congress specifically
15 allocated four and a half million dollars, to
16 be drawn from the program fund, for the Board
17 and its audit contractor to alleviate any
18 attempt to stifle your review by limiting
19 funding. Given the importance of your role in
20 this program, many of us are considering the
21 possibility that Congress may need to continue
22 stipulating independent funding for your work,
23 either through the appropriations process or
24 through amendment of the law.
25 Again, I want to thank you for your willingness

1 to take on this important task, and all of your
2 hard work -- and for all of your hard work to
3 assure a measure of compensation and justice to
4 these Cold Warriors whose government must not
5 forsake them or their families a second time.
6 Be assured that I will do as much as I can to
7 support the integrity and transparency that you
8 individually and the Board collectively bring
9 to this program.

10 Thank you very much.

11 **DR. ZIEMER:** Thank you very much, Mr.
12 Hostettler.

13 **DR. WADE:** I think we'll take a break.
14 (Whereupon, a recess was taken from 10:15 a.m.
15 to 10:40 a.m.)

16 **SITE PROFILE UPDATES (CONT'D)**

17 **DR. ZIEMER:** We're ready to reconvene. Just
18 before the visit by Representative Hostettler
19 we were discussing the concern that Mike Gibson
20 had raised about the -- what do we call those
21 folks who are coordinating the efforts? Anyway
22 --

23 **MR. GIBSON:** Point of contact --

24 **DR. ZIEMER:** Point of contact, the point men --
25 or point people. So we can continue that. I

1 think Stu -- Stu had made some comments.
2 Perhaps Larry has some additional comment to
3 make -- Larry Elliott.

4 **MR. ELLIOTT:** We'll change -- I -- I -- if
5 there's a perception that a person serving as a
6 point of contact can exercise influence in that
7 effort, you know, I don't want to -- I don't
8 want to -- I recognize that concern and we'll
9 just change the points of contact.

10 **DR. ZIEMER:** Mike?

11 **MR. GIBSON:** I'd like to just say I appreciate
12 that, Larry, and I think it's a -- I think it's
13 also a wise management move, that it could help
14 NIOSH or OCAS broaden your management base as
15 far as your people getting knowledge of all the
16 sites.

17 **MR. ELLIOTT:** I would agree with you that --
18 first I'd say there's a learning curve, but
19 that -- that's okay. We'll let the learning
20 curve happen and -- and I'm a believer that
21 we've got good staff who would maybe come out
22 through -- from that learning curve and have
23 perhaps a different perspective than somebody
24 who lived through the -- the work at a given
25 site.

1 **DR. ZIEMER:** Okay. Thank you. Any other
2 discussion on that? Jim Melius.

3 **DR. MELIUS:** Yeah, just to follow up a little
4 bit, I -- my concern would be if that point of
5 contact is going to develop into someone that
6 takes a more active role in some of the
7 resolution issues and -- and so forth, were
8 going to have a little bit more public
9 involvement at that point in time and so forth,
10 then it -- it could be -- become awkward --
11 that. And so it -- I think it's -- it's sort
12 of how you're planning to sort of use your
13 staff over the long term and get them up -- you
14 know, involved in a particular site and in
15 handling a site, so --

16 **DR. ZIEMER:** In this solution that Larry has
17 now indicated, there probably would not be a
18 concern then if the person did get somewhat
19 involved in resolution, although I think Stu
20 indicated the anticipation was they wouldn't
21 certainly be in a decision-making mode at all,
22 so -- but perhaps could be involved more than
23 otherwise.

24 **DR. MELIUS:** Yeah, I think as -- as things got
25 -- yeah, again, depends. If it's simply to

1 pass along information, it's one thing. If
2 it's going to be involved in the -- the
3 workgroup meetings and so forth as they come
4 about, I think that's where it gets a little
5 bit -- could become -- again, it's a perception
6 of a conflict and -- and not to -- I don't know
7 any of these individuals and not to, you know,
8 say that they would be conflicted or are
9 conflicted, but just the fact that it just -- I
10 think it's important that we have -- try to be
11 careful on those type of -- that type of
12 arrangement.

13 **DR. ZIEMER:** Dr. Neton.

14 **DR. NETON:** Yeah, I think it is a little more
15 than just passing through the information. It
16 was the intent for that person to take over a
17 role similar to what I'm -- I've done for Y-12
18 and Brant Ulsh has done for Rocky Flats, to
19 sort of serve as the coordinator, maybe, of the
20 effort. And I understand the issue and, you
21 know, we'll proceed as Larry has -- has
22 suggested.

23 **DR. ZIEMER:** Robert Presley.

24 **MR. PRESLEY:** Well, I don't want to speak
25 against the thought, but we are and the people

1 that work for NIOSH, they are the experts in
2 this field at what they're doing. To just come
3 up and say everybody has a conflict of interest
4 I think is ridiculous. I'm going to go on
5 record with that. I think that there ought to
6 be a median ground here. If you've got
7 somebody that -- that -- yeah, that was there
8 or -- or where they can -- they can influence a
9 thought or something like that, but I sure like
10 the fact of using expert people to get the job
11 done. I think we can get it done faster and
12 better if we pick our experts, and that's all I
13 would like to ask. And I think that's -- I
14 think that's what you're doing.

15 **DR. ZIEMER:** Larry?

16 **MR. ELLIOTT:** To change the points of contact
17 is, in my opinion, not going to preclude our
18 ability to draw on -- I believe J.J. Johnson
19 was the person that was identified to be on --
20 the point of contact for the Mound site, and I
21 don't believe Mike ha-- you know, is raising
22 personal issues about J.J. But I think
23 certainly it does not preclude us to approach
24 J.J. as we work through the Mound -- any issues
25 on Mound and say J.J., what are your thoughts.

1 He is a site expert and we utilize site experts
2 that way. And we will fully attribute whatever
3 contribution they make and we'll make that well
4 known. It will be transparent.

5 **DR. ZIEMER:** Thank you. Other comments?

6 **MR. GIBSON:** I just --

7 **MR. ELLIOTT:** I would add that he doesn't have
8 decision authority. That's not going to
9 happen.

10 **DR. ZIEMER:** Okay. Mike.

11 **MR. ELLIOTT:** That's one thing we do exclude in
12 the process.

13 **DR. ZIEMER:** Yeah, Mike. Additional comment?

14 **MR. GIBSON:** Just a -- a brief comment to in a
15 way respond to Mr. Presley, just -- you know,
16 it goes both ways. I mean this year on my
17 conflict of interest statement I took a six-
18 hour bus trip around Fernald for a non-profit
19 organization and now I'm conflicted for
20 Fernald.

21 **DR. ZIEMER:** Well, hopefully some of those can
22 -- in the final conflict of interest thing it
23 won't count if you drove past that site on your
24 way to Florida, but --

25 **UNIDENTIFIED:** (Off microphone) We're working

1 on it. We're working on it.

2 **DR. WADE:** Could I take a moment?

3 **DR. ZIEMER:** Sure.

4 **DR. WADE:** Since all Board members are here,
5 let me talk to you about upcoming schedule of
6 meetings, based upon your availability. First
7 of all, you know that we have a call scheduled
8 for August 8th. We have a face-to-face meeting
9 scheduled for September 19, 20 and 21. We're
10 looking at Nevada as the location. We now have
11 a call scheduled for October 18th; a face-to-
12 face meeting scheduled for December 11, 12 and
13 13; a call scheduled for January 11th -- that's
14 the year of our Lord 2007, believe it or not --

15 **MS. MUNN:** Wait, wait, wait. Wait, wait.

16 **DR. ROESSLER:** Yeah, we don't have --

17 **DR. DEHART:** Could you start over so --

18 **MR. PRESLEY:** Yeah, where we can work on this.

19 **DR. ZIEMER:** He's telling you to put them on
20 your calendars based on --

21 **DR. WADE:** Here we go. Call on August 8th.

22 **MS. MUNN:** Got it.

23 **DR. WADE:** Face-to-face meeting September 19,
24 20 and 21.

25 **MS. MUNN:** Right.

1 **DR. WADE:** Okay. Next, a call on October 11th
2 -- October 18th. And then a face-to-face
3 meeting December 11, 12, and 13.

4 **DR. ROESSLER:** Do you have a place?

5 **DR. WADE:** No. If you want to pick a place for
6 December --

7 **DR. ROESSLER:** Let's pick a warm place.

8 **DR. MELIUS:** North Pole.

9 **DR. WADE:** I mean I -- the reason I keep it
10 open is just because we don't know where the
11 action will be and --

12 **DR. ZIEMER:** We talked before about Pinellas,
13 and I don't know where we'll be on that, but
14 that's one area to look at.

15 **DR. WADE:** Right, we could tentatively pencil
16 in Pinellas, but again, I think it's -- wisdom
17 would dictate leaving it open. Then January
18 11th, 2007 is a call -- January 11th, 2007 is a
19 call. And then February 6, 7 and 8 of 2007 is
20 a face-to-face meeting.

21 **MR. PRESLEY:** What's the dates in February
22 again, Lew?

23 **DR. WADE:** 6, 7 and 8.

24 **MR. PRESLEY:** 6th, 7th and 8th.

25 **DR. WADE:** So now we have three calls and three

1 meetings scheduled.

2 Thank you. Thank you for your -- the
3 contributions with dates. Everyone was
4 accommodating.

5 **MR. CLAWSON:** Dr. Wade, a question.

6 **DR. ZIEMER:** Yes.

7 **MR. CLAWSON:** I talked earlier about this and I
8 was wondering if there's any way -- you know,
9 especially some of us that sit on these small
10 committees, you read the site profile and it
11 brings a lot of things into question. Is there
12 any way that we would be able to tour like say
13 Nevada Test Site, be able to come in a day
14 early or whatever because when you're digesting
15 a lot of this information, a lot of it doesn't
16 make sense sometimes just from the paperwork
17 side.

18 **DR. ZIEMER:** And the answer is yes. In fact, I
19 believe a tour is on schedule for Nevada Test
20 Site.

21 **DR. WADE:** September 18 is what we're aiming
22 for.

23 **MR. CLAWSON:** Okay.

24 **MR. PRESLEY:** Do you want me to start --

25 **DR. WADE:** Yes, please. Mr. Presley has

1 half -- I mean a dozen people.

2 **DR. WADE:** Question about spouses.

3 **DR. ZIEMER:** Spouses.

4 **MR. PRESLEY:** Yeah, and I'll ask about that.

5 They -- they probably can.

6 **DR. ZIEMER:** Okay. So there may be a couple
7 more spouses --

8 **MR. PRESLEY:** Yeah, we're talking no more than
9 probably 24 -- a dozen -- a dozen plus spouses.

10 **FINALIZE SELECTION OF 6TH ROUND OF DOSE RECONSTRUCTION**

11 **CASES, DR. PAUL ZIEMER, CHAIR**

12 **DR. ZIEMER:** Thank you. We have on our agenda
13 now the finalized selection of the 6th round of
14 dose recommen-- dose reconstruction cases. The
15 subcommittee, during its deliberations earlier
16 this week, selected some -- or is proposing --
17 I think it's 25 cases, from which -- and
18 assuming that some might have to be dropped for
19 one reason or another, and some might carry
20 forward, so I now call on -- I guess I call on
21 the Chair of the subcommittee, and that's me,
22 to give the report of what is being
23 recommended.

24 This comes as a motion from the subcommittee.

25 It doesn't require a second. Let me refer you

1 to the list of proposed cases. And we have --
2 we have selected some proposed cases from the
3 document entitled "Full Internal and External,"
4 and we'll use the ending digits -- these all
5 begin with 2006-06, and we were careful to
6 exclude the 666 one --

7 **MR. CLAWSON:** By the way, that's the number of
8 my facility, so...

9 **DR. ZIEMER:** And if that doesn't make sense to
10 you, just ignore it.

11 **MS. MUNN:** I think that's my standard room
12 number.

13 **DR. ZIEMER:** Your hotel room number. Okay. So
14 Dr. Wade will read to us the proposed numbers.
15 Those who weren't present for the subcommittee
16 meeting may wish to mark these on your list and
17 we'll have opportunity to make any final
18 changes that may be proposed after the list is
19 read. So here we go.

20 **DR. WADE:** The list includes 08, 18, 19, 22,
21 26, 31, 33, 48, 49, 65, 74 --

22 **MS. MUNN:** Two -- two.

23 **DR. WADE:** -- I'm sorry, 72, thank you -- 93,
24 96, 98, 106, 113, 125, 136, 144, 155, 163, 166,
25 171 and 181. In addition there were two

1 carried over from the fifth round that will be
2 added to this for consideration.

3 **DR. ZIEMER:** So the list you just read is a
4 list of 23. Is that correct? Or is that 25?
5 I thought -- Did we -- did we include the
6 carry-overs in the list?

7 **DR. WADE:** I count 24 on the list I just read,
8 plus two carry-overs.

9 **DR. ZIEMER:** Okay. One -- one of the issues we
10 will have is -- is if -- if none of these are
11 disqualified -- for example, if they're pulled
12 from the finalized list by Labor and have
13 reworks or something like that. Let's suppose
14 all of these are truly finalized cases, we need
15 to have some guidance as to how to proceed
16 forward. I would suggest that we utilize the
17 two that were carry-overs as the first two, and
18 then take the next 18 on the list, unless
19 someone objects or has an alternate suggestion
20 that everyone likes better -- and that won't
21 hurt my feelings, so -- any objection to that,
22 that we --

23 **MS. MUNN:** No.

24 **DR. ZIEMER:** -- start with the two carry-overs
25 and then proceed down the list in order? And

1 anything left over will carry onto the next
2 group of 20 then. Is that the understanding?

3 **MS. MUNN:** Sure, fine.

4 **DR. ZIEMER:** Any objections? Any -- anyone
5 wish to offer any changes or modifications to
6 the list? We can -- we can drop some, we can
7 add some.

8 (No responses)

9 It appears that there is no movement to change.
10 Am I correct? Are you ready to vote then?

11 **MS. MUNN:** Sure.

12 **DR. ZIEMER:** So the vote would be to approve
13 this list, which is thought to be 24 or 25.

14 **MS. MUNN:** 24 plus two.

15 **DR. ZIEMER:** Is it 24?

16 **MS. MUNN:** Uh-huh.

17 **DR. ZIEMER:** Okay. Whatever it is. All in
18 favor say aye.

19 (Affirmative responses)

20 Any opposed?

21 (No responses)

22 Are there any abstentions?

23 (No responses)

24 Thank you. The motion carries and this will
25 constitute then the basis for the sixth round.

1 **DR. WADE:** One slight clarification for the
2 record. Depending upon what winds up on the
3 list, the Chairman might have to look at the
4 team assignments and do some slight adjusting
5 to keep the numbers about the same, and I -- I
6 would assume he would have that prerogative.

7 **DR. ZIEMER:** Right. Now we haven't done the
8 team assignments on this list yet. We did team
9 assignments on the -- on the fifth round list,
10 I believe.

11 **MR. PRESLEY:** Uh-huh.

12 **DR. WADE:** Correct.

13 **DR. ZIEMER:** So -- and I don't think we need
14 the team assignments before our next phone call
15 next -- yeah.

16 **DR. WADE:** You're right, I don't think we do.

17 **DR. ZIEMER:** Okay. So let's -- let's move on.

SC&A REPORT OF SEC REVIEW PROCEDURES

DR. JOHN MAURO, SC&A

18 Let's see, we have next SC&A review of -- or
19 SC&A report of the SEC review procedures. I
20 think we have a brief report by John Mauro, and
21 there should -- there's also a handout at your
22 place for this. John?

23 **THE COURT REPORTER:** Oh, is this from
24 yesterday, or is this on the --

1 just completed a review on the Task III
2 (unintelligible) procedure. I just want to
3 make sure which presentation you'd like to hear
4 at this time.

5 **DR. WADE:** The SEC review procedures.

6 **DR. MAURO:** Okay. My apologies,
7 (unintelligible).

8 **DR. WADE:** For the record, we're interested in
9 everything you do.

10 **DR. ZIEMER:** Right. This was the item we
11 swapped with yesterday, so...

12 (Pause)

13 And John -- John, my apology, the handout that
14 I saw at the place I thought -- I thought was
15 the handout for what I've described, but I see
16 it --

17 **DR. MAURO:** We have two --

18 **DR. ZIEMER:** -- that was a little misleading,
19 yes.

20 **DR. MAURO:** -- and we're prepared to address
21 both.

22 **DR. ZIEMER:** Right.

23 **DR. WADE:** And we'll give you the opportunity
24 to address both.

25 (Pause)

1 **DR. ZIEMER:** Again, this is officially called
2 "SC&A Report of SEC Review Procedures".

3 **DR. WADE:** To set the stage, remember that
4 there was a working group that looked at SEC
5 review procedures, SC&A was looking at them,
6 and then you were asked to sort of offer a
7 blend.

8 **DR. MAKHIJANI:** (Off microphone) We submitted
9 two reports to the Board. One was a review of
10 NIOSH procedures for SEC and then the other was
11 draft Board procedures and (unintelligible)
12 procedures for reviewing the SEC last November,
13 I believe, and then the Board adopted its own
14 criteria and -- for reviewing SEC and the
15 direction that was given to us was to revise
16 the draft procedures (unintelligible) for the
17 Board. And the contractor, in conformity with
18 those and also to reflect the extensive
19 experience that we've had in actually reviewing
20 SEC petitions, a petition for Ames that did not
21 have a site profile, Y-12 (unintelligible) the
22 work reviewing the site profile and Rocky Flats
23 (unintelligible) some kind of combination of
24 the two. And so we submitted a revised report
25 to you the week -- was it on the 5th of June,

1 something like that, or early this month.
2 The initial procedures had been in three phases
3 and they had envisioned that most of the work
4 would have been after NIOSH submitted the
5 evaluation report because a proposal had been
6 written with the idea that there would be full
7 reviews. But in the interest of timeliness, a
8 lot of work has been brought forward and part
9 of the direction of the Board as we viewed it
10 was to do it in two phases. The first phase
11 would be after NIOSH qualifies a petition for
12 evaluation, but before NIOSH submits the
13 evaluation report, to make a preliminary
14 investigation of the petition, what are the
15 issues, and then -- and related documents and
16 their site profile of that. I'm going through
17 the phases. But -- but basically to do one
18 phase before NIOSH publish-- publishes
19 evaluation report and the second phase after it
20 publishes the report and the second phase could
21 be a full review or a partial review -- or no
22 review at all, depending on what the Board
23 decision would be. And throughout the -- the
24 touchstone, of course, is the feasibility of
25 dose reconstruction under 42 CFR 83 and is a

1 dose reconstruction with sufficient accuracy
2 possible. And in fact it's the way it has
3 worked out in our experience is usually we're
4 looking at is the dose reconstruction a maximum
5 dose or a plausible assumption possible and
6 then NIOSH might do it with more accuracy if
7 they feel -- but the -- the main criterion is
8 can you bound the dose with some reasonable
9 circumstances, and if you can do that, it's not
10 an SEC issue and if you can't, then -- then it
11 becomes an SEC question.

12 So this is the detail of phase one. NIOSH
13 qualifies the petition and informs the Board.
14 The Board designates a working group, so this
15 is the procedure as we see it that the Board
16 had been following, and the contractor works
17 according to whether the Board wants us to be
18 involved in any particular phase of this. We
19 had initially suggested that NIOSH provide a
20 detailed SEC-specific evaluation plan, which is
21 mentioned in the regulation. NIOSH has said
22 (unintelligible) provided a general evaluation
23 plan (unintelligible) creating a -- a formal
24 document would be very cumbersome and delay the
25 process. I think the Board agreed with that.

1 At least that was our understanding that there
2 would not be a formal petition-specific
3 evaluation plan but that in its place documents
4 that NIOSH is using (unintelligible) made
5 available to the working group. NIOSH would
6 communicate in some way what it saw as the
7 issues and the working group makes its own list
8 of issues that could be drawn from the
9 petition, the site profile review if there is
10 one, and document review. And of course the
11 working group may assign tasks to the
12 contractor, as it has been doing.
13 So this is sort of further -- further
14 development. Part -- a part of what has
15 happened is a lot of the issue-specific
16 development then revolved around two questions
17 broadly, are the data available, are the data
18 valid, and that the are the types of data that
19 we look for, which are personnel monitoring
20 data, air concentration data, (unintelligible),
21 job types -- and this has to be done for every
22 period and the different type of processes.
23 And as you saw on the Y-12 petition, looking at
24 specific radionuclides and specific processes
25 and the Cyclotron and the Calutron and so on,

1 this -- this ultimately had a considerable
2 importance and the data validation and
3 integrity questions have also been quite
4 important, both -- both at Y-12 and in one case
5 it clarified that a lot of other data were
6 actually valid and could be used, and then
7 there was some portion of data that could not
8 be properly validated, like urine and
9 (unintelligible) data, and then how it was to
10 be used was also resolved in the
11 (unintelligible). So very important and sort
12 of precedence and methodological processes are
13 being put in place, and those have been
14 incorporated into the details of the report. I
15 won't go into that here.
16 But at -- at this -- in the preliminary stage,
17 the bottom line, in a way, would be the last
18 bullet here, to define to sample full or
19 partial dose reconstructions that NIOSH would
20 actually do to demonstrate that it can -- you
21 know, can -- that -- actually do dose
22 reconstructions, dose reconstructions are
23 feasible, if that's the direction in which
24 NIOSH is going.
25 So these are the (unintelligible) procedures.

