

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

convenes the

MEETING 42

ADVISORY BOARD ON
RADIATION AND WORKER HEALTH

VOL. IV
DAY THREE

The verbatim transcript of the 42nd
Meeting of the Advisory Board on Radiation and
Worker Health held at the Holiday Inn Select,
Naperville, Illinois, on Dec. 13, 2006.

C O N T E N T S

Dec. 13, 2006

| | |
|--|-----|
| WELCOME AND OPENING COMMENTS | 7 |
| DR. PAUL ZIEMER, CHAIR | |
| DR. LEWIS WADE, DESIGNATED FEDERAL OFFICIAL | |
| WORKING GROUP REPORTS | 18 |
| WORKING GROUP CHAIRS | |
| OCAS PROGRAM UPDATE | 108 |
| MR. LARRY ELLIOTT, NIOSH/OCAS | |
| SC&A TASK V | 145 |
| DR. LEWIS WADE, EXECUTIVE SECRETARY | |
| SEC MOTIONS | 156 |
| DR. PAUL ZIEMER, CHAIR | |
| SELECTION OF ADDITIONAL PROCEDURES TO BE REVIEWED BY SC&A | 210 |
| DR. LEWIS WADE, EXECUTIVE SECRETARY | |
| APPROVAL OF MINUTES | 235 |
| FUTURE MEETING DATES | 237 |
| COURT REPORTER'S CERTIFICATE | 258 |

TRANSCRIPT LEGEND

The following transcript contains quoted material. Such material is reproduced as read or spoken.

In the following transcript: a dash (--) indicates an unintentional or purposeful interruption of a sentence. An ellipsis (. . .) indicates halting speech or an unfinished sentence in dialogue or omission(s) of word(s) when reading written material.

-- (sic) denotes an incorrect usage or pronunciation of a word which is transcribed in its original form as reported.

-- (phonetically) indicates a phonetic spelling of the word if no confirmation of the correct spelling is available.

-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

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

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

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

(By Group, in Alphabetical Order)

BOARD MEMBERSCHAIR

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

EXECUTIVE SECRETARY

WADE, Lewis, Ph.D.
Senior Science Advisor
National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention
Washington, DC

MEMBERSHIP

1 CLAWSON, Bradley
2 Senior Operator, Nuclear Fuel Handling
3 Idaho National Engineering & Environmental Laboratory

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

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

4 LOCKEY, James, M.D.
5 Professor, Department of Environmental Health
6 College of Medicine, University of Cincinnati

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

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

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

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

STAFF

LASHAWN SHIELDS, Committee Management Specialist, NIOSH
STEVEN RAY GREEN, Certified Merit Court Reporter

SIGNED-IN AUDIENCE PARTICIPANTS

BAKER, ELAINE, MASO
BREYER, LAURIE, NIOSH/OCAS
BROEHM, JASON, CDC WASHINGTON OFFICE
BURGAN, LARRY
CASE, DIANE L., DOL
CHANG, C, NIOSH
DUNGAN ANITA, CLAIMANT
DVORAK, CHUCK
ELLIOTT, LARRY, NIOSH
ENGLE, MEETA, GAO
FITZGERALD, JOSEPH, SC&A
FOLKERS, LAURA
HINNEFELD, STUART, NIOSH
HOWELL, EMILY, HHS
KOERNER, LINDA
KOSTAL, GEORGE R., NIOSH
LEWIS, MARK, ATL
MAKHIJANI, ARJUN, SC&A
MAURO, JOHN, SC&A
MCFEE, MATTHEW, ORAUT
MCKEEL, DAN, WU-VI NEWS
MCKEEL, LOUISE, VILLAGE IMAGE NEWS
MILLER, RICHARD, GAP
OZBOLT, ARNIE
PRESLEY, LOUISE S., WIFE OF ROBERT PRESLEY
RAFKY, MICHAEL, HHS
RAMSPOTT, JOHN
RECH, DON
RUTHERFORD, LAVON, NIOSH
TORKELSON, DAVE, NIOSH
TURCIC, PETE, DOL
ZACCHERS, MARY JO
ZIEMER, MARILYN

P R O C E E D I N G S

(8:45 a.m.)

WELCOME AND OPENING COMMENTS

DR. PAUL ZIEMER, CHAIR

1 DR. ZIEMER: Good morning, everyone. We're ready to
2 begin our deliberations for the third day of
3 this 42nd meeting of the Advisory Board on
4 Radiation and Worker Health. Before we get
5 into the agenda items, we have one item left
6 from yesterday. We committed to reading into
7 the record a letter from one of the Illinois
8 delegations. Jason, you have the letter and if
9 you would identify who it's from and then read
10 it into the record, we'd --

11 **MR. BROEHM:** Okay.

12 **DR. ZIEMER:** -- appreciate it.

13 **MR. BROEHM:** Is this on? Okay. I'm Jason
14 Broehm from the CDC Washington office. We have
15 one letter from last night that Senator Obama's
16 staff brought on behalf of U.S. Congressman
17 Jerry F. Costello, and this is his statement
18 that I'll read into the record.

19 (Reading) On behalf of the hundreds of
20 residents throughout the 12th Congressional

1 District of Illinois who were former federal
2 nuclear weapons program employees at the Dow
3 Chemical Company in Madison, Illinois, and the
4 General Steel Industries in Granite City,
5 Illinois, I want to share my concerns regarding
6 serious performance delays at the National
7 Institute for Occupational Safety and Health in
8 processing my constituents' dose reconstruction
9 claims from both of these sites.

10 Senator Obama and I, and other members of the
11 delegation, are working together to assist the
12 former employees of Dow Chemical and the
13 General Steel Industries who developed our
14 country's nuclear weapons defense program
15 because they were likely exposed unknowingly to
16 harmful chemicals and substances. I support
17 the remarks and conclusions Senator Obama has
18 made during this ongoing investigation, and
19 believe these employees should be considered
20 for compensation under the federal Energy
21 Employees Occupational Illness Compensation
22 Act.