1 Part of what is in these procedures is there
2 would be at least a preliminary interview with
3 at least one petitioner. In the case of Ames,
4 for instance, I sought Board permission to talk
5 to Dr. Fuortes. I sought his view of his
6 petition. I asked him where there might be
7 additional documentation that he might have
8 looked at. This is a preliminary contact and
9 not a -- not a full-blown, formal interview.
10 This not -- not to drag out the process in the
11 initial stages. I asked him his opinion of who
12 the best site experts were for me to get a grip
13 on who might know what all data was available.
14 I interviewed Dr. Warf*, whose -- he was just
15 an amazing interview. I won't go into it, but
16 it was just -- it was a real pleasure for me to
17 -- and a privilege for me to talk to him, how -
18 - how clear his memory was, how much fun it was
19 (unintelligible).

20 So we -- we prepare by reviewing the documents
21 and the petition and (unintelligible) site
22 profile review an initial list of issues. And
23 I think preparing an initial list of issues
24 from the petition is extremely important
25 because that gives the proper place to the

1 petitioner in the process, that something they
2 have said in the petition, whether it's about
3 records not being available or missing or data
4 integrity or like the high-fired issue. But if
5 it's given appropriate consideration by the
6 working group, and by the contractor if the
7 working group desires -- I think the Rocky
8 Flats high-fired report has been

9 (unintelligible) very good example of that.

10 The -- and then again, the bottom line to this
11 preliminary assessment would be a list of
12 examples. Now in the case of Ames it was not
13 necessary because our preliminary evaluation
14 indicated to us that we just (unintelligible) -
15 - the data just weren't there to do dose
16 reconstruction, so we just stopped and informed
17 the Board at that point that we'd arrived at
18 the end and stated the resources and NIOSH
19 filed their report and -- and we went on from
20 there.

21 I think, just for your information, about 1,000
22 hours were allocated to Ames, and in the end I
23 think it all got done in just a shade over 300
24 hours, because we stopped the process where we
25 (unintelligible). And then the other -- the

1 other review, which took more resources
2 (unintelligible) something available within the
3 budget to do that.

4 So if a site profile review is available, then
5 there are some additional things that we do
6 from that as we have been doing. We go through
7 the matrix and extract the issues from the
8 matrix and the site profile review, added to
9 the issues raised by the petitioner, and
10 examine the questions of job types and
11 radionuclide -- just -- just for an example,
12 for instance, the -- the other radionuclide
13 issues in Rocky Flats are the thorium issue and
14 exotic radionuclide issues were raised in our
15 site profile review and that's how they wound
16 up in the SEC issues list that we prepared.
17 And I -- I personally wasn't involved in that,
18 but I was involved in the SEC phase of it, but
19 I relied on the site profile review plus the
20 other documentation (unintelligible) my
21 starting point.

22 If there's -- if there's site profiles, we do a
23 site -- targeted review of the site profile.
24 We don't necessarily aim to produce a document
25 from that. I haven't -- I haven't -- if

1 there's no site profile, then we do what we did
2 on Ames. We do a preliminary check of the
3 documentation to see what's available. We
4 don't necessarily evaluate the whole
5 (unintelligible) documentation. I was
6 convinced (unintelligible) interviewed Dr.
7 Warf* and -- and talked to Dr. Fuortes and
8 looked at the documentation that there was no
9 documentation on the plutonium experimentation
10 and so on, there was nothing -- NIOSH confirmed
11 that, so we just -- we stopped looking
12 (unintelligible) something and wait for NIOSH
13 to deliver something.
14 So (unintelligible) we will not be creating a
15 dummy site profile or a mock site profile or a
16 substitute site profile. That's not the
17 objective of this task.
18 After the evaluation report is submitted, of
19 course, the Board has -- has three options and
20 historically has exercised all three in one way
21 or another -- accept the ER and vote on it;
22 accept it partially, which is what was done on
23 Nevada Test Site, and investigate
24 (unintelligible) more and -- or review the ER
25 further, a partial or full review.

1 So here -- if there is a review, a full review
2 would include these. Of course a partial
3 review, then the Board and the working group
4 could select (unintelligible) sample dose
5 reconstruction done, documentation cited in the
6 evaluation report, the question of validity and
7 representativeness of the data -- and a lot of
8 this you will recognize comes from your
9 criteria in terms of feasibility of dose
10 reconstruction, representativeness of data and
11 so on. And the two phases of course are of
12 course addressed in (unintelligible) question
13 which has been a central part of your
14 discussion. Sufficiency of data to sustain
15 individual dose reconstruction and coworkers
16 models, procedures to fill in missed doses --
17 we've gone through all of these in one way or
18 another in the -- in the SEC petition and
19 evaluation report that are so far -- so far
20 been evaluated. The last bullet of course is
21 an item of active discussion -- has been an
22 active -- active discussion at -- at this Board
23 meeting and there are some views before you for
24 resolution, but this would be a standard item,
25 depending on what guidance you provide on this

1 question at review, as to how we would do that.
2 There's not -- there's -- other than suggesting
3 some things that are there in the report along
4 the lines of what we did at Ames, there's not a
5 (unintelligible) procedure because this is
6 really a (unintelligible) resolution problem
7 more as to how (unintelligible) radiological
8 controls needs to be looked at. This -- the
9 way we did look at it in the question of Ames,
10 it was a combination of a lack of monitoring
11 data altogether for most of the period, plus an
12 obvious lack of radiological controls -- no
13 ventilation, no hoods, no monitoring and so on
14 that -- and very high dose -- committed doses
15 in -- in one day's intake that led to the kind
16 of idea (unintelligible) presented.
17 So this -- this -- I think that the Board
18 wanted some criteria for a data validation that
19 was part of the working -- working group's
20 recommendation. This is what we have been
21 doing, comparison with the raw data, the
22 (unintelligible) records (unintelligible)
23 examination of patterns of data entry, patterns
24 of incident data and worker files
25 (unintelligible) questions and so on and

1 (unintelligible). So I think we -- we have
2 about as reasonable a general approach -- in
3 each case of course the data (unintelligible)
4 different because the site records are so
5 varied.

6 These are the deliverables we suggest. We are
7 -- we have suggested that the phase one not be
8 very rigid in terms of the deliverables. It
9 might be, in the case of Ames, that we did a
10 lot of the work, but we held off on putting
11 effort into actually writing a report so as to
12 not be second-guessing NIOSH and what they were
13 coming out -- we felt probably if they saw the
14 data the same as us, they would recommend an
15 SEC. And if they didn't, then there would be a
16 fairly lengthy evaluation and resolution
17 process, so we deferred the deliverable to
18 phase two.

19 In the case of Y-12 and Rocky Flats, we've been
20 producing issue-specific short reports,
21 memoranda, issue lists, and so it's very
22 petition-specific. And we would suggest that
23 in phase one our deliverables remain flexible
24 and at the direction of the Board
25 (unintelligible) the process. But then in

1 phase two some kind of final report so that
2 (unintelligible) on our part we deliver to you,
3 as we did in the case of Ames, as -- maybe the
4 record in phase one would stand as a final
5 report, perhaps as -- as has been the case --
6 well, no, we did -- we have done final report
7 for -- for Y-12 (unintelligible) and we
8 anticipate doing that for Rocky Flats.
9 I think that's the end.

10 **DR. ZIEMER:** Okay. Thank you very much. Board
11 members, the actual report is dated June 12th,
12 so --

13 **DR. MAKHIJANI:** (Off microphone)
14 (Unintelligible) the Y-12 report.

15 **DR. ZIEMER:** I think -- yeah, I'm looking at
16 the report. It's June 12th, which means if you
17 got it -- you may have gotten it before you
18 left home if you -- or you may not have
19 received it, that -- I think both hard copy was
20 sent out perhaps by FedEx and -- and we also
21 got it by -- electronically.

22 This -- this document was a result of a
23 recommendation that actually came through your
24 subcommittee, Jim, to -- to try to in a sense
25 coordinate this -- the Board's policy with your

1 earlier document. Jim, I know the subcommittee
2 hasn't had a chance to really look at this
3 report at all, but do you have any comments at
4 this point? It seems to me at some point we --
5 we may want to officially in a sense adopt this
6 or at least indicate that this is the direction
7 that we expect the contractor to take when they
8 review the SECs, or modify it appropriately.
9 So let me get your response there and then
10 we'll hear from John.

11 **DR. MELIUS:** Yeah, my -- my personal view is I
12 think this is -- I think we've got this
13 approach down -- down pretty well, as -- as
14 well as it can. There -- it has to be a
15 flexible approach. I think having the -- the
16 two phases worked very well in Ames. I think
17 it'll work well in -- in other situations,
18 albeit every situation's going to be -- be
19 different for -- and I had a chance to read
20 through their report and -- frankly, on the
21 plane on the way down here, and it -- I think
22 it's satisfactory. I think, to be fair to
23 other people, we probably should fall -- give
24 everyone an opportunity to review it, and then
25 maybe have a formal closure, perhaps at our --

1 **DR. ZIEMER:** Next meeting or --

2 **DR. MELIUS:** -- conference call or -- yeah.

3 **DR. ZIEMER:** And I'm on the subcommittee and
4 have reviewed it and I -- it appears to me that
5 it aligns quite well with our policy. John?

6 **DR. MAURO:** Yeah, I just wanted to make a
7 couple of points. The report, the version that
8 some of you have seen, your -- and some of you
9 will see when you get home electronically, you
10 will be receiving a hard copy, does have
11 attachments to it. One is -- is -- is the
12 working group's January 16th, 2006 document, so
13 it's made part of ours. In addition, we have
14 another attachment which actually tries to map
15 all of the criteria that are in your working
16 group document with our report, so that you can
17 see the one -- the correspondence between the
18 two. And there's a lot of additional material
19 in the -- the main body of the procedures which
20 tries to directly address the criteria that are
21 outlined. So in addition to reflecting the --
22 the experience that we have gone through and
23 what -- the reality of how Y-12 and Rocky is
24 proceeding, we also try to marry in this other
25 document.

1 One more point I'd like to make, which I think
2 is -- is important, is this two-phase process
3 worked very well. If you recall, the
4 evaluation reports came out I believe -- for
5 Rocky and Y-12 -- on January 7th -- I'm sorry,
6 January -- April 7th, and I think closure, at
7 least on Y-12 -- so we're talking about April,
8 May, June -- a two-month period to go from when
9 the evaluation report came out to -- on Y-12,
10 in any event -- and -- and a vote by the Board.
11 And the reason that was possible is so much was
12 done in the early phases to -- to allow the
13 process to mature. So I think our original
14 intent to expedite that post-evaluation report
15 process seems to be working.

16 Now how well it will work with Rocky is yet to
17 be seen --

18 **DR. ZIEMER:** Right.

19 **DR. MAURO:** -- because on the same date, April
20 7th -- I believe that's when the Rocky
21 evaluation report came out, but as you all
22 know, we're -- we're really in the middle of
23 that process. I'm not quite sure, you know,
24 how -- how protracted that will be.

25 **DR. ZIEMER:** Thank you.

1 **DR. MAKHIJANI:** (Off microphone) Just to
2 (unintelligible) that, Dr. Ziemer, also Ames
3 report came out about the same time
4 (unintelligible) with that, but we were, as Joe
5 has often pointed out, a lot further behind on
6 Rocky in terms of our evaluation
7 (unintelligible) site profile review, so that's
8 part of why -- so we kind of grafting the site
9 profile review onto (unintelligible).

10 **DR. ZIEMER:** Understood, right. Dr. Melius.

11 **DR. MELIUS:** Yeah, I think another way of
12 looking at this is that phase one is sort of
13 can we improve the efficiency and timeliness of
14 the process, what extent can we get started in
15 terms of the evaluation while we're, you know,
16 letting NIOSH do -- independently do its
17 evaluation report, which I think is -- the
18 independence of that is important, but at the
19 same time be ready when that evaluation report
20 came -- comes out and I think that part has --
21 has worked so far.

22 Phase two is really the -- in some ways the
23 more formal part where we real-- we have an
24 evaluation report and we review it and -- and I
25 think, again, that -- while it's more

1 straightforward, we just don't want it to have
2 to go on -- you know, be delayed
3 inappropriately if there are things we can get
4 started on, and it worked well -- the other
5 thing I think happened with Ames I'd point out
6 is that in the fir-- initial call that we had,
7 I believe in April -- early April with the
8 petitioner, we were able to identify, you know,
9 the two issues -- the residual contamination
10 issue and then the episodic exposure issue that
11 they were concerned about, that were sort of
12 the -- and it allowed -- to make sure that we
13 were able to start exploring that and getting
14 information on it and so forth and -- and so
15 that part was helpful and then involving the
16 petitioner at that time, in that initial call,
17 was -- was the -- did move the process along.

18 **DR. MAURO:** And sort of stepping back and
19 looking back as the program manager, this
20 particular type of approach -- whereas there's
21 a lot of flexibility, the way we're handling
22 this I think is important. And David Staudt
23 and I have been in a lot of communication on
24 this. The process is one where we initially,
25 together, identify issues as early as we can.

1 And what we do at that point -- and remember,
2 we're operating within Task V; Task V has a
3 certain allocated budget. What we do then, as
4 soon as we are authorized to proceed with let's
5 say phase one on a given SEC review, as quickly
6 as possible we identify issues, we do the best
7 we can to estimate what we think the budget
8 will be, and then I provide that information to
9 the Board and to David. And then as that
10 process matures and things change, and they
11 have changed. For example, I will put out
12 periodically what I call a heads-up, where are
13 we, and -- for example, we tur-- this -- one --
14 this -- this is turning out to be fortunate, in
15 this case. The cost associated with Ames is
16 much less than what we anticipated. But
17 unfortunately, the cost associated with Rocky
18 is greater. So I would say on the order of
19 every month or two I keep the Board, the
20 project officer and the contracting officer
21 appraised (sic), so this is an unusual
22 circumstance because it's fluid, but I try to
23 keep everyone apprised where we are. And this
24 -- the reason this is important is because it
25 has to do with at what point do you stop. I

1 know this is always a tough question, have we
2 chased it down far enough, when are we
3 satisfied with data validity. So I do the best
4 I can to -- as new issues emerge with the
5 working group, it's important to keep -- keep
6 in mind where we are with the budget, how --
7 you know, so it's a -- it's a -- I'll use that
8 word "tension" that Lew uses a lot, and I like
9 that term. There's always this tension, and
10 we're very much aware of this tension and we
11 try to keep you folks apprised of it.

12 **DR. ZIEMER:** Good. Thank you, John. Now we
13 don't need to take action today. I think
14 what's been suggested here is that we perhaps
15 formalize an action by the time of our next
16 meeting, after the Board has full chance to
17 digest the materials. In a sense it's a
18 description of what we're actually doing, both
19 Board-wise and contractor-wise. So it seems to
20 me that there's no objection to proceeding on
21 this basis in the interim, but we do want to
22 take a formal action on it, and that will be a
23 subcommittee task, Jim, for that SEC
24 subcommittee to perhaps develop a
25 recommendation.

1 **DR. WADE:** I intend that we have it on the
2 agenda for the August 8th call.

3 **DR. ZIEMER:** Thank you. Now if I can figure
4 out what SEC (sic) is supposed to report on
5 next, I will call on them to do it.

FINALIZE REPORT ON 2ND AND 3RD SET OF REVIEW OF

6 **DOSE RECONSTRUCTION CASES, DR. PAUL ZIEMER, CHAIR**

7 I think we -- we actually have -- what we have
8 on the -- on the agenda is finalizing the
9 report on the 2nd and 3rd set of reviews. Now
10 Kathy gave us an extensive report on these dose
11 reconstruction reviews. We talked about the
12 matrix. Mark, the -- the subcommittee -- or
13 the working group, actually, ended up providing
14 us a status report, but we're not ready for an
15 action on this at this time, is that -- that's
16 correct, is it not?

17 **MR. GRIFFON:** That's correct.

18 **DR. ZIEMER:** So remind us, if you would, what
19 we have bef-- and what will be coming. And I -
20 - and I don't think we need an SE-- or an SC&A
21 report at this time. We -- the subcommittee
22 had the full report already.

23 **MR. GRIFFON:** Yeah, just as a reminder, and I
24 think it's mostly the same audience, so a
25 reminder that during the subcommittee meeting

1 we discussed the second set matrix, which was
2 the second set of dose reconstructions
3 reviewed, along with the third set and the
4 procedures review matrix. So we have three
5 matrices out there.

6 Since the last workgroup meeting I've added a
7 Board action in the matrix, which indicates
8 whether the -- NIOSH agree-- the number code
9 that we have before NIOSH agrees to the finding
10 or -- number six is a common one, that it's
11 been deferred to a site profile review or -- or
12 a procedure review or something like that. I
13 added that column and -- but -- but hadn't had
14 a chance to bring it back to the workgroup or
15 discuss it.

16 Additionally, NIOSH -- and SCA -- provided some
17 comments on the last draft, and then NIOSH also
18 included a final column in a version of ma-- of
19 the matrix that -- that Stu Hinnefeld was
20 working from. He provided a -- an action, a
21 NIOSH action as a means to start tracking these
22 actions that are coming out of the matrices.
23 So we -- we've got to get together at the
24 workgroup level. We -- we decided on the
25 subcommittee that it would be wise for us to

1 get together again as a workgroup and finalize
2 the matrix that I've developed, possibly
3 merging the two matrices or possibly keeping
4 them separate. We're going to discuss how that
5 should happen, whether the NIOSH action should
6 be in a separate matrix. We all agree I think
7 that the -- Stu has a -- has generated a
8 separate report out of the matrices that --
9 that just lists the actions from all the
10 matrices, and I think that's much more
11 manageable going forward to just have a listing
12 of the actions -- actions. So once we resol--
13 once we come to final resolution we'll bring
14 that back to the Board and then we'll -- from
15 there on we'll just have a -- a listing of
16 NIOSH actions to -- to track and continue and
17 make sure they -- they come to closure on.
18 But I -- I think that's -- that's where we're
19 at and we -- I -- the hope of everyone I think
20 is that we're going to meet in short order to
21 close out -- we're very close to closing out
22 all three of these matrices, and I think we're
23 going to meet and the intent is to possibly
24 come to the August 8th phone call meeting --
25 send the final versions of these things out and

1 possibly bring them up to -- you know, to the
2 Board at the August 8th phone call meeting. We
3 -- we've -- we've had these out there for a
4 while so we want to close out on these as soon
5 as we can.

6 **DR. ZIEMER:** Okay. So basically that's second
7 and third sets of dose reconstruction reviews,
8 and also the procedures review matrix, which is
9 the first item listed after lunch, so we're not
10 ready to vote on that yet either.

11 **MR. GRIFFON:** Right.

12 **DR. ZIEMER:** Now in addition, talking about
13 procedures review, we do have a summary of the
14 SC&A review of the second set of procedures.
15 And I'm not sure if we explicitly put this on
16 the agenda, Lew, or was that to be included
17 with the procedures review item?

18 **DR. WADE:** That was to be included.

FINALIZE REPORT ON PROCEDURES REVIEW

DR. PAUL ZIEMER, CHAIR

19 **DR. ZIEMER:** So I think we can proceed to hear
20 that, which is -- so now the other document
21 from SE-- SC&A, summary of SC&A review of the
22 second set of NIOSH/ORAU procedures.
23 These are all -- these are all procedures that
24 were not in that original matrix that we talked

1 about, so...

2 (Pause)

3 **DR. MAURO:** Yes. Under Task III we were
4 authorized to review a set of -- second set of
5 32 procedures. That was -- the review of those
6 procedures has not quite been completed, but we
7 have delivered a draft report to you folks on
8 dat-- the date of June 8th. You received it
9 electronically. You will be receiving hard
10 copy and we're calling it Supplement 1, same
11 title as the first one, but it's a supplement.
12 And basically what this does is that document
13 addresses 30 of the 32 procedures. The 30
14 procedures include six external, 13 internal
15 and 11 QA. Two procedures that are within the
16 scope of that work that haven't been delivered
17 to you today -- to date is like item three on
18 this slide, have to do with the CATI reports.
19 And I believe that was OCAS-TIB 90 and 92.
20 We're working on it and we will deliver a
21 supplement that you will simply insert into the
22 back of the document -- soon. So that's the
23 product that you folks received, which lar--
24 and by the way, which largely completes our
25 deliverables for Task III.

1 We do have some workbook responsibilities.
2 Workbooks are turning out to be interesting in
3 that imbedded in the review of these procedures
4 are the review of workbooks. Imbedded in the
5 review of many of the cases that we are looking
6 at under Task IV are a review of workbooks. So
7 our plan is to collect -- since we do have a
8 separate deliverable that we owe you dealing
9 with the workbooks, we bel-- and a lot of that
10 work's been done as part and parcel to this
11 kind of material, I would -- my plan is, unless
12 I receive direction otherwise, is to extract
13 that material and get it into a form that would
14 actually be a deliverable dealing specifically
15 with workbooks so that we can meet that
16 commitment in a clear and unambiguous way. But
17 the reality is, a lot of workbook review of the
18 material has already been accomplished.
19 Okay, this is a summary of the findings. If
20 you recall, every procedure, when it's
21 reviewed, is -- a checklist is used. And the
22 technical procedures -- those are the ones
23 dealing with internal and external dosimetry --
24 they have a total of 27 criteria that we score
25 the procedure against. And the quality

1 assurance procedure reviews that we perform,
2 they -- that's a different form and they have a
3 total of 21 criteria.

4 So what I did was say okay, to the 19 technical
5 procedures, I tr-- on the left-hand side of
6 this slide, I tried to show how the scoring
7 ended up. Turns out the scoring ended up very
8 well (unintelligible). A score of 5 means the
9 procedure is perfect. Okay? A score of 1
10 means we found some significant deficiencies.
11 And then of course there's everything in
12 between.

13 As you can notice that everything out of the
14 collection of 19 technical procedures, two hun-
15 - there are a -- the total number of -- the
16 scoring by far were 5s against all the
17 criteria. So we're -- I guess where I'm going
18 with this is that these procedures are -- are
19 very good, excellent in many cases. We'll talk
20 a little bit more about the few places where
21 there are some deficiencies, and I'll get to
22 that in the next slide.

23 The QA procedures, yes means yes, it meets the
24 criteria; no means it doesn't. There are 25
25 yeses that emerged, 14 no's. The 14 no's are a

1 little bit misleading, and -- and very quickly,
2 it's really things like the title page wasn't
3 properly filled out, there was a -- in other
4 words, we have a checklist which is -- these
5 are minor issues.

6 The only single -- and I'll -- again, I'll --
7 the only single thing that we found out that I
8 think might be important regarding the QA
9 procedures is each QA procedure deals with like
10 a slice of the over-arching QA program, which
11 is a ver-- which is a vast program. The role
12 of each slice that one particular procedure
13 place within the context of the overall QA
14 program is not always apparent when you read
15 the individual procedure. So very often it's
16 difficult to see in the context within which
17 the given procedure is within the -- within the
18 overall array of procedures that govern quality
19 assurance, so that was a recurring theme. I
20 would say out of all those no's, that is the
21 one finding that we saw -- we repeatedly found
22 was a better job could have been done in
23 setting -- what I call setting the table. This
24 procedure -- its role within the bigger
25 context.

1 But now let's move on to the 19 technical
2 procedures and ma-- our principal findings are
3 -- the procedures are satisfactory to
4 excellent. Quite frankly, the -- we were very
5 critical in the first set of 32, and in fact
6 we're still in the process of closeout
7 (unintelligible). We're not going to have that
8 situation in this second set. The -- the
9 principal improvements (unintelligible) really
10 seen in terms of this set of procedures are the
11 -- the -- there's no doubt a great effort been
12 made by NIOSH to integrate the-- by the way,
13 these -- these, remember, are generic
14 procedures. These are not like a Y-12
15 procedure or a -- these -- these are the
16 generic procedures that cross all -- go across
17 all sites. So what was done -- you can see a
18 significant effort was made to cross-reference
19 between these procedures and site profiles so
20 you have context. So when a person's reading
21 this procedure, it is a bridge to site-
22 specific, and that was -- that's very helpful,
23 which is a -- a major change from the previous
24 set. And I -- I'll go as far as to say the
25 last -- in general, the procedures are -- are

1 well-written. They are consistent, concise,
2 well-organized, technically defensible and
3 appear claimant-favorable. We were -- I would
4 say the overall -- overall (unintelligible),
5 and there's a large number of different people
6 work on this. I -- I -- I did -- I review
7 number -- reviewed a number myself, but I
8 handed out a lot of procedures out of the 32 to
9 different specialists, and -- and there was --
10 and every -- consistently there was a -- a
11 generally favorable response to the procedures.
12 They were short, got to the point, and -- but -
13 - but in a way, these were a little easier
14 because most of them dealt with a specific
15 issue -- a specific technical issue, got right
16 to the point and they turned out -- and they're
17 very functional -- very functional procedures.
18 But there are some deficiencies, and -- but
19 there are not many. I mean when it's all said
20 and done, this is our matrix in a -- in a
21 simplified form what's important. One of the
22 things we run across -- but I don't know if
23 there's a fix to this. The first
24 (unintelligible) is that there's -- a lot of
25 judgment has to be used by the dose

1 reconstructor. They're the -- there's a series
2 of procedures, for example, that deal with what
3 -- when can you -- when do you use some default
4 assumption that's very, very conservative. You
5 do that when you don't have any data. Well,
6 then you can fall back on a less conservative
7 set of assumptions when you've got a little bit
8 more information, and then you could go to
9 realistic cases. But all of this is a judgment
10 call by the dose reconstructor. Then there --
11 and I don't know if you could -- there --
12 there's a solution to this. The dose -- it's
13 really left in the -- there's a lots of
14 procedures out there that the dose
15 reconstructor himself, using his judgment, will
16 pick and choose the ones that he believes best
17 serves the purpose of a particular dose
18 reconstruction, and -- and a lot of judgment
19 has to be made on the part of them. Perhaps
20 just -- that's the nature of the beast and --
21 but we can -- what we're experiencing, in fact
22 Kathy and Hans could point out, is that -- that
23 one of the consequences of this is there are
24 going to be inconsistencies in how these
25 judgments are made. And we -- we sort of have

1 a -- fortunately we have a bird's eye view.
2 We're looking at a cross-section and we can see
3 that the -- the way in which one dose
4 reconstructor would approach a problem might be
5 somewhat different and decide to use this
6 procedure instead of that procedure. So that's
7 one important finding.

8 The other one, the second bullet has to do with
9 occupational medical exposures. We believe the
10 procedures that are currently being used do not
11 fully disclose the uncertainties that are
12 (unintelligible) to the use of X-rays or --
13 mainly X-rays. The fluoroscopies are fine.
14 But the -- revealing the uncertainty in the
15 range of doses that might be associated with X-
16 rays, we think that is a -- (unintelligible)
17 spread's bigger and the -- the discussion of
18 the procedure gives our rationale. I'm certain
19 we will have an opportunity to talk about all
20 that.

21 The next bullet is ingestion dose. There's a
22 procedure specifically for doing reconstruction
23 of ingestion doses. As every -- as we know, we
24 spent a lot of time on that subject on
25 Bethlehem Steel. There will, I understand, be

1 a -- a revised Bethlehem Steel site profile,
2 which I presume will incorporate the new
3 ingestion dose calculation procedure so that
4 basically the current procedure that we
5 reviewed reflects the previous way that these
6 ingestion doses were performed. Bottom line is
7 the ingestion protocol -- dose protocol
8 presumed that there's a direct relationship
9 between the radioactivity concentration in the
10 air and what the amount of ingestion is. One
11 of our criticisms is well, very often you might
12 have spills and maybe material on the ground,
13 on the surfaces, that have no relationship to
14 what's in the air. And as a result, you might
15 -- that relationship -- there certainly will be
16 circumstances where the amount ingested is
17 directly proportional to the amount in the air,
18 but there will also be circumstances where the
19 amount ingested is -- is much more closely
20 related to the amount that's on surfaces and
21 not at all related to what's in the air, and I
22 believe that is being worked on by NIOSH.
23 The next one is -- next bullet deals with the
24 procedure for non-penetrating radiation, great
25 procedure. It's -- it's a -- it's -- almost

1 reads like a textbook in terms of understanding
2 how do you go about doing good external
3 dosimetry for non-penetrating radiation. The
4 only criticism we have there that might be
5 important is that if you get a negative reading
6 as you have a film badge and you're concerned
7 about skin dose from beta (unintelligible), for
8 example, or from weak photon (unintelligible),
9 if you don't get a reading, that does not mean
10 that you did not get a significant external
11 dose someplace on your body. If you do get a
12 reading, you're fine. You've got a reading
13 that's of use. But that point needs to be
14 made. That is, the fact that you don't have a
15 reading doesn't necessarily mean that you did
16 not get a significant beta dose at some other
17 location on your body where the badge wasn't,
18 and that's a point that needs to be made, and
19 how do you deal with that. A very difficult
20 problem, how to deal with that issue. That's
21 the point that was made there.

22 We looked at the procedure on alpha/n reactions
23 and we -- our res-- the (unintelligible) -- we
24 had a nuclear physicist look at the protocol
25 and the procedure that was laid out, and -- and

1 I didn't do that. His -- his reaction was he
2 felt that the methodology was very dated.
3 There's a lot more recent information on how to
4 do that, and he made recommendations on the
5 newer way -- new data and other approaches that
6 can be used to calculate the alpha/n reaction
7 and the exposures associated with
8 (unintelligible). Certainly something we can -
9 - Bob Anigstein did the work, and certainly
10 we'll get together and we'll talk about that
11 and that would be fine.
12 Finally -- and again, this is -- the last one
13 is -- is almost related to the first one. The
14 number of TIBs gro-- are growing continuously,
15 which provide additional guidance -- additional
16 guidance and -- to the point where its
17 complexity is enormous. I'm not sure how best
18 to do this, but there might be a -- what I
19 would call a meta-document, like a road map,
20 that would help someone understand this vast
21 array of procedures and help the dose
22 reconstructor navigate his way through the
23 process. Because he's handed a -- a site
24 profile, which might be a year or two old,
25 might be in the process of being updated. Then

1 there is an array of at least 16 or more
2 generic procedures, and then an array of, for
3 each site, five or six OTIBs and they
4 (unintelligible) each one and so what we're
5 seeing is it is a mountain to climb. And if
6 there's some way in which something could be
7 done to help us and the dose reconstructors
8 that have to implement these protocols -- I'm
9 not quite sure what it is, but that was one of
10 our over-arching observations.
11 And I believe that's it, let me see... That is
12 it.

13 **DR. ZIEMER:** Thank you, John. And you've
14 already suggested this, your last slide
15 probably will be the basis of the resolution
16 matrix for this review.

17 **DR. MAURO:** Exactly, yeah.

18 **DR. ZIEMER:** And let me add some comments. On
19 your first bullet where you were -- your
20 concern is on the sort of inconsistency that
21 arises out of judgments -- potential, or I
22 think you've actually seen some maybe real --

23 **DR. MAURO:** Yeah.

24 **DR. ZIEMER:** -- inconsistencies. It just
25 occurs to me that one place that one might

1 learn how to do this sort of thing or to reach
2 more consistency is from those whose livelihood
3 is based on judgments, and that is the judicial
4 system. And they rely basically on what are
5 called precedents. You -- you sort of go back
6 and say well, how were these judgments made
7 before. It does achieve some consistency.
8 It's not obvious that just because the
9 judgments were made a certain way earlier that
10 they're better judgments, but at least it does
11 lead to consistency.
12 And it occurs to me that it -- and maybe this
13 is done -- that it might be of value if somehow
14 one could develop a kind of collection -- a
15 case book collection like a decision of --
16 decisions on a certain kind of issue, and how
17 have they been made by dose reconstructions in
18 the past so that a current dose reconstructor
19 could go back and say well, this is how it was
20 done before. I -- it just occurs to me --
21 that's sort of a model that is based on the
22 idea of precedent. Just a thought. It
23 certainly would have to be explored. I'm not
24 suggesting that's necessarily the solution, but
25 it just popped into my mind and you -- when you

1 offered that issue of inconsistency --

2 **DR. MAURO:** What -- and (unintelligible) --

3 **DR. ZIEMER:** -- because in the judicial system
4 that's sort of how it's avoided.

5 **DR. MAURO:** What might help is that -- I don't
6 know if you recall, you did give us a mission
7 for the deliverable which would be what we call
8 a -- our roll-up report from the first three
9 sets of cases, and we -- we did -- the first
10 year was -- had 60 cases that were completed.
11 And there -- there's a story that emerges
12 through that.

13 **DR. ZIEMER:** Which is sort of like this that --

14 **DR. MAURO:** Which is exactly what we're talking
15 about, and Hans and Kathy are working on that,
16 and I think that'll help.

17 **DR. ZIEMER:** Okay, we have several comments --
18 Mark, I think, and then John Poston -- oh,
19 Hans, yes.

20 **DR. BEHLING:** Yeah, I just want to add
21 something to your concern, and I think John --
22 I may have been the person who -- who sort of
23 made him aware of the issue of subjective
24 judgments that may have to be exercised. And
25 I'll just give you an example so as to

1 demonstrate what types of concerns we have and
2 the -- the areas where subjective judgment may
3 come into play.

4 For instance, in a couple of the procedures
5 where people have not been monitored and
6 coworker data has to be applied to them,
7 oftentimes -- and I can identify several
8 procedures, including TBDs, that identify this
9 particular protocol -- the person's really
10 asked to make a judgment call with regard to
11 how to assign doses to an unmonitored workers
12 and using coworker data, and there'll be three
13 categories.

14 The first category may be the worker is really
15 rarely, if ever, exposed or can be expected to
16 have been exposed to radiation, therefore
17 assign ambient doses to that particular worker
18 in any given year.

19 The second case will be the person was probably
20 or should have been intermittently monitored,
21 and therefore use 50 percentile value of a
22 coworker data model.

23 And the third one is of course a person who
24 should have been consistently monitored, and
25 let's assign a 95 percentile value of a

1 coworker dose model.

2 Now again, here we have a situation where you -

3 - the -- the dose reconstructor has to look at

4 a -- an unmonitored worker who may have been

5 working at Paducah or someplace 30, 40, 50

6 years ago and, on the basis of questionable

7 data, has to make a subjective decision should

8 he have ever been monitored at all, because --

9 unless it's stated right there he -- the person

10 was a clerical worker and clearly it's indi--

11 it's -- would be an indication that that person

12 should not have been expected to be in an RCA

13 area, but not always, as we saw in Ames where

14 we saw secretaries who were next door to places

15 where we were doing reductant work. But

16 anyway, these are -- this is a perfect example

17 of a judgment call. And I have to say, if a

18 dose reconstructor is faced with that, I would

19 really feel sorry for a person who says, on the

20 basis of extremely limited data, there is no

21 monitoring data and there may not even be any

22 records because a person's deceased and he

23 can't even tell you what type of work he was

24 doing where that judgment call has to come into

25 play.

1 **DR. ZIEMER:** Thank you.

2 **MR. GRIFFON:** Yeah, I -- just along the lines
3 of -- of John's last point, I mean it -- in the
4 -- in the proc-- and I brought this up in a
5 workgroup call in the process of -- of digging
6 through Y-12 and Rocky Flats work, and -- and I
7 think these exist -- at least on the larger
8 sites. NIOSH, ORAU, I'm not sure who develops
9 these. They're sort of working guidelines for
10 dose reconstructors, and that is basically a
11 road map. And I -- I know it evolves and it's
12 -- I think Liz Brackett* mentioned in the last
13 workgroup call that it's very much a -- that
14 you have frequent meetings with your teams and
15 they're constantly revising the -- you know,
16 these based on revised TBDs, et cetera. But it
17 does provide a nice road map and I think those
18 -- a lot -- it -- it really allowed me to
19 understand, you know, just how are they using
20 all these TBDs when they're doing a Rocky dose
21 recon-- you know, a Rocky Flats dose
22 reconstruction. It -- it -- it basically
23 guide-- guides you along, whe-- when to use
24 which procedure and what -- and -- and to some
25 extent what assumptions are used in what kind

1 of cases and -- so there was some kind of
2 clarifying -- what I -- what I noted on the
3 phone call, on the workgroup call, was that
4 these are not procedures, so we haven't really
5 looked at these. And I -- I wonder why they're
6 not procedures, too. I -- I think that they --
7 that would be useful to -- and it would -- I
8 think it would expedite our understanding, not
9 -- not only of the procedures review, but also
10 the dose reconstruction reviews when we do the
11 cases.

12 **MS. BEHLING:** Yes -- excuse me, as a matter of
13 fact, I believe that I did ask if they had
14 those guidelines -- the only one that I believe
15 that is published on the O drive is the Rocky
16 'cause -- and that's only been re-- recently
17 published, but I -- I've asked for that a long
18 time ago and I know --

19 **MR. GRIFFON:** I don't know how --

20 **MS. BEHLING:** -- they were a little bit
21 reluctant --

22 **MR. GRIFFON:** -- how many they exist, but --

23 **MS. BEHLING:** -- because they -- they weren't
24 official documents that were available, but
25 that's the only one that's published.

1 **DR. ZIEMER:** John -- John Poston.

2 **DR. POSTON:** John, I'm -- when I get back to my
3 office I'll take great interest in reading your
4 report 'cause I have some heartache with some
5 of the things you said, but we'll wait on that.
6 I did want to ask, though, it was my
7 understanding that when a person does a -- a
8 dose reconstruction, that it's peer-reviewed by
9 another person. Is that correct?

10 **DR. BEHLING:** Yes.

11 **DR. POSTON:** So doesn't -- isn't that partially
12 where the consistency comes in? I understand
13 that if the -- if the -- there are things that
14 are done incorrectly, or perhaps there's a
15 better way, that the peer review often sends
16 them back to the person to redo them, so
17 doesn't that result in some sort of consistency
18 in the -- in the way people approach the
19 problems?

20 **DR. ZIEMER:** Kate?

21 **MS. KIMPAN:** Yes. Yes, it does. Absolutely.
22 There's a peer review done in our shop for
23 every dose reconstruction, and we're
24 endeavoring as we've gone through this to make
25 certain we're capturing the expertise among our

1 team. So we not only conduct peer reviews, we
2 do them thoughtfully with people that have been
3 doing facilities, know a great deal about them.
4 That's just in our shop.

5 Then we provide our advisory results to NIOSH
6 and it's taken through an additional process
7 and formal review on their part to assure not
8 only consistency with what they've seen from us
9 before, but also accuracy and correctness. And
10 that of course is all before the Department of
11 Labor process, which has another health
12 physicist review, et cetera, for adjudication
13 purposes.

14 **DR. POSTON:** Thank you. Secondly, maybe we can
15 talk about this off line because those of us
16 that have been doing dosimetry for a hundred
17 years already know it's impossible to measure
18 skin dose. No badge measures skin dose. It's
19 an extrapolation using an algorithm. So I -- I
20 would like to talk to you more about your
21 comments because you're talking about something
22 that's an impossibility. It's an estimate
23 based on an extrapolation, and so I think your
24 comment is a little bit off-base here.

25 **DR. MAURO:** I didn't explain myself well. The

1 main concern was that the reconstruction of the
2 skin dose, the methodologies that are being
3 employed, are valid when you get a positive
4 reading on the open window film badge. The --
5 there are times when a person's exposure -- you
6 don't have that part of the body monitored and
7 therefore you would miss that, and that point
8 needed to be made in the procedure. That was --
9 -- that was the (unintelligible).

10 **DR. POSTON:** Well, that's a valid criticism
11 that could be made any time anybody wears a
12 badge. Do you have a suggestion to improve or
13 is it just a criticism?

14 **DR. MAURO:** It has to be -- the -- it was only
15 a criticism to be -- that pointed out as a --
16 it wasn't -- that was the point that was made
17 in the review. In regard to other radia-- you
18 know, penetrating radiation it's less of a
19 problem.

20 **DR. ZIEMER:** Let's see -- did somebody else --
21 okay, Dr. Lockey.

22 **DR. LOCKEY:** In relationship to the consistency
23 -- inconsistency issue, how critical is that in
24 relationship to your outcome? Is there any way
25 to measure that?

1 **DR. MAURO:** Well, to date -- in fact, Hans and
2 Kathy probably -- answer's better, but to date
3 the -- we have seen in our audits
4 inconsistencies where different approaches were
5 taken to address how to characterize
6 uncertainty, and I'm sure Hans could -- we have
7 a long list of places where we've seen these --
8 the -- that -- these types of inconsistencies
9 occur. However, as Hans would point out, to
10 date I don't think any of them have had a --
11 had a significant impact.

12 **DR. LOCKEY:** That was my question. I mean --

13 **DR. MAURO:** That was the point, yes.

14 **DR. LOCKEY:** -- my point is, if you have
15 inconsistencies but the outcomes are not going
16 to be significantly changed by it, then it's
17 not as critical issue as it might have been
18 otherwise.

19 **DR. MAURO:** However, we are now entering into
20 the realistic models and that's very
21 (unintelligible) -- see --

22 **MR. GRIFFON:** Realistic cases. Realistic
23 cases.

24 **DR. MAURO:** -- realistic -- see, what happens,
25 we've been looking primarily at these min/max

1 cases, and -- and some approaches use -- that
2 is a little bit incon-- is an inconsistency or
3 not a correct interpretation, let's say, of one
4 of the procedures, the error that's introduced
5 really has no significance because --
6 essentially overestimate or underestimate. But
7 now we've actually -- in fact you'll see in the
8 next set -- fourth set of cases that just came
9 through, there are two realistic cases there
10 and -- and I'm sure Kathy and Hans can show --
11 here's a place where consistency and strict
12 adherence to procedures becomes very important.

13 **DR. LOCKEY:** What do you mean?

14 **DR. MAURO:** You have a 47 percent, let's say,
15 probability of causation that's been done
16 realistically. There's when the rubber meets
17 the road and becomes very important that the
18 procedures are followed, procedures are valid
19 and they're implemented in a consistent way.

20 **DR. BEHLING:** And just to -- to acknowledge to
21 Dr. Lockey, you're exactly right.

22 Consistency's a relative term, and -- and as
23 was just discussed, I probably would not have
24 gotten up to the mike had I listened to the --
25 the dialogue here, but consistency's relative

1 in the sense where I would, for instance, say a
2 more temperate approach would be considered for
3 a maximized dose where a more lenient
4 assessment or interpretation is appropriate.
5 Because by definition we're saying you may
6 maximize, in the case that I just talked about
7 where an unmonitored worker -- if this is a
8 maximized dose, because it's a prostate cancer
9 and the dose is not likely to even approach the
10 50 percentile value, it would be very
11 appropriate to give a generous assessment on
12 the part of the dose reconstructor to say well,
13 we don't know for sure where you fit, but we'll
14 give you the 95th percentile value of a
15 coworker model because it's -- it's certainly
16 going to be a -- a claimant-favorable
17 assumption here that will allow you to say
18 well, if you don't make it 50 percent, you're
19 certainly not going to make it at the 50th
20 percentile value and certainly not on the
21 ambient. So consistency is a relative term,
22 and it's depending on the type of dose
23 reconstruction that's taken place, and I think
24 you covered it very well by saying that you do
25 treat the issue of uncertainty very differently

1 depending on which type of dose reconstruction
2 we're talking about.