23 Five years ago the employees filed dose
24 reconstruction claims with the Department of
25 Labor, who in turn referred the claims to

1 NIOSH. As of today my constituents' claims
2 have not been completed and a long period of
3 time has elapsed with no indication if any
4 progress has been made. Of particular concern
5 to the two sites in the 12th Congressional
6 District are, one, General Steel Industries is
7 unlike any other EEOICPA site, therefore it is
8 impossible to use coworker data in dose
9 reconstructions for General Steel Industries
10 workers; two, Dow Chemical Company has no site
11 profile and no worker monitoring data; three,
12 the class definition under the Dow Chemical
13 83.14 SEC should be extended from 1957 to the
14 present time.

15 I request NIOSH to respond to my office within
16 ten days as to the status of the dose
17 reconstruction claims filed from Dow Chemical
18 and General Steel Industries, and provide a
19 time frame for when they will be -- for when
20 they will be completed. Further, I urge Dr.
21 John Howard, Director of NIOSH, to implement
22 performance standards and goals for all
23 employees working on dose reconstruction claims
24 for workers in Illinois on this important
25 program, and to share their progress with

1 Congress on a quarterly basis.

2 Thank you for consideration of these issues,
3 and I look forward to hearing from you soon.

4 **DR. ZIEMER:** Thank you very much, Jason. Next
5 I believe, Larry, we have a spot for you on the
6 agenda this morning for an item to bring to the
7 Board.

8 **MR. ELLIOTT:** Thank you, Dr. Ziemer. Yesterday
9 evening I received a FedEx package from the
10 Department of Energy. Libby White, Greg Lewis
11 and Roger Anders have been pursuing some data-
12 related issues for several people, one of which
13 is -- concerns the Dow Chemical facility and
14 Senator Obama's inquiries into certain types of
15 documents that establish the contractual
16 arrangement between AEC and Dow through
17 Mallinckrodt. And so -- another one deals with
18 the Mound site and the Board's review of that
19 site profile. SC&A raised questions about a
20 destruction of records at Mound -- that
21 actually occurred at LANL.

22 And so in this package of information DOE is
23 providing -- for Dow Chemical they're providing
24 three paper copies, one of which is for the
25 Board, one for SC&A and one for NIOSH, that

1 represent some documents that were provided to
2 Senator Obama's office regarding the
3 contractual arrangement. They also provided
4 three compact disks of information about the
5 Dow contractual arrangements and changes in
6 that contract over time, and I've given Mark
7 Griffon a copy of the full set. I think you
8 have -- have that from him. I passed along the
9 information also to -- to Arjun and -- and Joe
10 Fitzgerald from SC&A, and we'll make sure at
11 NIOSH that this information is loaded up into
12 the site research database files respective to
13 Dow Chemical and Mound.

14 I assume from this that -- that DOE is
15 providing Senator Obama's office this similar
16 information, as well as Dr. McKeel, but I'd be
17 happy -- if Dr. McKeel hasn't got this -- to
18 pass it along to him, as well.

19 The Mound issue -- there's one -- one memo
20 about that, DOE provides the background
21 information about the destruction of the
22 records, as well as a -- a memo from Los Alamos
23 that provides the decision to destroy.

24 Just wanted to enter that into the Board's
25 record so you knew that DOE was being

1 responsive to some of these requests.

2 **DR. ZIEMER:** Thank you --

3 **MR. ELLIOTT:** I think Libby White or somebody
4 at DOE is on the line if -- if anyone has any
5 questions about this information.

6 **DR. ZIEMER:** Libby White, are you on the line?

7 **MS. WHITE:** Yes -- indeed I am, and Roger
8 Anders is also here with me.

9 **DR. ZIEMER:** Okay. So maybe let us take this
10 opportunity to see if any Board members have
11 any questions pertaining to this information,
12 and we appreciate you making it available, and
13 all of these documents will be entered on the O
14 drive, I believe, as well, so they're available
15 for Board members and we have -- have the hard
16 copies here as well the disks this morning.

17 **MS. WHITE:** Now if I could just quickly mention
18 that there's some additional information that
19 will be sent to you, as well. The history
20 division also has classified information.
21 Roger Anders found that there was what, about
22 six inches of classified materials?

23 **MR. ANDERS:** No, about four inches.

24 **MS. WHITE:** Four inches? So that will be
25 declassified and provided to you, as well as

1 our DOE Office of Legacy Management may have
2 some records as well because they inherited the
3 records from the Rocky Flats plant, and it's
4 possible that these records may contain
5 relevant information. So we are working with
6 them to ascertain whether they contain this
7 documentation and we'll make sure that -- that
8 if so, that that gets to you in a timely
9 manner.

10 **DR. ZIEMER:** We certainly appreciate that.
11 There's -- there's at least one question here
12 for you. This'll be Michael Gibson from -- a
13 Board member. Mike?

14 **MR. GIBSON:** Ms. White, could you give me any
15 idea of the amount of records that were
16 destroyed at LANL from Mound?

17 **MS. WHITE:** What we understand is that it's
18 about 400 boxes of -- of records that were
19 destroyed.

20 **MR. GIBSON:** And if -- if my memory serves
21 correct, those 400 boxes are four foot by eight
22 foot by four foot LSA boxes full of records.
23 Is that correct?

24 **MR. ANDERS:** No, I don't think we're talking
25 about that. I think we're talking about the

1 one-foot cubic sized boxes, and the figure that
2 I remember is about 458, of which about 43 of
3 those were duplicated and copies of -- of the
4 duplicates are in the custody of DOE's Office
5 of Scientific and Technical Information.

6 **MR. GIBSON:** Okay, and one last question. Do
7 you have a time frame when those records were
8 sent from Mound to LANL?

9 **MR. ANDERS:** 1995.

10 **MR. GIBSON:** Okay. Thank you.

11 **DR. ZIEMER:** Yes, and -- and we should make
12 copies of this document -- the Mound records
13 issue document, maybe the Board members would
14 like to see it and some of your questions will
15 be answered here, Mike. It has the information
16 about the boxes and the time frame and so on.
17 Board members have not seen this document yet,
18 Libby, so you know -- I know that your memo, or
19 whoever prepared the memo, does answer some of
20 those questions. And again, we appreciate your
21 digging in and finding this additional
22 information.