3 **DR. ZIEMER:** Okay. Dr. Lockey, that answered
4 your question?

5 **DR. LOCKEY:** Yes.

6 **DR. ZIEMER:** Any others on this? Again, there
7 will be a matrix developed from this. We --
8 this requires no action today, but it gives you
9 a -- kind of a preview of -- of the document
10 that you either have received or are about to
11 receive, so thank you for that update.

12 **SC&A CONTRACT TASKS, DR. LEWIS WADE, DFO**

13 **DR. WADE:** Let me yet do one quick piece of
14 business.

15 **DR. ZIEMER:** Okay, another quick piece of
16 business before lunch, at least. We'll pass a
17 document around from Dr. Wade.

18 **DR. WADE:** While you're all here, and I know
19 after lunch we might lose some of you, I would
20 just -- what I -- what I come to you is seeking
21 the Board's okay for me to have SC&A prepare a
22 cost proposal for next year. We have two more
23 opportunities. We have an August call and we
24 have a September meeting. In order to come to
25 either or both of those with a cost proposal, I

1 need to go and ask SC&A to prepare a cost
2 proposal. And again, the procedure we follow
3 here is I wouldn't do that without consulting
4 with you.

5 Normally the workload for SC&A has been six
6 site profiles per year. On their original Task
7 II there was no action. That was the tracking
8 system that was developed. Procedures review,
9 you just heard the report on some new
10 procedures. Again there -- there are always
11 new procedures. I would expect we would ask
12 them to review such procedures. You know, our
13 goal has been 60 individual DRs a year, and the
14 target we've set is six site pro-- excuse me,
15 six SEC petition evaluation reviews. I don't
16 know that those will be the numbers that we'll
17 want to fund SC&A at next year, but I need to
18 ask them for a cost proposal that we can have
19 that will have elemental costs in it, and then
20 at our September meeting we can decide exactly
21 what the -- the workload should be. But I do
22 need your permission to ask them for a cost
23 proposal.

24 **DR. ZIEMER:** So basically this serves as a
25 starting point for next year's budget for the

1 contractor, and what would occur -- if the
2 Board is agreeable to this -- is that Lew would
3 seek from the contractor the cost proposals
4 based on this level of effort. If later on it
5 appeared that the level of effort had to
6 change, one way or the other, those adjustments
7 would be made.

8 A comment, Dr. Mauro?

9 **DR. MAURO:** Yes, to -- to help out a bit what
10 we went ahead and prepared was a list of the
11 procedures that we haven't reviewed to date, so
12 I'd like to (off microphone) (unintelligible).

13 **DR. ZIEMER:** Sure, you're -- this is for
14 basically Task III --

15 **DR. MAURO:** (Off microphone) (Unintelligible)
16 Task III --

17 **DR. ZIEMER:** -- items.

18 **DR. MAURO:** -- and also a list of the site
19 profiles (unintelligible).

20 **DR. ZIEMER:** Which is Task I. And Board
21 members, I'd like to open this for discussion.
22 Do you -- do you agree that we should -- and
23 basically, this is a level of effort which
24 looks pretty identical to this year's --

25 **DR. WADE:** I'm just starting at the

1 (unintelligible) --

2 **DR. ZIEMER:** -- so if you --

3 **DR. WADE:** -- it could be ratcheted up --

4 **DR. ZIEMER:** -- want to change this one
5 direction or the other, just make that
6 suggestion. Or if you're comfortable with this
7 as a starting point, we will proceed.

8 Comments? Roy DeHart and then Jim Melius.

9 **DR. DEHART:** Common sense says we have to
10 prepare a budget, and to do that we need some
11 kind of expectation of -- the expectation of
12 doing the level of effort similar to this past
13 year, with our current knowledge of where we
14 are and where we're going, makes -- makes every
15 sense, particularly when we can still be
16 flexible with it.

17 **DR. WADE:** Thank you.

18 **DR. ZIEMER:** Okay. Thank you. Dr. Melius, did
19 you --

20 **DR. MELIUS:** Yeah, I -- I think for -- I'm not
21 sure whether -- to what extent it makes a
22 difference in terms of the planning as Lew laid
23 it out, though. Though I would think in two
24 areas that I think we're going to ratchet up
25 next year, consider that anyway. One is in

1 terms of individual dose reconstructions.
2 NIOSH has gotten more productive. I suspect
3 that SC&A's gotten more efficient in -- in
4 doing them, and I -- it may be better for
5 planning purposes and estimation purposes on
6 the part of SC&A to -- to -- at least for the
7 individual dose reconstructions, to -- to be a
8 little bit more realistic in terms of where we
9 expect them to be. And I would like to ratchet
10 them up at least to 80 per year and maybe even
11 consider up to 100.
12 For the SEC petition evaluations, which is much
13 harder to estimate, I'm not sure it makes a
14 difference in terms of estimations, given how
15 much variety there is. But -- but I think
16 certainly, given what we went over this morning
17 in terms of what's in the pipeline, we're going
18 to have to -- a number of them that are
19 potentially going to need to be evaluated --
20 certainly going to be more than six next year,
21 I -- at least that are potential. Again, we
22 not necessarily assign them all to SC-- SC&A
23 for review, but -- but I suspect that it'll end
24 up being more than six that will require some
25 level of review. And again, whether that makes

1 a difference at this point in time, but
2 certainly we ought to be -- try to be realistic
3 at the point where we actually do the tasks and
4 -- and so forth. But I think for the
5 individual dose reconstructions it may, in
6 terms of their personnel, in terms of how they
7 do it and -- hopefully it's more efficient, but
8 I -- I think we should be talking about gearing
9 up. It's just that NIOSH has been productive.
10 There are a lot more need to be done and that
11 our original goal was what, two percent, two
12 and a half percent --

13 **DR. ZIEMER:** That's correct.

14 **DR. MELIUS:** -- and I think we need to start
15 climbing towards that goal if we can.

16 **DR. ZIEMER:** Okay. We'll hear some other
17 reaction if we can from other Board members.
18 I'd -- would point out that this is not simply
19 a cost issue. If we increase, for example, the
20 number of DRs and -- reviews and SEC petition
21 reviews, that has personnel impact or sort of
22 capability impact on the contractor. They
23 certainly would want to know that early on if
24 that's the expectation, it's -- if they have to
25 do any ratcheting up, so we -- we do want to

1 try to be realistic. If -- if we fully expect
2 it to go to 80 or 100 next year in DRs, we need
3 to know that early on. Roy.

4 **DR. DEHART:** Jim, you weren't here, I don't
5 think, on the morning when the subcommittee
6 met, but we did discuss a level of six in -- 60
7 over the year, 30 per -- per quarter, basically
8 -- or 20 per quarter, similar to what we did
9 last year. The dose reconstruction to -- if we
10 increase, that also increases our workload,
11 because we have to get together and -- maybe
12 you all have more time than I do.

13 **DR. MELIUS:** Maybe we're more efficient, too.

14 **DR. ZIEMER:** Okay, other comments? Wanda Munn.

15 **MS. MUNN:** I continue to have great concern
16 over our -- our limitations in terms of
17 personnel, here on the Board and in NIOSH and
18 our contractor, as well. If we were starting
19 with a clean slate, I would consider the
20 possibility of adding something to this to
21 being reasonable, but we still have all these
22 issues we've been discussing yet in this
23 meeting hanging over our heads, and I -- it
24 doesn't seem wise to add too much to this.
25 This appears to be a good starting point.

1 **DR. ZIEMER:** Okay, Mark Griffon --

2 **MS. MUNN:** We -- are we not flexible --
3 flexible enough to be --

4 **DR. ZIEMER:** Okay.

5 **MS. MUNN:** -- able to add something to it as we
6 go along --

7 **DR. WADE:** We could be.

8 **MS. MUNN:** -- if that appears to be necessary?

9 **DR. ZIEMER:** Okay. Thank you. Mark?

10 **MR. GRIFFON:** Yeah, I -- I -- just to speak to
11 the efficiency of the Board, I think we've
12 gained some efficiency, but you know, it --
13 having been involved in the first set of 20,
14 second and third set of 20 reviews, I think if
15 -- I -- I'm speaking in support of ratcheting
16 up, I think we have to ratchet up the number of
17 cases, and I think also as we do more and more
18 randomly-selected, we're going to find a
19 pattern of -- of some similar findings and I
20 think we'll end up pre-- much more efficient in
21 the resolution process, I believe.

22 Now, you know, the best estimate cases are
23 going to be maybe more time-consuming, but I
24 think we'll -- we'll at least have some -- we
25 have a history here of -- of -- of certain

1 patterns of findings that we're seeing, and --
2 and I don't think that the resolution process -
3 - and I don't think it took as long in -- in
4 the second set and third set, even though we
5 haven't produced final reports, we were able to
6 work through issues much more efficiently. So
7 I think we really need to ratchet up the number
8 of cases. I don't think -- I -- I do think we
9 should try to meet that target of two and a
10 half percent, and to do so I don't think we
11 want to be at this for ten years or so, you
12 know.

13 **DR. ZIEMER:** Thank you. Other comments? Dr.
14 Melius.

15 **DR. MELIUS:** The other -- I got that standing
16 up. You've already called on me, but --

17 **DR. ZIEMER:** I saw you move.

18 **DR. MELIUS:** Yeah, yeah. The -- yeah, if we
19 moved up to 80, I think that should -- some of
20 that should be taken care of by efficiency
21 (unintelligible) saying all of it. The other
22 thing I think we should think about as we get
23 into next year is, given what we've learned so
24 far from it -- you know, doing these reviews --
25 do we want to think about a more efficient

1 method for doing it. Are there things that are
2 time-consuming but not necessarily very useful,
3 given -- given the way, you know, the -- the
4 process has evolved and -- and so forth. And
5 it may be certainly possible to become --
6 develop a more efficient procedure. There may
7 be certain types of things that can -- can be
8 dropped or we can be more selective in terms of
9 how -- how we do that. And in order to get the
10 two and a half percent, that may be what we'll
11 -- may be another way of looking at it. I
12 think we should gain enough experience so that
13 we feel comfortable making those changes.
14 The other hand, you know, may be that we -- we
15 aren't more efficient, and -- or there aren't -
16 - aren't changes we want to make, but we really
17 should make -- plan for some sort of review of
18 that and discussion. We set those procedures
19 up a number of years ago and it may be time to
20 revisit them, also, and see how we can make
21 that whole process work better for SCA, for the
22 Board, for -- you know, the people in the
23 program in terms of fulfilling our task.

24 **DR. ZIEMER:** Thank you. Larry.

25 **MR. ELLIOTT:** Just a couple of thoughts from

1 the program status report that I gave at the
2 start of the meeting. We talked about where we
3 would -- where I anticipated the production to
4 be at -- in September of '07. I told you that
5 the ORAU contract comes to close at that point
6 in time. We hope to be at steady state. We
7 talked about how many -- given the case
8 population at that time, two and a half percent
9 would represent I think 625 to 650 cases to be
10 reviewed.

11 So the two thoughts I want to impart here is
12 that we've done a lot of dose reconstructions,
13 and over the course of that production time
14 frame, you know, we have made changes in how we
15 go about doing them, and you have had a
16 snapshot of 60 reviews -- now close to -- soon
17 be 80. But you're seeing increments of time
18 from those reviews, and you're seeing some of
19 the changes that -- that we have made. I think
20 that's important for you to understand.

21 We certainly welcome constructive criticism and
22 review, and we take action on that. You'll
23 hear that when I -- my presentation here at the
24 end of the day. But that -- that leads to, I
25 think, eras or strata here you need to examine.

1 So that's one thought.

2 The other thought is, when you sat and first
3 developed your review process, you talked about
4 blind dose reconstructions, and I would just
5 encourage you to re-examine that as an
6 opportunity to maybe get at some of the
7 subjective judgments, the professional
8 judgments that go into these things, especially
9 looking at blind dose reconstructions on best
10 estimates. If there's a better way to do it,
11 I'd -- you know, I'm all welcome to hearing
12 about that, so...

13 **DR. ZIEMER:** Right. Thank you. Hans, did you
14 have a comment?

15 **DR. BEHLING:** Yeah, as a follow-up to Dr.
16 Melius's comment, I think there's -- this may
17 be an approach if there's an attempt to
18 increase the number of cases that we will
19 audit. We may have to modify our audit
20 approach, and I think initially our attempt was
21 to reproduce each and every single number that
22 is entered into the IREP sheet, and that's a
23 very tedious process. And of course that was
24 done for at least two purposes. One, to -- to
25 show that the numbers that were developed were

1 either correct, or perhaps maybe not correct.
2 But it was really one -- had a secondary
3 purpose, and I think we explained that in our
4 write-up, and that is to demonstrate to the
5 Board that we understand the process itself.
6 And that was to gain your trust, in essence.
7 Perhaps by this time you may have already
8 gotten to the point that you've come to some
9 conclusion about SC&A and say these guys are
10 not all that dumb. I think we can trust them.
11 And so we could potentially simplify the
12 process by not having to demonstrate each and
13 every number by reproducing it. And of course
14 that has become much more complex anyway
15 because of the introduction of Crystal Ball
16 calculations where the -- which are statistical
17 models, where even if we were to rerun it each
18 and every time, we wouldn't end up with the
19 identical number anyway. But really, simply
20 put, if we have your trust at this point in --
21 in you having in us a certain level of
22 understanding that we do know what's going on,
23 that we are familiar with the procedures that
24 are being used and -- and we can potentially
25 simplify the whole process by which we bless a

1 dose reconstruction report and saying we have
2 looked at everything. You may have to take a
3 leap of faith and say we trust you in saying
4 so, and -- and we don't see anything really
5 wrong here, and simplify the process. If
6 that's okay it would certainly reduce the
7 number of hours that we have to invest in
8 demonstrating each and every number as being
9 correct.

10 **DR. ZIEMER:** Yeah, in fact, I -- I don't think
11 the Board ever mandated actually that every
12 number be looked at. In fact, in the -- in the
13 -- sort of the spirit of an audit, one could
14 argue that you pick numbers, just as we pick
15 cases, and you know, you do check some of them
16 and see if there's discrepancies. But I -- I
17 personally see no reason why we would insist
18 that every number be checked in a particular
19 case. Others may --

20 **MR. GRIFFON:** (Off microphone) No,
21 (unintelligible) --

22 **DR. MAURO:** I -- I had an idea regarding the
23 number of cases. In theory, we -- we know
24 doing it the way we do it now approximately how
25 many work hours it costs and so we -- but as

1 Hans pointed out, if we come at it from a
2 different perspective and a different work
3 product, what we can do in our proposal is --
4 my guess is would say well, here's an
5 alternative. We could do twice as many for the
6 same price if we simply constrain --

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

8 **DR. MAURO:** -- our review and lay out --

9 **DR. ZIEMER:** In certain ways.

10 **DR. MAURO:** In certain ways, and double the
11 output --

12 **DR. ZIEMER:** Yeah.

13 **DR. MAURO:** -- at the same price. It wouldn't
14 -- and I think that -- we could actually
15 present that in our proposal as options.

16 **DR. ZIEMER:** Sure.

17 **DR. MAURO:** And then you could discuss the
18 options as you see fit and --

19 **DR. ZIEMER:** Okay, a good suggestion. The
20 other part of it of course is the issue that
21 was raised in terms of the Board load. I would
22 offer that, at least in my -- my case, I didn't
23 find the number of cases prohibitively
24 burdensome this past year. It seems to me we
25 could -- it seems to me we could go to 80 if --

1 if needed, without that much -- I mean one
2 additional set, but -- okay. Mark, comment?

3 **MR. GRIFFON:** Yeah, I -- I still think we can
4 bump up the cases, but I -- just to speak to
5 John's point, I -- I don't want to, on the fly
6 here at a Board meeting, compromise the product
7 that we're getting from these dose
8 reconstruction reviews. I -- you know, I'm
9 concerned about cutting the effort in half. I
10 -- myself, I wonder if we still have --
11 especially the best estimate cases where we
12 have to do more of this drill-down effort that
13 we described in our initial RFP. I don't think
14 there's been a lot of drill-downs. In fact, in
15 the early ones that we did, it took us a while
16 to even have the workbooks looked at, so we
17 weren't even looking at workbook deals, so I --
18 I -- I wonder if we're -- you know, I don't
19 want to compromise those important task items
20 that we laid out without giving it further --
21 further consideration 'cause I -- I think that
22 -- that we would miss some of what we intended
23 on the -- on the review. And -- and -- I guess
24 that's the main point.

25 **DR. ZIEMER:** Yeah, and I don't think we're

1 being asked today to make such a decision.
2 Basically John is saying they might offer some
3 optional approaches, and we'd have to see what
4 those looked like at our next meeting.
5 I wonder if the group would be willing to go up
6 to 80 on the dose reconstructions. I'd like to
7 kind of get some level of consensus here.
8 Wanda?

9 **MS. MUNN:** Sure, I wouldn't have any concern
10 with 80. And as you've pointed out, Dr.
11 Ziemer, this is not for -- for the Board, this
12 is the smallest of the -- of the time-consuming
13 tasks that we have to address. That's a
14 relatively minor thing, and I certainly
15 appreciate the point that Mark is making with
16 respect to not wishing to water down what we're
17 getting to the point where it is not the level
18 of sophistication that we want to see. But the
19 issue that John Mauro raises with respect to
20 perhaps not doing that kind of drill-down
21 effort with every one of the cases is -- is, I
22 think, well taken and probably there's -- there
23 is enough leeway in between the two points of
24 view that we can do that.

25 **DR. ZIEMER:** Well, and certainly you can still

1 do the drill-down without checking every entry.

2 Let's see, who else --

3 **DR. MELIUS:** I actually had mine up, but you
4 stole my point, Dr. --

5 **DR. ZIEMER:** Oh, I'm happy to do that.

6 **DR. MELIUS:** You Hoosiers do it all the time.

7 **DR. WADE:** So I think I know how to proceed.

8 **DR. ZIEMER:** Okay. At least we have kind of
9 consensus, I think, to -- I don't hear any
10 strong objections to going up to 80. I'm not
11 sure where we are on the -- was it site profile
12 reviews or SEC --

13 **DR. WADE:** SEC --

14 **DR. MELIUS:** SEC --

15 **DR. ZIEMER:** -- SEC petition reviews. Do you
16 want to give a little flexibility -- couple
17 more on that?

18 **DR. MELIUS:** Again, for purposes -- as I
19 understood it, for purposes of cost, that
20 probably doesn't matter what number we put
21 there.

22 **DR. WADE:** We'll get it fully -- we'll get --

23 **DR. MELIUS:** In terms of planning, I think it's
24 clear that that's probably going to be a
25 greater number than six next year.

1 **DR. ZIEMER:** Well, and this is the one that we
2 have less control on what comes in the door in
3 terms -- it's not quite like the dose
4 reconstructions where we have a pool to choose
5 from.

6 **DR. WADE:** And don't forget that Congress, in
7 its wisdom, will decide how much money we have,
8 which will decide much of this. But --

9 **DR. ZIEMER:** Okay.

10 **DR. WADE:** -- I just need to get started with
11 the proposal and I guess I'll take this piece
12 of paper with the number of 80, and I'll go
13 forward with it.

14 **DR. ZIEMER:** Yeah. Thank you very much. We
15 are at the lunch break time, actually a little
16 over, so let's recess for an hour and get some
17 lunch and we'll reconvene.

18 (Whereupon, a recess was taken from 12:20 p.m.
19 to 1:35 p.m.)

20 **STATEMENTS FROM CONGRESS, MR. JASON BROEHM, CDC**

21 **DR. ZIEMER:** We are ready to reconvene the
22 meeting. We actually have two transmittals
23 from members of Congress that we want to enter
24 into the record, and I believe Jason is going
25 to come and read those, first on behalf of

1 Brian Higgins, a member of Congress, and then
2 on behalf of Senator Cantwell of Washington
3 state.

4 **MR. BROEHM:** Okay. Well, first I have the
5 statement, as you noted, from Representative
6 Brian Higgins of New York, and it reads
7 (Reading) I want to thank the Advisory Board on
8 Radiation and Worker Health for allowing me to
9 make this statement today.

10 I wanted to take the opportunity of your
11 meeting in Washington, D.C. to appeal to the
12 Advisory Board to recommend that the former
13 workers at the Bethlehem Steel site in
14 Lackawanna, New York be designated a Special
15 Exposure Cohort.

16 As this Board is well aware, significant
17 controversy exists with respect to the dose
18 reconstruction efforts at the Bethlehem Steel
19 site. NIOSH undertook an extensive effort on
20 dose reconstruction, but I and my colleagues in
21 the western New York Congressional delegation
22 have gone on record as to the shortcomings of
23 that study, a litany I will not take your time
24 with today. Subsequently the Board hired an
25 independent private consultant to perform its

1 own analysis, and the results were vastly
2 different from the NIOSH study. Perhaps this
3 is not surprising given the difficulty
4 incumbent in reconstructing radiation exposure
5 that occurred over 50 years ago.
6 Meanwhile, during all of this debate, study and
7 re-study, the former ill-stricken Bethlehem
8 Steel employees and their families have waited
9 patiently. They've waited for justice but all
10 they have received are statistics and studies.
11 These workers are not statistics. They are the
12 men and women who, by their efforts, helped
13 America win the Cold War. Now as a result of
14 their work they are sick. They deserve to have
15 their sacrifice honored and recognized, not
16 minimized and trivialized.
17 We must concede that given the dearth of
18 reliable information we have on working
19 conditions at Bethlehem Steel over 50 years go,
20 despite NIOSH's great efforts, any dose
21 reconstruction is doomed to inadequately
22 provide justice to these workers. The only
23 just alternative available to us under the
24 Energy Employees Occupational Illness
25 Compensation Program Act is to make these

1 workers a Special Exposure Cohort. My
2 colleagues and I have introduced legislation to
3 make this designation, but it is stuck in
4 committee. We have appealed to the President
5 to declare a special cohort administratively,
6 but he has demurred.