23 **MS. WHITE:** Sure.

24 **DR. ZIEMER:** Are there other questions this
25 morning for the folks at DOE?

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

(No responses)

If not, we'll -- we'll proceed on our agenda. You're welcome to continue listening in, although you may have more important things to do -- oh, hold on just a moment 'cause Dr. McKeel is here and he may have a question on this issue on behalf of his petitioners.

DR. MCKEEL: Yes, I just wanted to thank Libby White for providing that information to me so -- and I think Senator Obama's office, I assume, is also going to get a copy.

I did want to mention that in February of this year, February the 9th, specifically, I sent a Freedom of Information Act request specifically to the Department of Energy Office of Legacy Management asking for this same information about the Dow Madison site. Now I didn't ask specifically about the Rocky Flats contract, but I'm -- I'm hoping very much that they will be more responsive now than they were back then to this request because it actually took six weeks for that request to get routed through the history division into the FOIA office at DOE, and after that it took about another three or four months to get back an interim response

1 form. So I think this is terrific that we're
2 getting the Rocky Flats/Dow contract now, but I
3 really hope Ms. White will encourage OLM to be
4 forthcoming 'cause a lot of people need that
5 data.

6 **DR. ZIEMER:** Thank you. And Libby, we -- we
7 certainly appreciate anything you can do to
8 implement these efforts to -- to get the
9 appropriate records.

10 Joe Fitzgerald also, from our contractor SC&A,
11 has a comment or question.

12 **MR. FITZGERALD:** Yeah, Libby, Joe Fitzgerald.
13 I have the Los Alamos memo, and of course we've
14 been working this since last year, and just a
15 point of clarification maybe we could get. I
16 notice from the three pages in the memo, the
17 cover page is dated May 15th, 2003; the second
18 page is dated December 7th, 2006; and the
19 signature page is dated May, 2003. So the
20 second page appears to be sort of this year and
21 the other two pages are 2003, so I don't know
22 if you can clarify that or find out what --
23 what may have happened.

24 **DR. ZIEMER:** The second page appears to be
25 somehow on --

1 **MR. FITZGERALD:** It's dated December 7, 2006,
2 at least on the -- on the item up top. And
3 maybe that's just a label that was added, but
4 just to clarify that this is all 2003.

5 **DR. ZIEMER:** And Libby, if you're not able to
6 answer that now, perhaps have a chance to -- to
7 find out and -- and pass that information along
8 to -- I guess it can go to Larry and we can
9 distribute it again.

10 **MS. WHITE:** Absolutely. We actually -- I had
11 not noticed that and we will -- we will
12 definitely look into that, so thanks for
13 bringing that to our attention, Joe. And I
14 also wanted to respond to Dr. McKeel's question
15 about whether these materials will go to
16 Senator Obama, the Dow Madison materials, that
17 is. They are actually -- a letter is working
18 its way through the DOE system, and we will
19 provide the same information that we have
20 provided to the Board to his office, and also
21 follow up with copies of the declassified
22 information and any information that the Legacy
23 Management Office has.

24 **DR. ZIEMER:** Okay, very good. Thank you very
25 much.

1 Chapman Valve SEC, the 250-day SEC issue, SEC
2 petitions that did not qualify, Hanford,
3 Conflict of interest and last, Blockson SEC. I
4 will also touch upon the subcommittee, only
5 because Brad Clawson had made the
6 recommendation that for each entity there be a
7 co-chair or a vice chair, you can decide which,
8 that should be designated, and this might be a
9 reasonable time to accomplish that. I don't
10 know if we'd do it as we go down the list or if
11 we wait until we're completed, but I would then
12 touch on the subcommittee to see how we wanted
13 to deal with that.

14 **DR. MELIUS:** Can -- can we also talk about the
15 issue for the 83.14?

16 **DR. WADE:** Then the issue of new -- new and
17 potential --

18 **DR. MELIUS:** Workgroups. I don't know if we
19 need to do it this morning or in full Board
20 work time, but I just don't --

21 **DR. ZIEMER:** No, we'll do the reports and --

22 **DR. MELIUS:** Yeah.

23 **DR. ZIEMER:** -- we have some other work time if
24 we need to do it then, so --

25 **DR. MELIUS:** Okay, I just --

1 **DR. ZIEMER:** -- one way or the other.

2 **DR. MELIUS:** -- didn't want it off the agenda.

3 **DR. ZIEMER:** So let's begin with the first one
4 on that.

5 **DR. WADE:** The first is Nevada Test Site, and I
6 see that the chair of the workgroup, Robert
7 Presley, is at the podium. To remind you, that
8 workgroup is chaired by Presley; Munn, Clawson,
9 Roessler are the members.

10 **MR. PRESLEY:** I'm not going to bore you with a
11 lot of things. The Nevada Test Site site
12 profile -- the last meeting that we had was
13 September 15th, Cincinnati. I thought it was a
14 very, very good working group meeting. We
15 started out with 25 total comments from SC&A.
16 NIOSH submitted their responses to each. NIOSH
17 accepted SC&A's comments and recommendations on
18 ten issues. Ten issues are complete at this
19 point. Ten issues incorporated --
20 incorporating 34 responses are awaiting review
21 by the Board.

22 Now, what these responses are pertain to the
23 revisions for Chapter 4, 5 and 6 of the site
24 profile, and at present NIOSH is preparing
25 those as we speak. Hopefully we will have a

1 meeting sometime in January. We're pushing to
2 meet after the 250-day group because this
3 really ties into the NTS work, so what we're
4 hoping to do is meet the day after they do, go
5 through all of the 34 responses and be able to
6 report back to the Board then at the next Board
7 meeting in February.

8 As you can see, we've gone through every bullet
9 that's up here yesterday, all the way from dose
10 reconstruction of significant nuclides through
11 the assumption of non-monitored workers. These
12 are items that are -- pertain to a lot of SEC
13 petitions.