7 It is now up to this Board and the Department
8 of Labor to do the right -- to do right by
9 these workers and to recommend a Special
10 Exposure Cohort. You are the last best hope
11 that these workers will see justice. I implore
12 you to act quickly.

13 Again, thank you for allowing me to address the
14 Board today. I look forward to working with
15 you to ensure that these workers and their
16 families receive the compensation they are
17 entitled to under the law, and the medical care
18 they deserve.

19 And next I have a statement from U.S. Senator
20 Maria Cantwell from Washington State.

21 (Reading) Thank you for the opportunity to
22 submit testimony to the Advisory Board on
23 Radiation and Worker Health with regard to the
24 Hanford nuclear facility in Richland,
25 Washington. Since Upton Sinclair exposed the

1 atrocious labor conditions in the meatpacking
2 industry in his book, "The Jungle," over 100
3 years ago, the United States has made genuine
4 progress in protecting workers from unsafe
5 occupational conditions. We have strengthened
6 labor laws to control hours and pace of work,
7 and ensure adequate compensation benefits for
8 workers. Especially with regard to employee
9 radiation hazards, regulations exist to protect
10 workers by limiting permissible exposures to
11 hazardous chemicals and ionizing radiation.
12 I recognize the hard work and tremendous
13 sacrifice nuclear weapons and atomic energy
14 workers have made for our nation's defense and
15 security. I am proud to have worked to change
16 to the Energy Employees Occupational Illness
17 Compensation Program Act (EEOICPA), enacting
18 Part E of the program now administered under
19 the Department of Labor. Under EEOICPA the
20 Board must review the scientific validity and
21 quality of the National Institute for
22 Occupational Safety and Health's (NIOSH) dose
23 reconstructions. Among other responsibilities,
24 the Board reviews NIOSH's evaluation for
25 petitions for Special Exposure Cohort status

1 and recommends whether such status should be
2 granted. I want to thank Chairman Ziemer and
3 members of the Board for your leadership. You
4 determine the relationship between exposure and
5 its health effects, using only the best
6 available scientific evidence and in doing so,
7 ensures the integrity of the program.
8 The Board was very responsive to my requests
9 that the Hanford review process move forward,
10 and I look forward to working with the Board to
11 resolve worker compensation issues at Hanford.
12 As you are aware, the Sanford Cohen &
13 Associates independent review of the NIOSH site
14 profile of the Hanford nuclear facility was
15 released a year ago. Based on the June 10,
16 2005 report I have raised concerns that the
17 dosimetry data available for certain Hanford
18 workers is insufficient to make an appropriate
19 determination for workers compensation under
20 the EEOICPA program. Sufficient information to
21 perform dose reconstruction is essential to
22 determining workers' Special Exposure Cohort
23 eligibility. SC&A's findings suggest several
24 instances where thousands of workers should be
25 included into the SEC category. I will

1 continue to request that the Board recognize
2 that certain Hanford workers qualify for a
3 Special Exposure Cohort designation.
4 The Hanford plant located in southeastern
5 Washington State was established in the early
6 1940s. At that time the plant was built for
7 the manufacture, chemical separation and
8 purification of plutonium. Annual records of
9 radiation exposure have been obtained from
10 dosimeters worn by employees. These data
11 reflect estimates of exposure to several types
12 of ionizing radiation. Moreover, there have
13 been numerous studies on populations'
14 occupational exposure to radiation at the
15 Hanford site, including Gilbert and Marks
16 (1979); Trolley (sic) et al (1983); Mancuso,
17 Stewart and Kneale (1977); Kneale, Mancuso and
18 Stewart (1981 and 1984); Hutchinson et al
19 (1979); and Darby and Reissland (1981). There
20 is no doubt that the Hanford plant has employed
21 many people, especially before 1972, in work
22 involving some exposure to radiation.
23 The concerns raised by former and current
24 nuclear workers about the data used to
25 determine eligibility for compensation are not

1 unique to my constituents at the Hanford site
2 in Richland, Washington. Without a doubt, dose
3 reconstruction is a complex process that
4 involves rebuilding a worker's history of
5 radiation based on individual dose records as
6 well as other site documentation. To receive
7 workers compensation for an occupational
8 illness, a worker must prove that the specific
9 condition was cause by a particular job
10 exposure.

11 When an illness has a long latency period,
12 workers may be unable to remember what
13 substances, hazardous or not, they were exposed
14 to twenty-odd years earlier. Frequent changes
15 in work or work practices complicate the matter
16 further. Without a complete work history and
17 knowledge of specific occupational hazards, it
18 will be difficult to correlate symptoms and
19 causes. In other words, the burden of proof is
20 on the claimant, and the outcome depends on how
21 much certainty is required. That said,
22 questions about the Hanford radiation dosimetry
23 data, based on the SC&A review, lend support to
24 a Special Exposure Cohort status for these
25 workers.

1 According to SC&A review of the Hanford site
2 profile, neutron exposure among many Hanford
3 workers contributed a large portion of the
4 total dose from external radiation. For
5 example, neutron exposure dominated for 100,
6 200 and 300 area workers at Hanford. However,
7 findings from the SC&A report claim that
8 neutron exposure to reactor workers are not
9 adequately characterized as a result of
10 unmonitored exposure to neutron sources in
11 operations such as separations, HLW tanks and
12 burial sites, and R&D facilities, among other
13 issues. As such, there is a high potential for
14 worker exposure to neutrons due to the historic
15 design and operation of reactors.
16 Additionally, not all reactor operations
17 personnel were monitored for neutrons, and a
18 number of non-reactor facilities with potential
19 for neutron exposure that were not addressed in
20 the Technical Basis Document.
21 While there were other findings from the SC&A
22 review of the Hanford site profile, I
23 understand the Advisory Board has formed a
24 working group to facilitate further discussion
25 of these findings between SC&A and Oak Ridge

1 Associated Universities, the contracting agency
2 which authored the Hanford site profile. I
3 respectfully request members of the Hanford
4 working group to brief my staff on the status
5 of these discussions.

6 In conclusion, I want to take this time to
7 revisit a major goal of EEOICPA, to provide
8 timely -- quote, timely, uniform and adequate,
9 unquote, compensation to these workers. The
10 role of the Advisory Board is to provide
11 quality control and raise public confidence in
12 the fairness of the claims process. While I
13 recognize that determining the eligibility of
14 worker compensation is a difficult task, time
15 is of the essence. I have met with far too
16 many sick Hanford workers who need medical help
17 and, more importantly, deserve compensation.
18 The SEC designation was created expressly for
19 situations in which data needed for the dose
20 reconstruction process fails to exist. The
21 independent review of the NIOSH site profile of
22 the Hanford nuclear facility suggest several
23 instances where thousands of workers should be
24 included into the SEC category due to -- due to
25 the lack of such data. Because of this, I

1 reiterate my request that the Board give
2 particular consideration that certain Hanford
3 workers qualify for a Special Exposure Cohort
4 designation.

5 Again, I thank the Board for allowing me to
6 submit testimony to the Board and I look
7 forward to continuing -- to continue working
8 with the Board to resolve worker compensation
9 issues at Hanford.

10 **DR. ZIEMER:** Thank you very much for reading
11 those letters into the record for us, Jason.

NIOSH UPDATE OF PROGRAM ISSUES:
BETHLEHEM STEEL SITE PROFILE; CONSTRUCTION WORKERS;
SITE PROFILE REVISION ACTIVITIES; QA/QC; COMMUNICATIONS
INITIATIVE
MR. LARRY ELLIOTT, NIOSH

12 We'll now return to our regular agenda. The
13 next item before us this afternoon is the NIOSH
14 update of program issues, and Larry Elliott is
15 going to make that presentation. Larry.

16 **MR. ELLIOTT:** Thank you, Dr. Ziemer. Good
17 afternoon again, ladies and gentlemen of the
18 Board and interested members of the public. I
19 appreciate this opportunity to provide you at
20 this point in your meeting an update on several
21 program-related issues that we have been
22 tracking.

23 We'll start off first with the Bethlehem Steel

1 site profile revision. I believe it was in the
2 -- your Oak Ridge -- maybe the Knoxville
3 meeting where we had -- you had considerable
4 discussion and deliberation upon this site
5 profile and come to some closure on it,
6 identifying six issues that you asked us to
7 follow up on and report to the Board on a
8 quarterly basis, I believe were the words that
9 were captured from your deliberations. And so
10 we'll talk about that for a moment here.

11 We have completed five of the -- and resolved
12 five of the six issues, and let me just remind
13 you quickly what those are. The model that we
14 had for the Bethlehem Steel site proposed -- or
15 used 1951 and 1952 exposures and they were felt
16 to not be totally appropriate. We modified --
17 we have modified the site profile, 1951 and
18 1952 are treated separately in the site profile
19 now, and we've incorporated an adjustment
20 factor for the 1951 air samples, and we are
21 using the highest data point for the 1952 time
22 frame.

23 Ingestion was the second issue, and the concern
24 was raised that it is not adequately
25 characterized in that site profile that we were

1 using at the time. It has been modified to
2 incorporate ingestion intakes based upon air
3 concentration, surface contamination and
4 surface-to-ingestion transfer factors.
5 Resuspension of dust that was accounted for in
6 that site profile was (unintelligible)
7 questioned, and we have incorporated guidelines
8 using the median value for 1949 to 1950, and
9 separately for 1951 and 1952.

10 There was an issue raised by workers with
11 regard to the extended contact with uranium and
12 it -- it was not addressed in the first site
13 profile, and we have modified that now. It
14 assumes a 1.5 millirem per hour from clothing
15 contamination and two weeks in between the
16 washing of clothing, resulting in a 1.8 rem per
17 year for clothing contamination.

18 And the fifth issue that was raised that we've
19 addressed now in our revised site profile was
20 an effect of oronasal breathing. The Board
21 agreed with us, I believe, that the effect
22 would have been small at Bethlehem Steel, and
23 we are continuing to work on a generic guidance
24 that will not only address that issue for the
25 Bethlehem Steel claimants, but also across

1 other facilities, and we'll be providing that
2 soon, I anticipate.

3 The remaining issue is -- centers on the 95th
4 percentile of dose and a concern that it does
5 not take into account the short-term, episodic
6 exposures, those particularly that would occur
7 during the cutting of cobbles when the uranium
8 bars would have gotten balled up into the
9 rolling machine. And so there was questions
10 raised about that. We continue to work with
11 Mr. Walker. We have I believe a meeting
12 schedule with him and the workers that he's
13 identified that have knowledge of this
14 particular exposure scenario and will be
15 visiting with him next week, I believe -- on
16 the 21st, is that right, Mr. Walker?

17 **MR. WALKER:** That's correct.

18 **MR. ELLIOTT:** And we hope that, from that
19 exchange with those workers and Mr. Walker,
20 we'll have enough information that we can
21 address this issue properly in the site
22 profile.

23 Construction workers is another issue that was
24 raised at your Board meeting in Denver during
25 the public comment period. Unfortunately there

1 was a lot of inaccurate information
2 disseminated in that public comment, and so we
3 wanted to make sure that we provided you a
4 update on where things stand with construction
5 trades workers. I -- I commented on this at
6 the end of the meeting in Denver, and this is
7 an update from that set of comments.
8 So the number of cases that we have with job
9 construction titles in their work history for
10 all of the claims that we hold, those ran a
11 little over 4,000. We have completed and
12 submitted to the Department of Labor 2,646
13 cases of that 4,000 total, and of those there
14 have been about 22.4 percent or 594 cases that
15 were found to have a probability of causation
16 of greater than 50 percent or have -- DOL will
17 find them to be compensable based upon the dose
18 reconstruction we have provided. Additionally
19 there have been over 2,000 of 76.6 percent of
20 those cases completed that were found to have a
21 POC of less than 50 percent, or will be
22 determined by DOL to be non-compensable.
23 We have yet to complete, 1,435 cases, and of
24 those we have 705 that have been pended in our
25 process until we come forward with this

1 Technical Informa-- or Technical Basis Document
2 entitled "Parameters to Consider When
3 Processing Cases for Construction Trade
4 Workers," and what this Technical Basis
5 Document applies to specifically are those
6 subcontract workers who were not monitored
7 under the primary contractor's monitoring
8 program. In other words, they didn't have any
9 monitoring done for them by the prime or the
10 MEO contractor. And so this Technical Basis
11 Document is in the very last stages, I assure
12 you -- I know Dr. Neton was reviewing it this
13 morning, and we're hopeful that it -- all the -
14 - all the technical aspects and issues that we
15 have identified with it are -- have -- have
16 been put to bed and we will implement this
17 very, very soon to attend to these 705 claims
18 that deserve attention so -- so dramatically.
19 We have 730 cases that are active and they --
20 they may be openly active, we're working on
21 them, or they are pended for other reasons
22 besides this particular Technical Basis
23 Document. And those reasons -- there's a
24 variety of reasons. They're very case-
25 specific. We may -- in some cases they are

1 pended because they're waiting on a Special
2 Exposure Cohort class eligibility
3 determination. They may be new cases to us and
4 we have -- we are awaiting requests for DOE
5 monitoring information. There may be some
6 technical issue other than that that we're --
7 we're awaiting resolution on. So we're --
8 we're busily looking at those 730 cases and
9 trying to finish those up as well.
10 So I would -- I would offer that I don't
11 believe, as I said in Denver, this is a
12 disenfranchised group. No, we paid particular
13 attention to the trades -- the construction
14 trades and we're focusing due diligence and
15 attention to their -- to the current claims
16 situation.
17 Too quick on the trigger. I think after --
18 after this morning's discussion and the
19 presentation from John Mauro of SC&A on -- and
20 yest-- was it yesterday Kathy Behling got up
21 and gave us a review of procedures -- this is a
22 timely update from our perspective. I want to
23 say to the Board and to the public that as we
24 hear the constructive comments brought forward
25 from the auditor's review, where we recognize

1 the importance and we can make a change, we do
2 so. We don't feel it necessary to wait until
3 we had Board consensus or Board action
4 directing us to do so, so there are a number of
5 changes that have been affected by those --
6 those review comments that we have received.
7 There are 132 Technical Basis Documents that
8 have been approved and are now in use. I don't
9 believe that number's really come out. I hope
10 it's the same number as those that John
11 submitted to you in a -- in a listing this aft-
12 - this morning that -- the two numbers, what
13 they've reviewed and what they haven't reviewed
14 yet, I hope they line up with that. There's
15 also 43 Technical Information Bulletins that
16 have been completed and are in use. And I wish
17 I had a number here for you on how many more we
18 need. That -- that is an unknown. That's
19 something that -- that we're -- we're
20 constantly asking our contractor and ourselves,
21 how many more Technical Basis Documents, how
22 many more Technical Information Bulletins are
23 we going to have to craft. And this goes to
24 the question that was raised this morning about
25 the complexity of doing dose reconstruction

1 with all of these tools in our tool box.
2 So I want you to understand that Technical
3 Basis Documents are -- that we know of are
4 listed here for development, and they're at
5 various stages of development. And in some
6 cases, like in Pantex, you can go -- go onto
7 our web site and you'll see that Pantex -- I
8 think there are two portions of this -- two
9 chapters of this six-chapter site profile that
10 are approved. The other chapters are under
11 development and we hope to be seeing those put
12 to use very soon.

13 Of the 43 approved Technical Information
14 Bulletins there are 21 that are site-specific.
15 In other words, they deal with a specific
16 technical issue associated with a process or
17 operation at a given site. And another -- the
18 remaining 22 -- there are 21 that are site-
19 specific. The remaining 22 are complex-wide.
20 In other words, they address an issue that
21 deals with more than one site or one operation
22 at -- across sites. So I think that's --
23 that's important to know out of that 43 -- it's
24 important for a variety of reasons. It goes to
25 the dose reconstruction review. It also goes

1 to conflict of interest and the policy that
2 we're developing and attending to on -- on full
3 attribution and making sure we have document
4 owners that are not conflicted.

5 I think it needs to be made publicly -- the
6 public needs to be made aware that site
7 profiles and Technical Basis Documents are
8 reviewed periodically. Besides what the
9 auditor is doing for the Board, in-house we
10 review them periodically. ORAU has their own
11 periodic review schedule -- I think it's a
12 biennial review schedule. And it's important
13 also to understand at this point in time, as
14 we're working on our -- developing the conflict
15 of interest policy, that all of these documents
16 are under a subject review for conflict of
17 interest as we proceed with the implementation
18 of the policy as we see it developing.

19 Currently there is a technical review on INEL
20 site profile document, ORNL site profile
21 document and the Fernald document. That's an
22 internal set of reviews that are ongoing on
23 those three documents.

24 We move on to an update now on where we stand
25 with regard to communications and our

1 initiatives in that area. This image is from
2 the -- on the right-hand side here is from the
3 nav-- it's a navigation bar on our web site.
4 If you haven't been on our web site, I
5 encourage you to go there, take a look at it.
6 I hope that this navigational tool will aid you
7 in finding the information that you're seeking.
8 There is a huge, huge amount of information on
9 this web site and we've had good comments.
10 We've had good -- good constructive criticism
11 about the navigability of the web site, and so
12 we've taken some steps to try to improve that,
13 and we're constantly looking at this web site
14 to try to develop better methods and better
15 ways to present information and to aid people
16 in finding that information.
17 The Advisory Board page on the web site now
18 contains a -- listings of meetings for your --
19 for the current year, as well as a -- when you
20 go to that page you'll see on the right-hand
21 side another bar that you can click on that
22 takes you to previous meetings, and so you can
23 find the correspondence, you should be able to
24 find all of your meeting minutes and
25 transcripts.

1 There's an individual site page on the
2 navigation bar, and if you go to an individual
3 site page you will see the information that has
4 been produced to date for a given site, whether
5 it's the site profile, a Technical Basis
6 Document that is used to address issues
7 associated with dose reconstruction for that
8 site profile, whether it is information about
9 SC&A's review. There -- those documents should
10 be presented there as well, so there's a lot of
11 information organized by site that you might
12 want to avail yourself of.

13 There's a list of work sites. The master list
14 of specific work sites for which NIOSH has
15 developed info is another way of presenting the
16 site-related information, and so you might see
17 some duplication of information if you go to
18 these different web pages within the -- within
19 this web site.

20 The Special Exposure Cohort web page is now
21 separated into four distinct pages. There's an
22 SEC main page which contains classes in the
23 Special Exposure Cohort, the qualified -- it
24 lists the presumptive cancers. It also shows
25 the petitions that have qualified for

1 evaluation, petitions and classes that have not
2 yet been added to the SEC but are under
3 consideration. The additional pages on the --
4 on the SEC web page provide instruction on how
5 to submit petitions. It provides a copy of the
6 -- of the rule on SEC petition processing, and
7 it provides some procedures on how we -- we do
8 handle those petitions.

9 The technical documents used in dose
10 reconstruction is another duplicate page within
11 the web site which has some shortened
12 information and provides links to the
13 individual site pages. So there's a lot of
14 cross-coordination here within the web site,
15 and we hope that that will aid in finding
16 specific information you're searching for.
17 If all of that fails you, I'd go to the search
18 -- little search engine at the top and type in
19 what you're looking for, and it'll take you to
20 what you want to see.

21 We've revised -- we've been working on our
22 acknowledgement letter which we send out to all
23 claimants once we receive a referral from the
24 Department of Labor informing the claimant that
25 we now have their particular claim and we are

1 about to begin dose reconstruction. We have
2 shared this information packet -- it's now a
3 packet. It's more than just the letter. We
4 shared this at one of your previous Board
5 meetings. We didn't ask for -- we asked for
6 individual comment. It was out on a table and
7 we asked folks to stop by and comment on it.
8 There's a number of information bulletins on
9 the -- this site of the packet -- a glossary of
10 terms, provides detailed steps in claims
11 processing, a little yellow bulletin here that
12 talks about dose reconstruction and what that
13 means for the claimant. And there's a -- we
14 always give a refrigerator magnet so that the
15 person can have the contact information. So
16 this will be put into use very soon, I hope,
17 and we'll see some changes in how our -- our
18 notification to our claimants is received by
19 that. So we welcome what -- the inputs that
20 some of the Board members gave us on that.
21 At your last meeting in Denver many of you
22 might have been aware that we were
23 demonstrating a dose reconstruction video in
24 focus group panel sessions where there was a
25 room set aside and one of my health

1 communications specialists was pulling in
2 claimants and -- and people who had an interest
3 in viewing this video and providing us comment
4 on it. It is an introduction to the topic of
5 dose reconstruction. It is intended to provide
6 a very general description and understanding of
7 this complex scientific program. We're hoping
8 it reaches a target audience here that will
9 understand what we're saying in the video.
10 It's -- it's really designed in that audience
11 to reach the Energy employees and/or their
12 survivors.