14 Our number one issue of course is oro-nasal
15 breathing. We will be revisiting that when the
16 written comment from NIOSH comes out. The
17 working group will hopefully be able to go over
18 this at our next meeting.

19 Issue two is resuspension models. A draft
20 response is out for internal review. When we
21 get it, then we will review it for accuracy
22 along with SC&A. Hopefully it will be accepted
23 and we'll move on.

24 Issue three is the site interview data. The
25 working group has asked SC&A -- I'm sorry,

1 NIOSH to provide interview data to SC&A. At
2 present this is still in a classification
3 office as we know it at NTS. I can tell you,
4 as a classification officer, things work very,
5 very slow. And I'm sure that they don't have
6 the number that we have at Y-12 out at the Test
7 Site, and I can understand why it's taking a
8 while to get this thing. We will try to do
9 what we can to get this speeded up.

10 Arjun, you haven't heard anything on it yet,
11 have you?

12 **DR. MAKHIJANI:** No, sir.

13 **MR. PRESLEY:** I haven't -- I haven't, either.
14 Okay.

15 Working group members, do y'all have anything
16 to add to the report?

17 Okay. SC&A? Arjun, do you have anything?

18 **DR. MAKHIJANI:** No.

19 **MR. PRESLEY:** Okay. Thank you.

20 **DR. MAKHIJANI:** Could I make a request, if
21 we're going to have the meeting around the same
22 time, the revisions that NIOSH has proposed to
23 make are -- are, as you know, quite major.

24 **MR. PRESLEY:** Yes.

25 **DR. MAKHIJANI:** So if we could have the

1 revisions a little bit of time before the
2 meeting, that would help us, you know, close
3 out issues more rapidly so we can actually have
4 a substantive meeting.

5 **MR. PRESLEY:** I think NIOSH is well aware of
6 that, and I'm sure that they're going to be
7 working with us to -- to try to get that to us
8 so that not only you all have time to work on
9 it but also the working group have time to work
10 and review it.

11 **DR. MAKHIJANI:** Thank you very much.

12 **MR. PRESLEY:** I see Stu coming up.

13 **MR. HINNEFELD:** Well, Robert, I -- I did manage
14 to find some people to hunt down Mark Rolfes
15 back in the office and so I have a brief status
16 of where we are on some of these things.

17 **MR. PRESLEY:** Thank you.

18 **MR. HINNEFELD:** He responded directly with two
19 issues that are being investigated. One is the
20 -- the revised model for resuspension that Gene
21 Rollins is working on, that should be, they
22 believe, done in the next five weeks, so in
23 order -- it would be sometime after that then
24 in order to provide SC&A time to review it
25 before the workgroup could really have a

1 substantive discussion.

2 The other issue he responded with respect to is
3 the hot particle exposure issues, and where our
4 contractors are -- are in the process of
5 gathering information related to the reactor
6 tests where the hot particles were really an
7 issue from DOE and what information was
8 available, so that's -- so they're not as far
9 along and they don't have a predicted date for
10 when that issue will have a proposed
11 resolution.

12 **MR. PRESLEY:** Okay. Thank you very much, Stu.
13 Anybody from the Board have a -- a comment or a
14 question or anything? Arjun? Arjun's got one
15 more.

16 **DR. MAKHIJANI:** Mr. Presley, there are a number
17 of other major issues also. There was going to
18 be, for instance, the model for reconstructing
19 shallow doses up to 1966 because there are no
20 records of shallow doses, so I -- I think there
21 is a model for that that's supposed to be in
22 the works. There are -- as you pointed out,
23 there are about ten significant issues.

24 **MR. HINNEFELD:** I didn't hear anything -- I
25 didn't hear anything about that, but I will see

1 what I can find out.

2 **MR. PRESLEY:** Okay. Anybody on the Board have
3 anything?

4 **DR. ZIEMER:** Okay. Thank you very much, Robert
5 and working group, and I know this was a --
6 this one is one of those really extensive
7 tasks. We appreciate the work that's gone into
8 this. We talk a little more later. This --
9 this particular effort, in terms of our
10 contractor, is -- has taken considerably more
11 time and effort than we originally planned on
12 and that will have some impact later --
13 actually I'm thinking of Rocky Flats when I
14 said that, yeah, so I was -- I said that and I
15 was thinking of Rocky Flats, so I withdraw that
16 statement. But nonetheless, the statement
17 about the good work you're doing still holds,
18 so thank you very much.

19 Now let's go to the next one, Lew.

20 **DR. WADE:** Next is Savannah River Site chaired
21 by Mike Gibson; members Clawson, Griffon,
22 Lockey.

23 **MR. GIBSON:** Okay. This -- this working
24 group's going a little slower than what we had
25 hoped, partially due to the fact that we're

1 having a little bit of difficulty getting
2 information from DOE. On the one hand, the
3 requests that NIOSH sent to DOE, they kind of
4 overwhelmed them with information, more than
5 asked for. And once NIOSH sifted through that
6 information and got the pertinent data out of
7 there, it was not all-inclusive. So Sam Glover
8 I believe has been heading up the team for
9 NIOSH and he's been working with DOE, a guy
10 named Greg Lewis, and the one bit of
11 information we needed was something to do with
12 the data fault tree, which was never mentioned
13 until that was brought up a second time, and
14 now DOE claims there's classified information
15 intermingled in with that data. So we're
16 working on that issue, which Brad reminded me
17 and that should not be an issue because Brad
18 and Mark Griffon both on this subcommittee
19 (sic) both have Q clearances, so hopefully we
20 can get that resolved soon. But there was --
21 there's about 16 items that we had. There's
22 about ten of them still open, each of them with
23 some subsections. So between SC&A's staff, I
24 think mainly headed up by Joe Fitzgerald and
25 Sam -- and the rest of the staff, and Sam

1 Glover and the rest of the NIOSH staff,
2 progress is being made but it's just going a
3 little slower than what we thought.
4 Any of the Board members or NIOSH or SC&A staff
5 want to make any comments?

6 **DR. ZIEMER:** One, Mike.

7 **DR. MELIUS:** Just in the interest of
8 disclosure, when we were doing the Hanford
9 conference call -- which I'll report on later
10 about the Hanford site profile -- got to
11 talking about incidents and the definition of
12 incidents and so forth, and so actually did get
13 -- Bob Alvarez was on the call and we actually
14 got in a discussion of not only a database from
15 Savannah River on, you know, reported incidents
16 there and -- and so forth, which I believe
17 NIOSH has under review through their -- their
18 contractor. It wasn't clear to me in the call
19 as to sort of exactly how it -- what the
20 connection was. I just wanted to make sure you
21 were aware of that and that issue came up and
22 so forth. Bob -- Bob Alvarez is the one that I
23 think had pointed out the existence of that
24 database.

25 **DR. WADE:** Next --

1 **DR. ZIEMER:** Next?

2 **DR. WADE:** -- Rocky Flats, ably chaired by Mark
3 Griffon, with Gibson, Munn, Presley as members.

4 **MR. GRIFFON:** We -- you know, we had a
5 workgroup meeting between the last Board
6 meeting and now. We also had a couple
7 technical phone calls after that workgroup
8 meeting. And I think we're in a position -- I
9 think we all want to be in a position where
10 February we're -- we have everything pulled
11 together and we're in a position that we can
12 bring -- that SC&A can bring an evaluation
13 report to the Board and that we should be in a
14 position to hopefully vote on this.
15 The -- there are several outstanding items --
16 I'll go through them in a quick fashion, not as
17 detailed as we've previously done. Data
18 completeness is the -- is the primary remaining
19 action, and right now SC&A is reviewing
20 individual radiation files for sort of two
21 subsets: likely exposed workers or production
22 workers, however we define that; and then a
23 random selection of claimants' files. And this
24 is really to answer a question that's been kind
25 of ongoing in our deliberations about potential

1 data gaps in -- in -- in some of the radiation
2 records, and in some cases it's not clear
3 whether there's gaps where -- because an
4 individual wasn't required to be on a
5 monitoring program or whether there is actual
6 missing data. So we want to get to the bottom
7 of that, and I think -- I think we're close.
8 This final sampling should do that.

9 The second item is other radionuclides. The
10 primary thing left there we've -- we've gone
11 through several different radionuclides, but
12 the primary one that we're focusing on now --
13 remaining action is on thorium. We still have
14 some questions about thorium use. NIOSH is
15 researching some more on some historical
16 documents to get us a final determination on
17 that. Also NIOSH is -- is -- is -- is to
18 provide SC&A and the Board another sort of
19 empirical model to demonstrate that their --
20 the model on the table now is actually a
21 bounding approach. So we've got a couple of
22 things going on thor-- on thorium, but that's -
23 - I think that's the remaining item on the
24 other radionuclides.

25 And the third item is D&D workers, and on the

1 D&D workers -- again, the issue here was that
2 they weren't in the original coworkers models.
3 There was a question of whether the bioassay
4 program continued in a similar fashion as it
5 was for the earlier production years, and so we
6 -- we pursued this because we wanted to see how
7 NIOSH was handling reconstruction of D&D
8 workers from the period of about '92 on in --
9 at the site.

10 And right now where we stand, NIOSH is
11 providing us additional information about the
12 bioassay for the D&D period. I guess I'll
13 leave it at that. I don't want to get into the
14 details of that, but they're going to provide
15 us additional information and they've also
16 modified O-- OTIB-38, which is their coworker
17 model for internal dose reconstruction to in--
18 to include those D&D periods, so that is -- is
19 something new to -- to the workgroup and SC&A,
20 as recently as what, last week I think. We
21 just received an update on that TIB to include
22 those D&D periods. So we still have to look
23 at that, but that's the outstanding actions on
24 that.

25 The fourth item that we've -- of -- of these

1 remaining action items, the logbook analysis.
2 We -- in -- in the course of our deliberations,
3 again, we've -- we've gone back to original
4 logbook records for purposes of -- of
5 validation -- originally validation of the
6 database. To make a long story short, now
7 we're -- we're really using the logbooks to
8 validate that the indiviation (sic) rad--
9 radiation files are complete. So NI-- NIOSH
10 did a comparison of the logbook records versus
11 the individual radiation records and provided
12 that report to the workgroup and SC&A, and
13 SC&A's in the process of reviewing that and I
14 think they're going to give us a -- a product,
15 but they're also incorporating it -- they're --
16 they're in the process of drafting their final
17 evaluation report, too. So they're including
18 that all into their final evaluation report.
19 1969 data gap is another question we've been
20 pursuing. This is an issue that came up sort
21 of on the analysis of the database records, and
22 SC&A reviewed these records and noticed that
23 there was an odd fluctuation in -- in that time
24 period, '69 to '70 or -- or something like
25 that, that -- that detail's not important for

1 this meeting, but in pursuing that they -- they
2 -- NIOSH provided a monthly report and -- and
3 they've posted all these -- I think they're
4 monthly or quarterly reports -- health physics
5 reports on the O drive now, and basically they
6 -- their explanation of this increase in the
7 amount of zeroes I believe is -- is why we --
8 we saw this sort of odd trend in the data. And
9 the explanation is based on this memo in 1969
10 which -- which indicates that there was a
11 change in policy at that time -- or even though
12 people were badged, they -- they all had badges
13 incorporated into their security badge, they
14 made a policy decision at that time not to read
15 out the badges for the people that were on
16 quarterly programs. For the likely -- less
17 likely to be exposed individuals, they made a
18 decision not to read those badges out, so that
19 would have increased the zeroes. The -- the
20 question that we're still wrestling with is --
21 this was a policy change clearly stated in this
22 monthly progress report, but it's not clear if
23 it was a trend from then till the next change,
24 which was in the '80s I think, or -- or if it
25 was a -- you know, something that was just done

1 for a short time period and we're -- we're
2 trying to get a handle on that. And that --
3 that could be really important in reviewing the
4 completeness of the records. Obviously, too,
5 it has other implications, so this is kind of
6 an important thing to get to the bottom of.
7 NIOSH is pursuing further information on the
8 badging practices.