13 The video's currently within the Office of the
14 Director at NIOSH and our communications --
15 associate director for communications is giving
16 it a final review. And once we have that
17 approval, it will be sent out for external
18 review, which means every member of the Board
19 will get a copy. Interested members of the
20 public can get a copy. And we would welcome
21 your individual comments on whether it meets
22 the target that we're -- we're trying to
23 achieve and it provides the communication
24 messages that we hope it does. So I -- I would
25 hope you'll see that within a -- in a month or

1 so. It'll be coming to you by mail.
2 I mentioned earlier -- and in Denver meeting
3 and other meetings -- we are working on
4 reformatting our dose reconstruction report.
5 This is the report that we provide to claimants
6 and we provide to the Department of Labor, we
7 provide to the Department of Energy, that
8 explains how we went about doing our work in
9 reconstructing the dose for that claimant and
10 what those findings are, what the estimates of
11 dose are for that particular set of
12 circumstances that the Energy employee worked
13 under and what their -- we ant-- we estimate
14 their exposure to have been. The draft
15 language for that reformatted report has been
16 developed. It is under internal review. We
17 will be talking with -- with our ORAU
18 counterparts next week about what it takes to
19 retool the -- the development and distribution
20 of such a report now. And it's our goal to see
21 this report attend to some of the comments
22 we've received about the technical -- technical
23 aspects of what we do and the difficulty in
24 understanding, from a lay person's perspective,
25 what it is we do and what it means for them.

1 And so there are -- there are really two
2 sections that this rep-- this new format will
3 contain. One will be a very claimant-friendly
4 section that uses non-technical language to
5 summarize the report, to tell them how much
6 dose we have accounted for in their dose
7 reconstruction and how we went about doing that
8 -- and that is a difficult, challenging task,
9 as you might imagine.

10 And then there will be a technical section that
11 will be very elaborate and very scientifically
12 developed so that a -- if the person wants to
13 get an expert opinion, wants to have another
14 health physicist look at it, they'll
15 understand. The auditor will understand what
16 we've done in calculating and estimating the
17 dose, what technical information we used to do
18 that.

19 I'd like to talk a little bit now about our
20 quality assurance and our quality control
21 program. And there are going to be really
22 three sections in this part of the
23 presentation. The first section I'm going to
24 talk about is where we receive the claim from
25 the Department of Labor, and what we do with

1 that claim to make sure that all of the
2 information that we have been given is the
3 correct information, the information that we
4 need in order to start processing the dose
5 reconstruction. And then I'm going to walk you
6 through the dose reconstruction quality
7 assurance/quality control program that ORAU
8 performs in developing the dose reconstruction.
9 And then I'll finish up with our quality
10 assurance aspect of reviewing all of that again
11 to make sure that we've achieved the product
12 that we want.

13 I think it's important for us in this part of
14 the presentation to be very clear about what we
15 mean by quality control/quality assurance.
16 Quality control is a set of steps or part of a
17 procedure that is performed during the
18 development of a product to make sure that as
19 we go along in that development we achieve a
20 level of satisfaction according to our product
21 specs.

22 Quality assurance is an examination or a test
23 or a set of steps that are applied after the
24 product has been developed and we're assuring
25 that it does meet our product spec.

1 So what is our product spec? We've operated
2 from day one under this premise: That our
3 product specification in dose reconstruction
4 was that each dose reconstruction is of
5 sufficient quality to yield a correct decision
6 by DOL on the compensability of the claim.
7 There's a lot in that that's not said. We've
8 talked about our efficiency processes. We've
9 talked about best estimates. There's really --
10 if you get down to it, there's only three ways
11 we really do dose reconstructions.
12 We do an underestimating approach where we
13 don't account for all of the dose because it
14 shows that the claim is compensable. We do an
15 overestimating approach where we throw
16 everything in it we can to make sure we've
17 accounted for every dose that we can, we've
18 been as claimant-favorable as we can to show
19 that the exposure did not result in the cancer.
20 And then we do a best estimate approach, which
21 is the most difficult, the most time-consuming
22 and the most resource-intensive approach to
23 assure that for those cases where the
24 probability of causation is calculated out to
25 be between 45 and 52 percent that it is

1 correct, that we cannot find any more dose to
2 make it above 50 percent and we've done our job
3 the best we can.

4 So I think, given that, you're going to --
5 you've seen from the auditor's review that
6 there are a number of deficiencies noted.
7 Those number of deficiencies, as you heard this
8 morning, have not really been of the order of
9 magnitude that would have changed the
10 compensability decision, perhaps. They've been
11 noted, and we take note of those and we're
12 making changes as we think appropriate at this
13 time. But we recognize that our dose
14 reconstruction efforts -- I'll just be frank
15 here -- have some warts on them at times. They
16 are imperfect. But they meet this product
17 spec, we believe.

18 The quality control program for our claims
19 processing -- we have a -- I'm going to hope I
20 don't bore you with these procedures, but I'm
21 going to list the procedures just in case -- in
22 case the Board or SC&A wants to make note of
23 have they reviewed these.

24 We have a claims processing procedure which my
25 staff adheres to upon receipt of the claim.

1 There's certain things that they have to do on
2 receipt of the data from the Department of
3 Labor to make sure that that information is of
4 sufficient quality and quantity for us to do
5 our job in dose reconstruction. There are
6 detailed quality control steps that are
7 specified in this procedure to make sure that
8 the data that's entered, by hand, into our
9 electronic database is entered accurately and
10 completely.

11 Such as: The cases are date-stamped and they
12 are assigned a tracking number, as you know,
13 and all documents are logged the day they are
14 received. This is important to us because
15 that's when we say we start our work on those
16 cases. We're held accountable from that day
17 on.

18 All data is entered into our electronic data
19 system and there are electronic verifications
20 of that data performed, such as -- there's an
21 electronic mechanism that can test as to
22 whether or not the Social Security number is
23 right. You know, has it got -- is it missing a
24 number, are there too many numbers, those are
25 things we can do electronically.

1 All of the ethnicity data that we need to
2 process a dose reconstruction for skin cancer
3 is checked. Smoking histories for lung cancers
4 are checked to make sure that we have that
5 information and it is accurately recorded.
6 The dates are verified for reasonableness, and
7 we do this also by electronic mechanism to
8 determine whether the date of birth, the date
9 of death, the employee start and end date are
10 accurately entered into the system.
11 The data is then compared, after it's entered,
12 with the hard copy data that we receive. Now
13 many of the Board members -- some of the newer
14 ones may not have been into our processing
15 area, but we do keep all of the hard copy on
16 file. We work at our desks in electronic
17 format from the database, but all hard copy
18 that we have on a claim exists in our hands in
19 our -- in our -- in Cincinnati. So we check
20 the Energy employee and the survivor data and
21 make sure that that is complete. All of the
22 cancer information and the description, the
23 ICD-9 codes are compatible and they're
24 accurate, we go through that.
25 We determine if the right forms have been

1 submitted to us. That is the form that the
2 Energy employee or the survivor has to fill out
3 at DOL, and we check those for accuracy and
4 clarity. Many of -- many forms that we get,
5 many infor-- much of the information we get
6 from the claimants are scanned by the claimant
7 or they're a photocopy, and we want those to be
8 legible so we check that, we check the
9 legibility of those documents.

10 Any discrepancies that are noted are reported
11 back to the Department of Labor, because it's
12 their responsibility to provide a full
13 development of the claim information. And any
14 supplemental information that the Department of
15 Labor provides to us is also QC'd in the same
16 fashion and checked.

17 Once the dose reconstruction report has been
18 produced by the -- by ORAU and given to us, and
19 I'll talk about that -- that part of the
20 process in a minute, but I'm going to jump
21 ahead now and take you to where it's going to
22 be filed. The dose reconstruction report has
23 been finished and we've got -- we're awaiting
24 OCAS-1 or we're going to get the OCAS-1, so
25 we're looking at the report to make sure that

1 it is -- it is complete and accurate, the
2 tracking number is on each page, we don't have
3 -- interspersed somebody else's -- pages from
4 someone else's report. We want to make sure
5 that we're not -- that we want to give a
6 complete accurate report and we're not
7 divulging Privacy Act-related information to
8 people who don't -- should not be getting that.
9 All pages have to be accounted for within a
10 report. There has to be OCAS health physicist
11 approval signature on these reports as a final
12 peer review of the product that we receive from
13 any contractor or from -- if it's a report that
14 has been developed in-house by one of the OCAS
15 health physicists, there still has to be a OCAS
16 health physicist approval. We also check the
17 EE name and the Social Security number and make
18 sure those are correct because those are
19 Privacy Act-related information that we need to
20 monitor very closely.

21 Once we receive the signed OCAS-1, we verify
22 that the signatures on that OCAS-1 are in the
23 case file and they are matched up. And if
24 there are any modifications on that OCAS-1,
25 then that triggers our legal folks to get

1 involved with us and go back to the claimant
2 and explain that we cannot accept a modified
3 OCAS-1; we have to accept only a signed OCAS-1.
4 So there's a -- there's a quality control
5 aspect there as well.
6 The return of the OCAS-1 form and the
7 completion of the closeout interview is also
8 monitored, and there's quality control steps in
9 that process. As you know, we have a 60-day
10 review for cases with unreturned forms. In
11 other words, we've sent out the dose
12 reconstruction report. We allow the claimant
13 to take 60 days to make a decision on signing
14 the OCAS-1 or providing us additional
15 information. If they don't do that, we notify
16 them that their 60 days has come to limit and
17 we offer them another 14 days to remedy, either
18 send us an OCAS-1 form or send us additional
19 information. So at the end of 74 days, if we
20 don't have that, then we administratively close
21 the case. But all of that is trapped --
22 tracked by a phone log which is recorded into
23 the case file -- many of you have seen those
24 phone logs, on the Board -- and we -- the
25 interview of closing out the dose

1 reconstruction is also captured. Those
2 interviews and that -- that phone log capturing
3 is also monitored and quality control-checked.
4 If there's no notation in the phone log, then
5 there's a -- that -- that a closeout interview
6 was done or that the person was contacted about
7 their missing OCAS-1, then that triggers
8 another step in the process to back to that
9 claimant and follow up with them.

10 The analysis record, which is the full set of
11 documentation, all of the claim file that was
12 submitted to us plus everything that we have
13 added to it -- all of the information that we
14 have collected and assembled, whether it's the
15 DOE response, the AWE information that we've
16 assembled, Technical Basis Document tools that
17 might be referred to -- we make sure that
18 they're accounted for in this analysis record.
19 That is all assembled. It's put together on a
20 compact disk and it's provided to the
21 Department of Labor for a closeout of the case.
22 And those -- those analysis records and that
23 compact disk, as it's created, are examined and
24 verified against the hard copy information that
25 we have. We make sure that we're not -- we're

1 enclosing everything, we're not missing a piece
2 of information that's vital for DOL to make
3 their adjudication of the claim.

4 Now let's go into the ORAU quality
5 assurance/quality control procedures that they
6 employ in the development of dose
7 reconstructions. And their description of
8 their procedures are outlined in this quality
9 assurance program plan, and it was approved
10 back in January of 2003. And I think if you go
11 in and look at that, it's been updated at least
12 two or three times that I'm aware of. I'm just
13 providing on these the origination dates. I'm
14 not providing the update -- revision dates for
15 you.

16 So internal quality assurance audits and
17 assessments and surveillances are performed
18 under this procedure. They are so done on
19 project processes and -- and those are also
20 performed in accordance with the conduct of
21 quality assurance surveillances or quality
22 assurance audits as prescribed by those
23 procedures, and there's reporting mechanisms
24 that are required under those particular
25 procedures.

1 The principal components of the ORAU quality
2 assurance/quality control processes for dose
3 reconstructions are found in this ORAU
4 Procedure 003 (sic), which was approved in
5 November of '04. This talks about how the dose
6 reconstructors are trained, what requirements
7 they have to meet. Then the dose
8 reconstructions themselves are performed in
9 accordance with the guidance that's provided by
10 the various Technical Basis Documents and the
11 procedures and the Technical Information
12 Bulletins that y'all are becoming familiar with
13 through the review by the -- by SC&A.
14 There are resources such as the telephone
15 interview with the claimants that are approved
16 and validated, and I think that's some of the
17 things that ORAU -- SC&A has already reviewed,
18 and I think they have some others that they
19 want to review in that regard on CATI
20 interviews.
21 ORAU does an initial quality control review
22 that is performed by non-health physicists to
23 assure that a draft DR is ready to go to
24 technical peer review. And in that review
25 they're talking about somebody that looks at

1 the -- the language that's used, is the
2 spelling correct, is the accuracy of the case
3 information -- this is duplication of some of
4 the stuff that my staff does, but as they
5 develop the report, that's what they're looking
6 for. They're also charged with looking at the
7 consistency of the IREP input and the summary
8 file information. So before it goes to
9 technical peer review, they have staff who do
10 these reviews on really an administrative
11 preparation review, is what I would call it.
12 So before we get it at NIOSH, every draft dose
13 reconstruction then undergoes a technical peer
14 review in conformance with the ORAU procedure
15 that was listed here that was approved for use
16 in December of '04.
17 An initial quality control review -- let's see
18 -- oh, I'm behind a page.
19 The peer review is performed using a peer
20 review checklist that was also approved in
21 December of '04, and this checklist is designed
22 to identify issues regarding the technical
23 development of the dose reconstruction. That
24 -- that checklist is then provided to the dose
25 reconstructor and those issues must be

1 satisfied in agreement with the technical
2 review -- the technical peer reviewer.
3 Technical editing for grammar, reference
4 checks, format and spelling is also completed
5 at this stage.
6 And then there's a final quality control review
7 -- similar to the initial quality control
8 review that I talked about that's a non-health
9 physicist -- who are again looking at is the
10 language right, is the spelling right, is the
11 grammar right, do we have all the detailed
12 information pertinent to that particular
13 claimant, is it all captured in the report. So
14 it's another administrative review.
15 Now we go into -- they've produced the report.
16 They've gone through their quality control
17 steps, their quality assurance at the end, and
18 now it comes to NIOSH for our -- for the last
19 few steps in the process and our quality
20 assurance that our product that we're going to
21 deliver to the Department of Labor meets our
22 spec, our product specification. This is all
23 described in Dose Reconstruction Review
24 Procedure 007, which is our procedure and that
25 was approved also in December of '04.

1 This -- the principal components of this
2 procedure involve an OCAS HP review of 100
3 percent of the dose reconstruction submitted.
4 We do not have one dose reconstruction that is
5 not reviewed by an OCAS technical peer
6 reviewer. Every one of these is reviewed by
7 an OCAS technical peer reviewer who is not
8 conflicted for that given site.

9 When a draft dose reconstruction is returned
10 for rework from DOL back to us, a form is
11 generated and we have a form that we look at
12 with regard to those reworks, and you can see
13 this is some of the information I presented
14 earlier in the week about how many we got, so
15 that's where we -- we're evaluating those in
16 that given time frame, and then seem to be
17 consistent with previous years' experience for
18 -- for this current year.

19 Did I skip one?

20 **UNIDENTIFIED:** You did.

21 **MR. ELLIOTT:** Happy trigger finger. Early in
22 2005 we decided to sample five percent of all
23 dose reconstructions that were submitted, on a
24 random basis, and do a dose reconstruction
25 review again, using a similar checklist. That

1 checklist consists of 19 individual questions
2 that we use to examine such things as are the
3 work dates, the employment history, consistent;
4 are the diagnosis and the dates with -- with
5 any medical aspect consistent; are the doses
6 that we -- that we reviewed and estimated, are
7 they accurate and is there a summary matched to
8 what we've been given from the dose of record
9 by DOE, et cetera. So there's a variety of
10 different things we look at in those 19
11 questions.

12 Those checklists are compiled on a quarterly
13 basis, and they are shared with whichever
14 contractor we're dealing with to determine if
15 there's any trends that are -- are something
16 that we want to look into deeper and -- and
17 make any modifications or find any corrective
18 action for.

19 A hundred percent of the dose reconstructions
20 also undergo a final NIOSH technical review,
21 and that is a brief review intended to identify
22 errors in the general approach of the dose
23 reconstruction, as well as any format errors
24 that -- that might have crept into the
25 particular dose reconstruction itself, report

1 errors.

2 NIOSH also performs and documents self-

3 assessments. We have a team that performs this

4 and they are done under a procedure entitled

5 "Conduct of Assessments," 005, was also

6 approved back in December of '04. And to date

7 we have done 15 assessments. These assessments

8 have a summary of findings. You've seen one, I

9 believe, on the Paducah conflict of interest.

10 They provide a corrective action plan.

11 Examples of other assessments, we've had an

12 assessment of the analysis record, those --

13 those final, complete compact disks that have

14 the summary of all the information we've

15 assembled. We've looked at that.

16 We had an assessment on the ORAU dose

17 reconstruction process itself. We've had an

18 assessment on the dose reconstruction review

19 record, the quality control steps in reviewing

20 dose reconstructions. We've also had an

21 assessment on the efficiency of the dose

22 reconstruction process. And so those are just

23 examples of some of these 15 that we have

24 completed.

25 I think I covered that one.

1 Our Technical Basis Documents are developed in
2 accordance with this Document Control Procedure
3 001 that was approved in February of '03, as
4 well as the -- this als-- this ORAU Procedure
5 0031 which we approved back in October of '04.
6 What these -- these get at are how a Technical
7 Basis Document is developed, how it's
8 formatted, what its content needs to look like,
9 what it addresses. It has to have a purpose.
10 It has to state what it's trying to accomplish.
11 And so these procedures outline the process for
12 the development of that particular set of
13 documents.
14 There's also a review -- an examination of the
15 process that -- that these documents undergo as
16 they are drafted and as they are routed through
17 full review. Each time a document is reviewed
18 there's a set of review comments that are
19 captured, and those review comments are then
20 shared back with the document owner and they
21 have to be addressed. And they have to be
22 addressed to the satisfaction of the commenter
23 and the decision authority, whether it's ORAU
24 or NIOSH and OCAS, before they can be
25 considered a final revised document.

1 So you know, after we go through that, after
2 all of those internal comments have been
3 assembled and shared, they -- these are the
4 check-off points. These are the people who do
5 provide those comments. There's OCAS health
6 physicists. Our Office of General Counsel
7 reviews each and every one of these. They
8 provide comments. This is all captured in this
9 document control resolution system. The
10 Department of Labor's health physicist, Jeff
11 Kotsch, is in the room. He knows what happens.
12 His comments come back to us as well, and they
13 are so documented. And the DOE -- DOL legal
14 team also has an opportunity to opine and
15 review on our Technical Basis Documents as
16 well.

17 So once those comments are all captured, then
18 we have to go through comment resolution.
19 They're compiled in a -- in a clear document
20 form and ORAU then considers those comments,
21 makes appropriate changes as they deem
22 necessary, returns those revised documents to
23 us and we examine how they resolved and
24 addressed those comments. They're shared back
25 with the commenters for concurrence. And if

1 there's any issues at that point, then we go
2 back through the same process again of comment
3 resolution. So it's a -- it's a continuous
4 loop.

5 Once we have achieved concurrence that the
6 comments have been adequately and appropriately
7 addressed, then it gets an ORAU approval for
8 use that's shared with us, and then we put the
9 final stamp of approval for implementation and
10 use.

11 I think that's all I have to say at this point.
12 I hope that gives you a little better insight
13 into what our quality assurance/quality control
14 efforts are. It's something we've not talked
15 about in great detail in the past. I also hope
16 that some of the other issues that I brought
17 you up to speed on satisfy your interest. And
18 if there are other things that you want to hear
19 about, I'd certainly be happy to add them to
20 the list.

21 **DR. ZIEMER:** Very good. Thank you very much,
22 Larry, for a very thorough discussion of those
23 issues.

24 A couple of questions. I'll start with a
25 couple and maybe others will have some. Just

1 for clarification, on your dose reconstruction
2 video that you talked about under communication
3 initiatives, is this actually a video? Are we
4 talking about CDs or what?

5 **MR. ELLIOTT:** It is a DVD, a video, and you can
6 play it in your DVD player.

7 **DR. ZIEMER:** Are there any people still have
8 those?

9 **UNIDENTIFIED:** It's a CD.

10 **MR. ELLIOTT:** It's a CD.

11 **DR. ZIEMER:** I'm actually serious.

12 **UNIDENTIFIED:** It's a CD.

13 **DR. ZIEMER:** It is a CD or a DVD?

14 **MR. ELLIOTT:** It's not a VCR.

15 **UNIDENTIFIED:** (Off microphone) It's not a
16 (unintelligible).

17 **DR. ZIEMER:** Oh, okay. Okay.

18 **MR. ELLIOTT:** You're thinking of VCR, perhaps.

19 **DR. ZIEMER:** Okay, it's a DVD. Okay.

20 **MR. ELLIOTT:** It's a DVD.

21 **DR. ZIEMER:** Okay.

22 **MR. ELLIOTT:** And our intent is --

23 **DR. ZIEMER:** That's what I wanted to know.

24 **MR. ELLIOTT:** Yes, it's 12 minutes long right
25 now. Our intent is to share it -- share it

1 with the -- we plan to put it in the Resource
2 Centers. We plan to bring it to public
3 meetings like this --

4 **DR. ZIEMER:** No, that's good, I --

5 **MR. ELLIOTT:** -- which is --

6 **DR. ZIEMER:** -- was just wondering how the --
7 what the word "video" meant in this case.

8 **MR. ELLIOTT:** Yeah, it is a video that's 12
9 minutes long. It is -- it's on a DVD format,
10 some of -- some computers can play it, or you
11 can play it in your DVD player in -- with your
12 home TV.

13 **DR. ZIEMER:** On the communication initiatives,
14 and I sort of referred to this before, what
15 instruction do you give to the Department of
16 Labor as to what the final outcome of the POC
17 should look like? And I'm really getting at
18 the significant figures in the number. Do you
19 instruct Depart-- who determines that we're
20 doing five and six --

21 **MR. ELLIOTT:** I share your concern on that.
22 I've preached from day one that we can't find
23 ourselves being a significant figures five
24 points out from the decimal point. I think --
25 I think Dr. Neton has a ready response on why

1 we go to that significant (unintelligible) --

2 **DR. ZIEMER:** Well, actually the number's not
3 really officially generated by you, is it?

4 **DR. NETON:** That's correct, we don't generate
5 any probability of causation numbers in our
6 reports at all. Those are generated by the
7 Department of Labor.

8 **DR. ZIEMER:** That's why I asked what
9 instructions you give them on -- on this.

10 **DR. NETON:** We give them no instruction, to my
11 knowledge, on the number of significant figures
12 they carry out their -- their letter to the
13 claimants informing them of their decision.

14 **DR. ZIEMER:** You think they would be --

15 **DR. NETON:** Amenable to some -- some advice?

16 **DR. ZIEMER:** Well --

17 **DR. NETON:** I think --

18 **DR. ZIEMER:** -- maybe I'll ask Jeff.

19 **DR. NETON:** Yeah, he has --

20 **DR. ZIEMER:** Has anyone determined that -- that
21 there should be that many significant figures?
22 I guess I would argue that I -- it's almost --
23 you know, I might tolerate one decimal place,
24 and I'm -- even would question that, but who's
25 determined that we're going two and three

1 decimal places on this? Has anyone made that
2 determination?

3 **MR. KOTSCH:** (Off microphone) (Unintelligible)
4 we just -- do I need to get up here?

5 **DR. ZIEMER:** Yes.

6 **MS. MUNN:** Yes.

7 **MR. KOTSCH:** We just report what basically
8 comes out of IREP. IREP comes out to -- you
9 know, to the hundredth digit, basically, but
10 we've had discussions recently about whether
11 it's prudent probably just to go with the full
12 percentage. You know, like a 27 rather than a
13 27.12 percent because we don't know what the
14 validity of --

15 **DR. ZIEMER:** Exactly, and --

16 **MR. KOTSCH:** -- the real difference in the
17 number is, anyway.

18 **DR. ZIEMER:** -- most of the ones that we're
19 seeing are going out to two decimal places, and
20 sometimes three.

21 **DR. NETON:** Right. I think Jeff raises a good
22 point. IREP does generate it out to two
23 decimal points, and I think the -- the
24 claimants run it and it doesn't show those
25 decimal points, it may raise some concern in

1 their mind. And probably the place to start is
2 to adjust IREP to --

3 **DR. ZIEMER:** Maybe we could have --

4 **DR. NETON:** -- to put the --

5 **DR. ZIEMER:** -- IREP itself do the truncation.

6 **DR. NETON:** Yeah, we could do that. That's a
7 good suggestion.

8 **MR. KOTSCH:** Labor didn't want to report
9 anything that they couldn't duplicate -- the
10 claimant could not duplicate if --

11 **DR. ZIEMER:** I understand, yeah.

12 **MR. KOTSCH:** -- they ran it themselves, so
13 that's the way the machine right now is set up.
14 When you -- when you plug the number in, it
15 generates like that, so we just carry that.
16 But we have had discussions about truncating
17 it, basically.

18 **DR. ZIEMER:** It's the -- it's the argument that
19 John Poston has with his students. They'll say
20 well, my -- my hand-held calculator gave me 27
21 decimal points. You know, that's the answer.
22 No, it's not.

23 Okay, I just simply raise that point. I -- I
24 think it's very misleading to people.

25 **DR. WADE:** Who has to fix IREP -- so --

1 **MR. ELLIOTT:** We have to charge our contractor
2 to fix the IREP software. And the IREP
3 software is a publicly -- you know, we have it
4 publicly available so people can go in and
5 insert their own data and come out -- and we
6 want them -- that's what DOL's been after for --
7 -- from the start of the program. They want to
8 be able to see the claimant reproduce the data
9 that they get.

10 **DR. ZIEMER:** That's my personal view. I don't
11 know how the other Board members feel, but --

12 **MS. MUNN:** Yes, it should be truncated to no
13 more than one decimal point.

14 **DR. ZIEMER:** Okay. Mark, you have a question.

15 **MR. GRIFFON:** Just a -- curious -- curious,
16 Larry. I'm glad you noted all those procedure
17 numbers. I'm -- I'm not sure if -- at this
18 point, but I'm sure John was taking notes and
19 has this -- whether SC&A has reviewed any of
20 these procedures.

21 **DR. MAURO:** (Off microphone) A lot of them
22 we're very (unintelligible).

23 **MR. GRIFFON:** Some of them you have?

24 **DR. MAURO:** (Off microphone) Yes, some
25 (unintelligible) in fact, that's why I handed

1 out the list of procedures (unintelligible).

2 **MR. GRIFFON:** Right. So -- so we'll -- we'll --
3 -- we'll look over these and -- and consider
4 them if they're not on our list for review.
5 I'm especially interested in some of the ones
6 where -- where you noted that there are a
7 series of 19 questions that --

8 **MR. ELLIOTT:** Yeah, you may not have the
9 checklist. I think that was something I wanted
10 to reveal in case you didn't -- you weren't
11 aware that we used checklists --

12 **MR. GRIFFON:** Right, I wasn't aware of that.

13 **MR. ELLIOTT:** -- in some of these quality
14 control steps.

15 **MR. GRIFFON:** Right.

16 **MR. ELLIOTT:** The procedures announce those,
17 but if -- you know, if you haven't gone --
18 drilled down to that level --

19 **MR. GRIFFON:** Right.

20 **MR. ELLIOTT:** -- you may not have picked them
21 up yet.

22 **MR. GRIFFON:** And that's the detail I think
23 would -- which would be useful to look at for
24 us.

25 Secondly, is there -- is there a similar

1 process to this for your other -- your TBD
2 documents, your site profile documents, as far
3 as your peer review and -- and --

4 **MR. ELLIOTT:** Yes. Yeah, that was -- that
5 (unintelligible) --

6 **MR. GRIFFON:** That's maybe (unintelligible) --

7 **MR. ELLIOTT:** -- covered on the last few
8 slides.

9 **MR. GRIFFON:** Okay. I'm sorry.

10 **MR. ELLIOTT:** Yeah. There are procedures that
11 prescribe how Technical Basis -- technical
12 information documents are not only to be
13 developed, but how they're to be quality
14 controlled and quality assured through that
15 process.

16 **MR. GRIFFON:** I hate to -- I guess one of the
17 questions I raise that question is -- and I'm
18 going by memory here, but I -- I seem to recall
19 that several of the site profile documents have
20 three or four or five signatures, I forget how
21 many, and often they're on the same day, which
22 is the day that -- that I guess each agency
23 approved or each entity approved. Obviously
24 there was no time for peer review if everyone
25 was signing -- signing on the same day.

1 **MR. ELLIOTT:** Peer review almost happens
2 concurrently. It's been -- you know, it's been
3 our practice and our policy to get these
4 documents into use as quickly as possible, so
5 it -- it's not so much an iterative review as
6 it is a concurrent review --

7 **MR. GRIFFON:** I knew it --

8 **MR. ELLIOTT:** -- 'cause comment resolution has
9 to happen, and once that comment resolution has
10 taken place, we're all ready to sign it.

11 **MR. GRIFFON:** Right, that's -- that's what it
12 looks like. I -- I noted on the DR reports it
13 -- it looks like step-wise more that there's a
14 lag between the -- the reconstructor finishes
15 and hands off, and the peer reviewer then does
16 their -- you know, so --

17 **MR. HINNEFELD:** And if I can offer a comment on
18 a site profile TBD document, the comment and
19 resolution process occurs before the first
20 signature -- signature is affixed, so after all
21 the resolution is done, then the signatures are
22 affixed at that point.

23 **DR. ZIEMER:** Other comments or questions? Roy.

24 **DR. DEHART:** Just a question. On the
25 communications side where we're dealing with

1 your web site, I've noticed at times when I've
2 gone into the update section that the blue line
3 address will carry me into the major heading
4 area, but not necessarily down two or three
5 more levels I have to go in order to get to
6 that topic.

7 **MR. ELLIOTT:** Okay.

8 **DR. DEHART:** If that could be taken care of and
9 add the rest to the address, it would be
10 helpful.

11 **MR. ELLIOTT:** All right. Very good. Let me --
12 I may ask Chris Ellison to give you a call so
13 that you can articulate what you're -- this
14 specific interest is so she can hear it
15 directly from you and --

16 **DR. DEHART:** Okay.

17 **MR. ELLIOTT:** I can carry it back, but I want
18 to make sure that she understands clearly what
19 -- what you're seeking. I think I know.

20 **DR. ZIEMER:** For example, when we get the
21 update information from Chris, she'll say the
22 page has been updated with this information.
23 But when you click on the link, you just get
24 the main page. You don't -- you don't go to
25 that --

1 **MR. ELLIOTT:** Okay, I see what you're saying.
2 I'll talk to her about that. Thank you.

3 **DR. ZIEMER:** Gen Roessler.

4 **MR. ELLIOTT:** Good comment.

5 **DR. ROESSLER:** On that item, too, we often get
6 announcements from Chris that say they -- this
7 will appear on the web site later today. I
8 guess I'd prefer getting it after it's there
9 because by later today I've totally forgot-- I
10 mean, you know, I've done another half a dozen
11 things and I've totally forgotten about it.
12 There may be a reason for that.

13 **MR. ELLIOTT:** Well, it -- our web page update
14 happens late in the afternoon, after Chris
15 leaves. It's a -- it's a logistical timing
16 issue with -- with our web folks, so she does
17 her business, she provides it to them, and they
18 are scheduled to upload that. Now we can
19 change the notice and say yesterday it was
20 uploaded. If that's what you want, we can
21 certainly do that.

22 **DR. ROESSLER:** I'd -- I'd find that easier.

23 **MR. GRIFFON:** That way it's there.

24 **DR. ZIEMER:** For those of us over a certain
25 age, afterwards is better. Right?

1 **DR. ROESSLER:** Right.

2 **DR. ZIEMER:** I'm not speaking for you, Gen.

3 **MR. ELLIOTT:** I like that suggestion actually,
4 because it will aid us to make sure -- you
5 know, one of the -- one of the criticisms we've
6 had of late is notification of working group
7 meetings. And Chris has been charged with
8 making sure that notice happens, and there's
9 various ways that happens. It happens on the
10 web site, but it also happens by an e-mail
11 distribution list that she generates, and one
12 that LaShawn, your committee management
13 specialist, generates. So we touch people in
14 different ways, and it would be better if the
15 web site was done the day before so that Chris
16 can assure that it's up there when she says
17 it's up there.

18 **DR. ZIEMER:** Mark.

19 **MR. GRIFFON:** Just to follow up on my -- my
20 last line of questioning, but -- I was
21 wondering if this -- this peer review -- the
22 comments that are received in this peer review
23 process, either for site profiles and/or for
24 the case reviews, are something that are
25 available to SC&A and the Board when we review

1 specific --

2 **MR. ELLIOTT:** Sure.

3 **MR. GRIFFON:** -- cases or are they all part of
4 the DR file.

5 **MR. ELLIOTT:** It's a controlled document system
6 that we have capturing all comments.

7 **MR. GRIFFON:** So those comments are -- are -- I
8 think --

9 **MR. ELLIOTT:** You can go -- you --

10 **MR. GRIFFON:** There's a form -- I've seen it on
11 the O drive. There's forms that capture
12 comments in the resolution and --

13 **MR. ELLIOTT:** Certainly available to you, yeah.

14 **MR. GRIFFON:** Okay. 'Cause I think that's
15 important --

16 **MR. ELLIOTT:** Essentially what it says -- who's
17 the reviewer. Somebody like Jeff Kotsch will
18 send us reviewer and it'll have his initials or
19 his name and it'll say what his comments are,
20 what his issues are. Then there'll be another
21 column that says who addressed them, how they
22 were addressed. That's -- that's captured.

23 **MR. GRIFFON:** I guess the -- the other reason
24 I'm raising this is -- is for SC&A and my
25 fellow Board members, that -- that if there was

1 an internal peer review process, I think it
2 might benefit us in our resolution process. If
3 SC&A is looking at a site profile document and
4 they have this finding, but they see that that
5 -- someone in a peer review process already
6 brought this up and this is how it was
7 answered, maybe -- maybe it's not even a
8 finding. You know what I mean? So it would be
9 helpful if they could look at those internal
10 comments --

11 **MR. ELLIOTT:** Well, it can -- it can also
12 explain the logic of how the comment was
13 addressed and whether or not we saw it as a
14 major issue or was it such a deficiency that we
15 had to make a change or did we dismiss it. I
16 sus-- so you would see that.

17 **MR. GRIFFON:** Right.

18 **MR. ELLIOTT:** You would also see -- I think
19 it's important for conflict of interest, you
20 would see who's opining about a given technical
21 question.

22 **MR. GRIFFON:** Right.

23 **MR. ELLIOTT:** You know, and who wins in that --
24 in that give and take, that exchange on -- on
25 the scientific debate or the technical debate

1 that goes on about that question.

2 **MR. GRIFFON:** So -- so I -- I don't know, I may
3 be wrong, but in -- in each case that's on the
4 O drive, is that part of that case package?

5 I'm -- I'm using the wrong terminology, but --

6 **MR. ELLIOTT:** Each -- each dose reconstruction
7 --

8 **MR. GRIFFON:** Yeah.

9 **MR. ELLIOTT:** -- case or each -- are you
10 talking Technical Basis Documents?

11 **MR. GRIFFON:** Each DR case I'm talking now.

12 **MR. ELLIOTT:** Stu, you're going to have to help
13 me out on the DR side.

14 **MR. GRIFFON:** I -- I haven't seen --

15 **MR. ELLIOTT:** I'm more familiar with --

16 **MR. GRIFFON:** I haven't seen review comments in
17 there. I'm assuming there were some or --

18 **MR. ELLIOTT:** We capture the review, I believe
19 -- Stu'll talk about this, but --

20 **MR. GRIFFON:** Yeah.

21 **MR. ELLIOTT:** -- go ahead, Stu, please.

22 **MR. HINNEFELD:** Until several months ago they
23 would not be in there at all. They -- they --
24 we have them all. They would be on a directory
25 that we would have to provide them to you

1 separately. For the past -- I forget how --
2 the length of time, if we comment on and return
3 a dose reconstruction -- okay? -- if it's -- if
4 we get a dose reconstruction and approve it,
5 there would be no comment form generated. If
6 we comment and return for -- for revision, that
7 comment form will be stored -- it should be in
8 the case file. I have to go check and verify
9 this, but it should be in the case file under
10 ADR files, but it will be an older version. If
11 you go -- if -- for a -- for a -- for a dose
12 reconstruction report under ADR files folder,
13 the -- the one that's approved is in the last
14 version. So if -- you know, it comes over
15 there -- originally it comes in a single
16 folder. If we comment and return, we put our
17 comments in that folder and it go-- it's
18 translated back over to ORAU in that fashion.
19 So then they resubmit the dose reconstruction
20 with the comments resolved in a new folder, and
21 the one that -- the folder that was already
22 there gets a date assigned to it. So -- so it
23 will be in -- you know, the comment form with
24 resolution would be in that. I think that's
25 where it would be. I have to -- I'll send you

1 a note to make sure.

2 **MR. GRIFFON:** And we -- we can deal with this
3 on the workgroup level, too, maybe, but I just
4 want to let people know that this -- those
5 comments are on -- on -- on the O drive
6 available for us and I think they would
7 expedite our review in many cases or, you know,
8 enlighten our review --

9 **MR. HINNEFELD:** Okay.

10 **MR. GRIFFON:** -- of the cases and now site --
11 the site profiles is a separate question I
12 think.

13 **MR. HINNEFELD:** We would have to -- we would
14 have to get those.

15 **MR. GRIFFON:** Okay.

16 **MR. HINNEFELD:** I mean we have them and we
17 would just have to make them -- make them
18 available.

19 **MR. GRIFFON:** Okay, 'cause I've not -- I've not
20 seen --

21 **MR. ELLIOTT:** But they're more readily
22 available in a document control system,
23 database system that we maintain -- for --

24 **MR. HINNEFELD:** Yeah, yeah.

25 **MR. ELLIOTT:** They're not on an individual DR

1 basis, you see. They're not on an individual
2 document basis.

3 **MR. HINNEFELD:** Okay. Okay, we'll...

4 **DR. ZIEMER:** Other questions or comments?

5 (No responses)

6 Okay. Thank you very much, Larry.

7 **BOARD WORKING TIME, DR. PAUL ZIEMER, CHAIR**

8 I want to move quickly into our -- this is our
9 Board working time right now starting. We have
10 a carryover item from Wednesday and that is
11 some approval of some minutes.

12 **DR. WADE:** Well...

13 **DR. ZIEMER:** Huh?

14 **DR. WADE:** Ed Walker.

15 **DR. ZIEMER:** Oh, yeah.

16 **DR. WADE:** He wants to say something.

17 **DR. ZIEMER:** Ed, you have a comment for us?

18 **MR. WALKER:** A few.

19 **DR. ZIEMER:** Okay.

20 **MR. WALKER:** I'd -- I'd like to -- I'll make it
21 quick. I won't drag it out. I'm going to be
22 meeting with NIOSH, as Mr. Elliott said, on the
23 21st and I have quite a few issues that I want
24 to discuss and they're coming up of course to
25 get the last issue resolved that they had which

1 is the cutting of the cobbles, and I've gotten
2 my few men together that are still alive and
3 we're going to have a -- I hope a pretty good
4 discussion, but I -- I have quite a few issues
5 with our group that I also have that aren't
6 finished. And it's my understanding, and if
7 I'm wrong, please correct me, but this issue
8 will be the last issue from Bethlehem Steel.
9 I feel my issue should be reviewed, also, that
10 I have, because I think they're important
11 issues. I've gone over them with the
12 Congressional people. They've all sat down and
13 listened for an hour or two hours. I gave them
14 documentation and proof of what I talk about.
15 I never once since I started with this Board
16 have come up and told some -- something to you
17 that I didn't firmly believe or could back up
18 in my heart. Okay? So I -- I want to go over
19 these issues and I -- and I really hope that
20 the Board will consider them before any
21 documentation is closed up for Bethlehem Steel.
22 I would appreciate that.
23 Just a couple of the items is the group -- we --
24 -- we have monthly meetings, as you probably all
25 know, and we're really concerned about the way

1 the Bethlehem Steel site profile dose
2 reconstruction has been handled from day one.
3 One, Bethlehem Steel had a contract with the
4 government, and it's certainly documented, from
5 '49 to '52. Two years -- the first two years
6 there are no records, period. I've looked,
7 I've asked, I've hunted and searched. There
8 are no records. So -- the also -- the document
9 that we do have is the Wayne Range* letter. So
10 I referred to that -- it said Bethlehem Steel
11 used the rolling facility. That's all they
12 used and they done rolling. It's -- it's -- in
13 the Wayne Range* letter it says there was also
14 another facility at Bethlehem Steel, the
15 blooming mill. I brought this up. The
16 response that I got was this Range
17 (unintelligible) -- it's a tongue-twister and I
18 -- I'm -- I had a birthday so bear with me --
19 isn't a strong enough document to take that
20 into account, but it is a strong enough
21 document for NIOSH to quote it, I believe six
22 plus times, in their special -- or the
23 technical base document. And why can't the
24 claimants use this -- we have no proof. Most
25 of the people are dead. The elderly -- the

1 wives and the children of the people that have
2 died years ago, there's very few people left.
3 I -- I was 18 when I started there and I'm 73,
4 so you can't find a bunch of people that have
5 much information to dig back and look into.
6 And you don't have many people that -- trust
7 me, I really dug to get the -- the proper -- I
8 can't just call somebody and say we're having a
9 meeting, NIOSH wants to talk and they want to
10 talk what went on at Bethlehem Steel 50 years
11 ago. That does not happen.
12 I've talked to a lot of people. There's a lot
13 of people I talked to that I don't believe
14 myself are credible, and I would not come down
15 here to -- in front of the Board and -- and
16 make up a story. That's not for me to do. I -
17 - I talk to them. I listen to them. And if
18 they tell me what they've seen -- many of them
19 will tell me Ed, I don't know. I worked in
20 this part of this -- this facility was four --
21 three football fields long and it was 100 feet
22 wide, and it was operations from -- went on
23 from grinding to shipping. And there's a
24 section in the middle that was the cooling bed.
25 And they say well, I worked over here -- I was

1 by the rollers and this was my job. I went to
2 work at night. That-- that area I worked in
3 was as big as a football field. I don't know
4 what went on over at the shearer's bed. So I
5 says okay, what do you know? Just one of the
6 claimants -- and briefly told me well, I
7 remember the men with the white hats. I says
8 that's great, what -- what -- what does that do
9 for you? He says they handed me the Geiger
10 counter. And I says I don't think they did
11 that. I says that wasn't you job; that was the
12 government people. And he firmly said no, it
13 was a Geiger counter. And I says well, you
14 know, when they run these rods through the
15 rollers, a lot of times the temperature gauges
16 got steamed up and I know it's documented in
17 the documentation that they put men in between
18 these rollers to hold the temperature gauge.
19 He says Ed, I told you it was a Geiger counter.
20 I says well, what was your job? He says the
21 white coats handed it to us guys, told us to go
22 over and hold it within a foot or two foot from
23 the rolling, right above the uranium -- red hot
24 uranium that's going through. And I says what
25 did you do then? He says we stayed there until