9 The sixth item, there's still some neutron
10 dosimetry questions. We're -- I think we're
11 close to resolving some issues on how neutron
12 doses are reconstructed. We still have some
13 remaining questions on neutron-to-photon
14 ratios, how they were established and applied,
15 and the -- the TIB-58 document, but those are
16 the remaining items. The actions haven't
17 changed, we're just waiting for final products
18 from NIOSH on these -- on these questions.
19 The seventh item is a super S plutonium
20 question, and the only remaining item -- and
21 this has been a remaining item for a while --
22 is we -- we've -- SC&A, along with the
23 workgroup of -- have asked for the files of the
24 -- the other individuals in the 1965 fire that
25 were not used in the TIB-49, I think it is --

1 TIB-49 model. The TIB-49 model is an empirical
2 model for how to handle super S, and it's based
3 on -- not all 1965 fire-related individuals,
4 but also some other known super S intakes, and
5 I think it's seven or eight individuals. And
6 the question was, you know, does -- is it
7 bounding of all these 19 or 20 others that were
8 involved in the fire. We've yet to receive the
9 -- the radiation files on those and there's a
10 little bit of a -- I think it's a matter of a
11 DOE office has actually changed locations so
12 the records were packaged up and they're in --
13 you know, so there's a little delay on that --
14 in that standpoint, but otherwise I think the
15 model itself -- SC&A has -- has accepted the
16 model itself, so it's a matter of just
17 demonstrating that we're comfortable that it's
18 bounding.

19 Last two items, safety concerns, these were
20 some safety concern documents that NIOSH and
21 SC&A reviewed. Again, this was mainly focused
22 on questions around the dosimetry program
23 around the question that the petitioners have
24 raised about no data available. Several of
25 these other items were captured within this

1 safety concerns item and the data integrity
2 item, which is the next item. Both of those
3 NIOSH has submitted a report to the workgroup.
4 SC&A I think is quite far along on their review
5 of these. I think they've actually given us a
6 draft on the safety concerns review. And in
7 both cases they're going to give us separate
8 drafts, but also incorporate it -- they're in
9 the process of incorporating it in their final
10 evaluation report.

11 So I -- I think -- you know, the upshot is, I
12 think we're far along the -- the primary
13 action. The most time-consuming action that
14 remains clearly is this data completeness
15 question, but we -- we do believe and we -- we
16 discussed this yesterday, we -- you know, we do
17 believe NIOSH and SC&A think that we're
18 probably on track to -- to get -- we have a
19 January 9th workgroup meeting scheduled, and
20 then we're hoping to be in a position to -- to
21 bring this to the full Board on -- in the
22 February meeting in Denver.

23 And that's all I have for now. Other workgroup
24 members?

25 **MS. MUNN:** My only comment, Mark, is that, as

1 the Board knows, the very close scrutiny that's
2 being given to each item in our original matrix
3 has caused our deliberations to expand
4 considerably. And it's now difficult for me --
5 I don't know whether -- I'm sure it is for the
6 Board members, and I think the other working
7 group members have a hard time trying to keep
8 in mind the list that we just went through, as
9 opposed to the original matrix. It's hard to
10 fit all of it together. It would be very
11 helpful to me, before our next meeting, if we
12 could have your list of items that you just
13 went through, Mark, so that --

14 **MR. GRIFFON:** Yeah.

15 **MS. MUNN:** -- we can be eq-- we can either
16 relate or not relate them to original matrix
17 items, but --

18 **MR. GRIFFON:** I -- I did -- I did provide --
19 and I don't know if I sent this to the entire
20 Board or just the workgroup, but the 11/6
21 meeting -- a -- a few days after that I sent --
22 at your request --

23 **MS. MUNN:** Yes.

24 **MR. GRIFFON:** -- actually, Wanda, I sent --

25 **MS. MUNN:** Yeah.

1 **MR. GRIFFON:** -- a summary list.

2 **MS. MUNN:** Yeah, a summary list.

3 **MR. GRIFFON:** It's changed a little bit since
4 then. I will update that.

5 **MS. MUNN:** And that's where I am --

6 **MR. GRIFFON:** I also want to update the full
7 matrix 'cause I want to reflect back to that
8 and it's just this -- putting this list
9 together -- in putting this list together, it
10 was a little easier than me updating the
11 matrix, it -- time-- time-wise, right now.

12 **MS. MUNN:** It's terribly time-consuming --

13 **MR. GRIFFON:** Yeah.

14 **MS. MUNN:** -- and I don't whether we'll even
15 get that or not before January --

16 **MR. GRIFFON:** But I will -- I do want to get a
17 --

18 **MS. MUNN:** -- but a -- a tie-in to the matrix I
19 --

20 **MR. GRIFFON:** Yeah, I do want to do a --

21 **MS. MUNN:** -- believe is helpful.

22 **MR. GRIFFON:** -- a final update for the matrix
23 and well in advance of the January meeting I'll
24 get that out to people.

25 **MS. MUNN:** That's great. Really appreciate

1 that.

2 **MR. GRIFFON:** For our Christmas presents and --

3 **MS. MUNN:** Thanks ever so.

4 **MR. GRIFFON:** -- look for it.

5 **MS. MUNN:** Ribbon, please.

6 **MR. GRIFFON:** Okay.

7 **DR. ZIEMER:** Dr. Melius has a --

8 **DR. MELIUS:** Yeah, two comments. As -- as
9 usual, I agree with Wanda. It would be very
10 helpful I think certainly for us Board members
11 who've not been as involved in this workgroup
12 and -- to have been periodically updated --
13 sort of have the updated list of issues, and if
14 you can, a little glossary or cover memo that
15 would sort of help us to focus on what we need
16 to -- need to focus on. I mean I -- you know,
17 given the -- you know, this is a -- some sense
18 a potentially huge SEC. It's a difficult site
19 for various reason, given its history and so
20 forth, so I -- I think everyone understands why
21 it's taken so long and so much effort involved
22 and so forth, but if we're going to be able to
23 make progress in -- at the February meeting
24 it's a full Board I think you -- the more help
25 you can give us, the better.

1 **MR. GRIFFON:** Yes, I -- I certainly agree.
2 I'll -- I'll distribute these to all Board
3 members 'cause as we get closer to full
4 deliberations I think we need everyone more in
5 the loop. I was trying to avoid circulating
6 all the details, you know, all along 'cause it
7 would be too much -- yeah, yeah, I will do
8 that.

9 **DR. ZIEMER:** And let me add that my previous
10 comment now applies. This -- this group -- and
11 by this, I mean this workgroup plus SC&A and
12 NIOSH have put considerable effort into this
13 particular site review, and we really
14 appreciate the work that's been done. As you
15 point out, there are a number of key issues,
16 each of which is fairly complex. So we
17 appreciate the work this workgroup has done
18 partic-- on this particular site.

19 **DR. WADE:** If I may ask a question of -- of
20 Mark and Paul just lead-- leading up to the
21 February meeting. Is it the expectation that
22 the workgroup would bring a recommendation to
23 the Board, or would the workgroup make a report
24 to the Board and then the Board would form its
25 own decision? We've not been through this

1 before so I was just -- I think it might be
2 worth some thought as to how we're going to
3 proceed more formally.

4 **MR. GRIFFON:** Yeah, I'm -- I'm -- I'm thinking
5 -- I -- I'm just worried -- I am worried about
6 the time line. I think we'll be in a place
7 where we can bring a report to the Board. I
8 don't know how we -- how we did this for Y-12,
9 Lew. Do you recall? It's been a while.

10 **DR. WADE:** I think it basically --

11 **MR. GRIFFON:** I don't --

12 **DR. WADE:** I think it was a report, and then
13 the Board --

14 **MR. GRIFFON:** Yeah.

15 **DR. WADE:** -- deliberated and voted.

16 **MR. GRIFFON:** Yeah, I think -- I think -- I --
17 I don't know, unless directed otherwise, I
18 think we'd stick to that format where we
19 reported, but -- but in the report I think
20 we're going to highlight where there's, you
21 know, definitive agreement or -- or disagree--
22 you know, if there's any remaining questions or
23 -- or disagreement, we'll certainly highlight
24 those. But I think we'll --

25 **DR. ZIEMER:** I -- I think it will be --

1 **MR. GRIFFON:** -- report rather than --

2 **DR. ZIEMER:** -- it will be important if there
3 are issues, particularly issues where you
4 haven't come to closure, that you identify
5 those. And particularly cases where you're
6 asking the Board to, for example, make a
7 decision, which way do you want to go on
8 something or other where there perhaps is not
9 closure. If -- it seems to me that if the
10 workgroup has particular issues that they would
11 like to recommend that the Board take action
12 on, then that would be helpful, too.

13 Other com-- yeah, Jim, you have a comment, too?

14 **DR. MELIUS:** Yeah, just two comments. One is
15 the -- I think it's important we leave enough
16 time on the agenda 'cause I think the most
17 important thing at this meeting is sort of the
18 full Board, you know, come to grips with sort
19 of the status -- where issues are and so forth,
20 and then at least we -- best we can, come to a
21 consensus on what are the next -- next steps
22 going forward and now -- again, if -- if they
23 can come with a recommendation, fine. But I
24 think it's more important that we leave enough
25 time that we -- we -- we sort of, you know, as

1 a Board, become familiar with the issues and
2 come to some idea on how to go forward. It may
3 be further work by the workgroup, it may be --
4 on certain issues, you know, there's lots of
5 possibilities, but -- but I just think we need
6 to spend time as -- as a Board doing so.

7 **DR. WADE:** Given that, and then given the
8 tremendous amount of effort that's gone into
9 it, I wouldn't rule out the possibility that we
10 might want to schedule a telephone call of the
11 Board a week before the face-to-face Board
12 meeting where this information could be walked
13 through and the Board would have it in their
14 hands and be in a position to completely
15 understand what they have.

16 **DR. MELIUS:** I -- I don't know, I would -- I'm
17 not sure if a conference call's the best way to
18 handle the information. A lot of it needs to
19 be displayed, I think, and -- and I think sort
20 of face-to-face and spending time -- I think
21 what's key that the right people from NIOSH and
22 their contractor, from SC-- SCA be there, but I
23 -- I'd much rather have, at least personally,
24 have the information to read. I just don't
25 think there's enough time on a conference call

1 and enough chance and -- not -- you know, the
2 opportunity to, you know, talk at the break and
3 -- about something we don't understand. I -- I
4 think we just have to spend the time at the
5 meeting and -- and doing it. I think getting
6 the information ahead of time, though, the
7 report, is -- is critical.

8 **DR. WADE:** Okay, understand.

9 **DR. ZIEMER:** Any other comments on that issue?
10 I mean I -- I would tend to agree that a report
11 like this is -- be very difficult to sort of do
12 anything by phone other than to outline what's
13 in it and just say here -- you know, here it
14 is. But I'm not sure that that would be
15 necessary. And certainly when we go through
16 it, even with the Board members, I think this
17 is a Denver meeting we're talking about anyway,
18 so we want to be sure that all of these things
19 are -- are sort of aired in the framework of
20 the constituents there who are the -- the Rocky
21 Flats workers, so...

22 **DR. WADE:** The only -- the only suggest-- the
23 only point to my suggestion was just to clarify
24 a meeting so that everyone would know what they
25 had. Because again, I think we want to go into

1 the Denver meeting prepared to deliberate and
2 not go through the process of understanding
3 what's in front of us. But I think at a
4 minimum we want to get the materials to the
5 Board members well before so they can read,
6 study, and be prepared to -- to move towards a
7 decision.

8 **MR. GRIFFON:** Yeah, we -- we'll work with that.
9 I know that, you know, as we look at this where
10 the timeline does close in on you quickly, so I
11 know, you know, we -- we've already -- we've
12 got a January 9 meeting scheduled and -- and
13 hopefully all these actions on our list now
14 will be complete by then. That's -- that's
15 ambitious, though, on a few of them, I think,
16 so --

17 **DR. ZIEMER:** You may not be at closure on every
18 item.