1 they called us back. And I says what did they
2 do? He says I don't know where it went. He
3 says I didn't know if it was hooked up to
4 something or if there was a reading on there or
5 what. Well, I don't know, either, but I kind
6 of think he was a credible man to talk to. He
7 wasn't -- he wasn't telling me a story, and
8 that was from his heart. He's 81 years old.
9 So we have this -- no documentation from 1949
10 to 1952 there are no records. How do we know
11 what they done at Bethlehem Steel? Because
12 there's no records doesn't mean there was
13 nothing done. Because there was no records
14 doesn't mean there was a rolling. We'll give
15 you a rolling for that. No, we don't know what
16 we had. It was experimental. What types of
17 material were they working with? Nobody knows,
18 50 percent of the information is completely
19 gone. The government documentation admits that
20 this information they threw away or destroyed.
21 What is a claimant supposed to do? Where do we
22 get our information?
23 Believe me, I -- and I know you people have
24 worked darned hard for the last three, four,
25 five years, and it's tough and I know what --

1 what you're going through. I'm working by
2 myself and -- and getting together what I can
3 get together and I find these inconsistencies
4 in this program. And there's many more.
5 There's the issue of -- I talked in my letter
6 probably to Mr. Elliott about 28,000 square
7 feet. We brought this up at St. Louis. It
8 wasn't 28,000 square feet. This issue was --
9 there was no cooling bed knowledge from anybody
10 that I heard out in California that there was a
11 cooling bed. There was a schematic showing --
12 that didn't show a cooling bed. A third of
13 that side of that building was used as a
14 cooling bed. And I was asked to draw a sketch.
15 I went and I talked to the workers. I remember
16 the cooling bed, but very -- I couldn't put it
17 in -- down. But I have a little bit of
18 artistic ability and I says if I know it's
19 there I can put it together in my head. I just
20 didn't draw that picture and send it down to
21 NIOSH. I drew what -- the information I got
22 from the workers. I went to one worker that
23 was a inspector in the cooling bed, who walked
24 across the top of this bed. I knocked on his
25 door and I says Ed, I've -- I got a little

1 picture that I drew up and I want to know if it
2 looks like -- if that's the cooling bed in your
3 (unintelligible). He had it -- he didn't have
4 it a minute and he says Ed, he says you've got
5 it perfect. And he says there's more stuff in
6 there, there's more motors and more -- and I
7 says I understand, but to put more in I would -
8 - I couldn't put the basics of it in, so --
9 that area was down below. The uranium run
10 across this cooling bed a third of the size of
11 that factory, and it laid out there in red hot
12 rods from one side to the other of this cooling
13 bed, which was about 70 feet wide. So above
14 the 28,000 square feet in the sub-basement,
15 there's 28,000 square feet on top that NIOSH
16 never took into consideration in our dose
17 reconstruction. So that's 56,000 square feet
18 that was missed on the technical base document
19 that was supposed to be researched and thought
20 out and used for our dose reconstruction. That
21 I don't understand. That I would like somebody
22 to plainly -- just tell me reasonably. I'm a
23 big boy now, my mother says. I can accept it.
24 I -- I can -- you say look at -- this is it and
25 this is it and this is why it didn't and

1 explain it to me, I can deal with it. But I
2 can't deal with it when the answer is -- that I
3 get -- it didn't make any difference in the
4 dose reconstruction. I cannot see how 56,000
5 square feet of unmonitored uranium and the
6 uranium that went down -- uranium is -- and I
7 think you probably all know because you're all
8 scientists on that. For sure I'm not, but I'm
9 beginning to wonder -- I may be catching up a
10 little bit. I think I'm in my freshman year
11 with you people.

12 Uranium is twice as heavy as steel. This
13 cooling bed that went over it was -- it was --
14 it was crawled over, it was pulled over, and I
15 do have witnesses that are credible witnesses
16 that says sparks was unbelievable when that
17 uranium was going over that cooling bed. Being
18 twice as heavy as steel, obviously it fell down
19 into the area below. I could line up about
20 eight people that said that area wasn't cleaned
21 out but maybe once a month -- if it was cleaned
22 out once a month. So obviously more of that
23 uranium was going to be downstairs that went up
24 into the dust into the air.

25 There's -- there's like over 200 motors in here

1 that this dust settled on. They had to change
2 them. Guys had to go down and change them.
3 There was -- oh, buildings that you had to put
4 up to protect the electrical system that ran
5 them, gears and everything, so you had to work
6 down there at different times. Now there was
7 more radiation down there, very obviously, than
8 there was up above. It -- with no cleaning. I
9 -- I just -- again, I just can't understand how
10 this could -- how you could say that the dust
11 went down and it mixed evenly. We don't even
12 know, and I was never told or where it came
13 from, how much dust did come from steel. How
14 do we know it was the same as uranium? I have
15 a -- and I sent it to CBS at Channel 4, and I
16 think I mentioned it to you down in Knoxville.
17 I have an old documentary of Bethlehem Steel.
18 It shows the billets as they're rolling
19 through, the red hot billets, and you can see
20 the scaling on there. And -- you won't believe
21 it if you saw it. I mean you actually see what
22 was on that, the scaling. It's black and it
23 was going through the rollers, the scaling.
24 There -- there's a lot of issues that -- that I
25 want to bring up at that meeting that I would

1 just like some reasonable answers for for our
2 group. And -- and I don't think I'm being
3 unreasonable because there's many more.
4 There's more than I want to -- you know, we'd
5 be here tomorrow morning. I've got them all
6 documented and I wanted to -- I'm going to
7 bring them to that meeting. But with this type
8 of issue and me going to these meetings, and I
9 really appreciate you -- the Board and
10 everybody involved to make me a part of this so
11 I can explain to you and try and show you what
12 happened.
13 Bethlehem Steel is supposed to be a pilot
14 program for the rest of the country. That's
15 okay. You made up a dose reconstruction and I
16 think I told Dr. Neton I think that you
17 probably worked real hard and spent millions of
18 dollars on it and that's okay. And I think
19 that dose reconstruction will certainly apply
20 to a lot of buildings, a lot of facilities in
21 the country. And I think yes, you should go
22 there. What kind of monitoring did you have.
23 You know, were there accidents there. There
24 was accidents every day at the steel plant.
25 Because they happened at the steel plant, when

1 the salt bath broke down and everything was
2 held up, that was an accident as far as I'm
3 concerned. And if you have the proper
4 information, then I think the dose
5 reconstruction -- fine, use it. Use it for the
6 people that, you know, don't deserve it
7 shouldn't get it.

8 But with the information that's at the
9 Bethlehem Steel site that is -- isn't the same
10 as what I've been hearing through NIOSH for --
11 I think it was something like three years I've
12 heard that there was no rough rolling at
13 Bethlehem Steel. And there's a lot more to
14 contamination when there's rough rolling. It
15 was all done at Simonds Saw and -- oh, but
16 Bethlehem Steel only had finished rolling.
17 It's not the case. I got a document, a
18 government document and I pick it up and I look
19 at it and it said they were getting ready to go
20 to Fernald in '52. And the document clearly
21 states to Bethlehem Steel -- the government
22 wrote and says we would like you to continue
23 some more rollings until we get our facility
24 ready at Fernald. And Bethlehem Steel's answer
25 was yes, we'll do it, but you buy us the rough

1 rollers and the finish rollers.

2 Now to me -- and I know for a fact that
3 Bethlehem Steel done the rough rolling and the
4 finish rolling. But I've heard that oh, it
5 wasn't as bad at Bethlehem Steel 'cause you
6 only done finish rolling. That's not the case.
7 That is not the case. Where is the reasonable
8 explanation? How -- how does this fit in? How
9 do you do a dose reconstruction when you don't
10 know the procedure?

11 Simonds Saw facility is one-tenth of the size
12 of Bethlehem Steel facility that they used.
13 There is not one procedure at Simonds Saw that
14 is equal to Bethlehem Steel, and there is no
15 other -- well, we found out from here or we
16 found out from there this is what exposure was
17 -- because there was no other facility in the
18 world like Bethlehem Steel. The whole purpose
19 for the government to go to Bethlehem Steel to
20 do it was to develop a new pass schedule and
21 rolling schedule. To developing the new pass
22 schedule it had to be applied. You do not walk
23 in a factory that size, roll uranium on a
24 Saturday -- they ship it in Friday or whenever
25 they shipped it in, pull it in the mill and all

1 of a sudden start to roll uranium. They had to
2 experiment with it, and that experimental time
3 had to be in the earlier years. As I said,
4 they -- that wasn't done the day before. And
5 that -- and I think you would all agree that
6 rolling uranium had to be a process. There was
7 a lot of testing, there was a lot of heating,
8 there was a lot of running through the rollers.
9 There was making the rollers, expensive
10 rollers. There was building the salt bath.
11 There was testing it with stuff. We don't know
12 what was involved. Was there thorium involved?
13 Could have been. They had it at Simonds Saw.
14 Are we sure? Well, there's no records. No,
15 there's no records. There are none. They
16 destroyed them. So why should Bethlehem Steel,
17 the claimants, be penalized when the government
18 threw the information away? That's not our
19 fault.

20 As I told you -- and I'll mention it again, I
21 worked with a crew, a hot crew that just went
22 on hot jobs -- not hot as far as uranium goes.
23 Could have been, but it was just hot work and
24 we specialized and we went to these different
25 buildings. Out of the 15 people that I worked

1 with, 13 are dead. And as far as we can find
2 out, all of them died of cancer. We've
3 researched that with some of the fellas that I
4 still know that work there. The two of us that
5 remain, you know already, both of us have
6 cancer.

7 I had a man come into one of our meetings a
8 couple of weeks ago. He lived within -- he
9 lived within about 100 feet -- there used to be
10 a road there. We've -- I didn't get that
11 documented. I've got pictures of the plant and
12 that -- he lived about 100 feet, maybe a little
13 bit more, away from the 10-inch bar mill.
14 Since then the road is gone and all that's
15 gone. In his family -- in his family alone,
16 and he'll take this under oath, there was five
17 people that died, between uncles and fathers
18 and brothers, died of cancer. I don't know
19 what kind, didn't get into it. His wife also
20 lived on the same street. They had five
21 children. Two of them were born with --
22 stillborn with birth defects.

23 Now I don't believe that's a coincidence, and I
24 don't believe that's the national average. But
25 something was there. I don't know what. I --

1 I firmly in my heart believe there was gamma
2 rays there, also. And of course that doesn't
3 only affect the lungs, that attacks all the
4 organs and I'm sure you know all that -- and I
5 learned it from you so you must know it.
6 But there are issues like this that I want to
7 present NIOSH. Some of them aren't severe,
8 some of them are minor. Some of the minor ones
9 I'm not even going to worry about. It's
10 contradictory, I don't -- I don't care. It's
11 the big issues. It's -- it's the where you
12 took your breathing zone samples. How did you
13 get breathing zone samples from a building
14 that's one-tenth of the size of Bethlehem
15 Steel? Answer me these questions. Where do
16 you get the comparison? And that's -- that's
17 what I'm here for. That's what I've been
18 fighting for, and that's what I hope that you
19 look at this and take it into consideration and
20 just -- if it was one of your family and we
21 said son, go work at that plant, you only got
22 three percent chance of getting cancer, would
23 you expose him to that three percent? Thirty-
24 four percent of the people in the United States
25 are going to die from cancer. You could have

1 been one of them with that three percent.
2 There is no -- there was no history of cancer
3 in my family. They all came from Switzerland,
4 and I -- I went back there -- I got relatives
5 living there now. Not one cousin, not one
6 uncle, not -- no one has ever had cancer. That
7 doesn't mean that I'm not going to get it, but
8 it kind of makes you wonder. I worked down
9 there. And I also worked as a subcontractor in
10 the plant back in '99 and I put -- I build a
11 building. I had my own construction crew. I
12 build a building within 100 -- about 100 yards
13 from the old 10-inch mill. And when we dug the
14 foundation it was just filthy dirty water in
15 there. And I know for a fact that that's where
16 they used to run the water out -- Arjun knows
17 because he came up to Buffalo. He knows the
18 layout of the facility, and that's where they
19 used to run the -- when they washed down the
20 facility, went out into a pit. I was within 50
21 feet of that pit when we dug this one here.
22 I don't know if it was active or not. I had no
23 id-- I didn't know -- I had no idea till we
24 heard of the program in 2000. But I'll leave
25 it at that. I would certainly like to be with

1 (Affirmative responses)

2 Opposed, no?

3 (No responses)

4 So ordered. We also have two sets of
5 subcommittee meetings. The full Board can act
6 in behalf of the subcommittee. The
7 subcommittee meeting of October 17th has not
8 been acted on. We've had opportunity to review
9 those. A motion to approve?

10 **DR. DEHART:** So moved.

11 **DR. ZIEMER:** Second?

12 **MR. PRESLEY:** Second.

13 **DR. ZIEMER:** Omissions or corrections?

14 (No responses)

15 I assume particularly all of you have read
16 those sections that pertain to the issues that
17 you addressed, so...

18 All in favor, aye?

19 (Affirmative responses)

20 Any opposed, no?

21 (No responses)

22 Okay. And then finally the subcommittee
23 minutes of January 24th. Motion to approve?

24 **DR. LOCKEY:** So moved.

25 **DR. ZIEMER:** And seconded?

1 that we -- rather than have the full Board act
2 as a subcommittee -- is to actually designate
3 four Board members to be the subcommittee, plus
4 two alternates, so to have six people be what
5 we'll call the dose reconstruction
6 subcommittee. We have been calling them dose
7 reconstruction and site -- site review --

8 **DR. WADE:** Site profile review.

9 **DR. ZIEMER:** -- site profile review committee,
10 but we're -- we've been moving toward having
11 individual workgroups now on the various sites,
12 so that part is going away in a natural way.
13 But for dose reconstructions, as an over--
14 overall coordinating group for the mat-- dose
15 reconstruction matrices, particularly, we do
16 need to keep the subcommittee in place. So let
17 me ask you first -- and how we would then
18 operate, for example, if we have half-day
19 meetings like we did at this meeting, it would
20 just be that smaller group. This would allow
21 also the other workgroups, if they wish to meet
22 during that period, to meet separately.
23 Now there may be some overlap so we'd have to
24 coordinate that, but at least that would be a
25 possibility. But how do the rest of you feel

1 about going to a smaller, specified group?
2 This would also allow us flexibility, if we
3 need to develop other subcommittees, to have
4 personnel available for that. Any reactions?

5 **MS. MUNN:** I think that's a fine idea if we
6 have the people to do it. The availability of
7 the members of this Board is fairly limited,
8 and I --

9 **DR. ZIEMER:** Well, interestingly enough, our
10 experience has been that almost everybody comes
11 anyway.

12 **MS. MUNN:** Everybody comes, yeah, because of
13 the timing.

14 **DR. ZIEMER:** Right.

15 **DR. WADE:** The timing is --

16 **MS. MUNN:** It's an appropriate time.

17 **DR. ZIEMER:** Right. Is there any objection to
18 moving in that direction? We will have -- we
19 will have to modify the charter for the
20 subcommittee. That is, we would basically have
21 to name -- rename the membership, and we would
22 have to modify the part -- portion that deals
23 with site profiles --

24 **DR. WADE:** And I can do that once --

25 **DR. ZIEMER:** -- but we can do that once we take

1 the action.

2 **DR. DEHART:** Are you needing a motion?

3 **DR. ZIEMER:** I'll need a motion to -- to modify
4 the structure of the subcommittee to, number
5 one, restrict it to dose reconstruction review
6 activities, and two, to limit the membership to
7 four members plus two alternates. And we would
8 -- if this passes, then we would -- we will
9 determine who those will be.

10 **DR. DEHART:** I would so move that as specified.

11 **DR. ZIEMER:** Moved and a second?

12 **MR. CLAWSON:** Second.

13 **MR. GRIFFON:** Second.

14 **DR. ZIEMER:** Okay. Any discussion pro or con?
15 If there's another scheme you'd rather have --
16 okay.

17 **DR. ROESSLER:** It sounds reasonable.

18 **DR. ZIEMER:** Okay, let's take action, and if it
19 -- if it passes, we will look at the
20 membership.

21 All in favor, aye?

22 (Affirmative responses)

23 Any opposed, no?

24 (No responses)

25 Any abstentions?

1 (No responses)

2 Motion passes. I'd like to propose that the
3 current chairman, Mark, remain in that
4 position. The -- the dose -- or the site
5 profile part has been handled largely by what
6 we call the working group but was officially
7 still part of that, and that was Mark and Wanda
8 --

9 **MR. PRESLEY:** And me.

10 **DR. ZIEMER:** -- and Bob, and I think Mike.

11 **DR. WADE:** Right.

12 **MR. GRIFFON:** Yeah.

13 **DR. ZIEMER:** And I guess I would ask as a
14 starter if those four individuals would still
15 be willing to constitute now this subcommittee.

16 **MR. PRESLEY:** Do you want -- do you want
17 somebody on there that -- is it going to be
18 site profiles?

19 **DR. ZIEMER:** No, it's going to be dose
20 reconstructions.

21 **MR. PRESLEY:** I mean dose reconstructions.

22 **MR. GRIFFON:** Going to be the cases, right.

23 **MR. PRESLEY:** Then I -- then I would suggest
24 that you take me off and put somebody on there
25 that's got more experience and more -- knows

1 more about dose reconstruction than I do. I
2 would suggest Gen Roessler or Bob -- John,
3 either one.

4 **DR. ZIEMER:** Right, we -- and we could do that,
5 and perhaps you'd be willing to be one of the
6 alternative -- alternates, 'cause we're going
7 to need two alternates.

8 Okay, John, would you be willing to be on this
9 subcommittee?

10 **DR. POSTON:** Sure.

11 **DR. ZIEMER:** Okay. So the subcommittee would
12 be Mike, John, Mark and Wanda.

13 **DR. WADE:** Mark as chair.

14 **DR. ZIEMER:** And Mark would serve as chair.
15 The alternates would be Bob and I -- I think --
16 I'd like to get maybe someone sort of on the
17 worker side, and Brad, if you'd be willing --

18 **MR. CLAWSON:** I'd be willing.

19 **DR. ZIEMER:** -- to be an alternate -- I don't
20 want to overwork you 'cause we're a little
21 short-handed in that end of the spectrum, but -
22 -

23 **MR. CLAWSON:** No problem.

24 **DR. ZIEMER:** Okay, let's name Brad as an
25 alternate.

1 **DR. WADE:** Okay, so the title would be
2 Subcommittee on Dose Reconstruction Review
3 Activities, chaired by Mark, sitting members
4 Mike, Wanda, John, alternates Bob and Brad.

5 **DR. ZIEMER:** Correct. And I don't think that
6 require-- I think I'm authorized to appoint
7 those, but we do need to get the charter
8 revised and it may be that we'll have to take
9 formal action -- I'm not sure what is required.
10 I think -- I think we understand that the --
11 the current charter has to be --

12 **DR. WADE:** Right, I'll bring the charter to the
13 October 8th call. We can --

14 **DR. ZIEMER:** Okay, let's -- yeah, why don't we
15 do it in August instead of October.

16 **DR. WADE:** August, I'm sorry.

17 **DR. ZIEMER:** I --

18 **DR. WADE:** Working group on denied SEC
19 petitions Lockey has offered to chair.

20 **DR. ZIEMER:** Oh, yeah, the other work-- the
21 other workgroup that we talked about earlier in
22 this meeting was the workgroup to review the --
23 those 28 or 30 SEC petitions that were not --

24 **DR. WADE:** Denied.

25 **DR. ZIEMER:** Yeah, they were -- Dr. Lockey has

1 -- has volunteered to chair that, and we would
2 need two or three additional volunteers to work
3 with him on that.

4 **DR. ROESSLER:** (Off microphone)

5 (Unintelligible)

6 **DR. ZIEMER:** Gen Roessler, any -- one or two --

7 **DR. WADE:** Dr. DeHart.

8 **DR. ZIEMER:** DeHart. Three is enough. If
9 there's one other that wishes to volunteer,
10 we'll add a fourth, but -- okay.

11 **MS. MUNN:** I can -- I can do that if the -- if
12 the overlap is not -- if the timing overlap is
13 not bad.

14 **MR. GRIFFON:** Jim Melius expressed an interest
15 in that. I don't know if you had enough
16 already.

17 **DR. ZIEMER:** Well, we have -- we have three.

18 **MR. GRIFFON:** I'll vol-- I'll volunteer him.

19 **DR. ZIEMER:** Maybe -- maybe Dr. Melius would be
20 -- put him on there, okay. He's not here to
21 defend himself.

22 Okay, thank you very much. I think that covers
23 all of the issues that -- we've already talked
24 about the schedule for future meetings --

25 **DR. WADE:** Right, I would encourage the working

1 group chairs to put their mind quickly to the
2 next meeting and get with me and let me know.
3 Sometimes it's good if we sort of collect these
4 meetings together so we can engage in some e-
5 mail discussion about doing it, but there's a
6 great deal of interest in people pursuing our
7 activities on site profiles -- Hanford, Nevada
8 Test Site, Savannah River -- so I think it's
9 important we move with some dispatch there.

10 **DR. ZIEMER:** Are there any other items that
11 need to come before us? Anything for the good
12 of the order?

13 (No responses)

14 If not, I thank all the Board members, as well
15 as the staffers, those who are still -- still
16 on their feet, as it were. Thank you for all
17 your hard work and good efforts on behalf of
18 this program. We'll look forward to seeing you
19 -- or hearing you by phone and seeing you next
20 time.

21 We are adjourned.

22 (Whereupon, the day's business was concluded
23 and the meeting was adjourned at 3:18 p.m.)
24
25

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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 16, 2006; 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 8th day of July, 2006.

STEVEN RAY GREEN, CCR**CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**