19 **MR. GRIFFON:** Well, we -- we -- you know, we
20 hope and we -- you know, I just don't know how
21 I want to make -- you know, I guess we -- we
22 need at least to get to the Board a -- a week
23 before the full meeting -- I'm looking at Joe
24 'cause I'm thinking, calculating back on this
25 time line, that we also have to build in for

1 this data completeness question the report that
2 SC&A generates has to be run by Emily Howell's
3 office for Privacy Act concerns review before
4 it can be distributed, so there's at least a
5 week delay probably in there we -- we -- we've
6 said. So you know, calculating back, I just --
7 you know, I -- I think we'll try our best to
8 get all materials to the Board a week before
9 the Denver meeting, and if we -- we -- you
10 know, I wouldn't be against a phone call just
11 to explain, you know, sort of what the pieces
12 are so that all Board members can re-- 'cause
13 there is a -- there is a lot of -- of -- a lot
14 -- a lot of -- there's quite a bit of volume,
15 but also some very technical issues that, you
16 know...

17 **DR. ZIEMER:** It may be, Lew, that we could
18 leave that --

19 **MR. GRIFFON:** Yeah.

20 **DR. ZIEMER:** -- to the Board's discretion if
21 Mark -- or the workgroup's discretion if Mark
22 felt like they wanted to have that opportunity
23 to sort of explain what the package contained.
24 We could certainly schedule that and --

25 **DR. WADE:** Maybe even an hour just to say

1 here's what you have and define it, but it's --

2 **MR. GRIFFON:** I mean --

3 **DR. WADE:** -- not necessary.

4 **MR. GRIFFON:** -- we -- I can also do the -- the

5 best I can in the e-mail, you know, in

6 describing what's com-- you know, what these

7 things are and not just sending here's an

8 attachment, you know. I'll try to --

9 **DR. WADE:** I just wouldn't want us to come to

10 the Board meeting where we're intending to

11 deliberate, and have those kind of clarifying

12 issues then raised and then that then push it

13 back another --

14 **MR. GRIFFON:** I agree. Yeah, yeah.

15 **MR. FITZGERALD:** Yeah, I just want to reiterate

16 something that Mark raised earlier, that we --

17 as we've already done with safety concerns,

18 some of the other issues, we're going to send

19 those sections forward to the Board in advance,

20 just so you don't get a 300-page document a

21 week before, two weeks before the meeting. So

22 we'll give you those pieces -- and some of

23 these are pretty voluminous. Safety concerns

24 itself is almost 80, 90 pages by itself, so

25 these separate sections we'll forward over the

1 next couple of weeks and you'll have them. And
2 so it's not going to be just one slug. You'll
3 have the installments before the main package
4 arrives, but this will be a lengthy report.
5 And to some extent I think just trying to
6 handle the logistics of providing you the
7 information and distilling it so you have a
8 road map, as I've heard mentioned, I think
9 that's going to be our challenge to make it
10 easier for you to understand what these issues
11 are and, again, which ones bear your attention
12 and certainly not distract you on issues that
13 we've come to closure with NIOSH on, so we'll
14 be very clear on that.

15 **DR. WADE:** Maybe just a brief discussion on
16 some Privacy Act issues 'cause it might come
17 up. As -- as Joe and -- and Mark have
18 mentioned, some of the materials that -- that
19 are being looked at relative to data
20 completeness really have to be reviewed to see
21 if there are Privac-- Privacy Act information
22 in them and therefore they'll go to Emily's
23 office and she'll coordinate that review. It's
24 possible, given the tight time frames, that it
25 might be necessary to share some of that

1 information with Board members before it's
2 scrubbed, and we can do that. If you get that,
3 it'll be clearly marked and stamped that this
4 could contain Privacy Act information and
5 you're really not to make it public. It's our
6 hope not to do that, but if we come to a
7 situation where we're down to a very tight time
8 line, it's possible you might see some
9 information of that type.

10 **MR. GRIFFON:** I just want to be -- I think we
11 should be clear on this 'cause I think in the
12 meeting in -- in Cincinnati we -- I committed
13 that -- that -- and SC&A committed that before
14 releasing this report on completeness we would
15 -- they wouldn't release it before they sent it
16 through Emily's office, so I just want to make
17 sure we don't violate an agreement that SC&A
18 made, you know, in -- in doing -- expediting
19 this.

20 **DR. WADE:** The Board can see information that
21 might contain Privacy Act information, they
22 just can't share it beyond the Board.

23 **DR. MAKHIJANI:** Just -- just kind of to have
24 some contingency plan, in the first round when
25 we had the detailed information from the claims

1 but raised some concerns, we had also prepared
2 a summary memo where all the information was
3 collapsed and there was -- there was no
4 claimant information. It was collective
5 information for 12 workers. I'd like to send
6 Ms. Howell that memo, just to see whether that
7 format is okay and at least I think that much
8 could be provided publicly, even if there are
9 delays. We'll try to get everything done by
10 the Board -- by the Board meeting, but at least
11 to prepare a contingency plan so the Board has
12 the data on the essential things, ev-- even if
13 we can't get through the Privacy Act issues. I
14 don't know if that would be acceptable.

15 **MS. HOWELL:** That's fine, and both Lew and Mark
16 are correct. We do want to scrub these things
17 as much as possible, but the Board can see
18 them. You all are covered by the Privacy Act,
19 but again, we're going to have to have
20 everything clearly marked and please do not
21 share anything that you're receiving further.
22 We will, you know, resend the scrubbed matters
23 if we're not able to scrub them before we send
24 them to you.

25 The other thing is that, you know, we can all

1 work together to make sure that we get things
2 in a piecemeal fashion, if need be. If -- if
3 there are documents that SC&A has finished that
4 -- but not the, you know, entirety of what it
5 is that they want to pass to the working group
6 and the Board, then they can go ahead and get
7 us those as soon as possible so that we can be
8 working on them and we'll make every effort to
9 get things done so that the Board has enough
10 time to review them prior to that meeting.

11 **DR. MAKHIJANI:** Well, in -- in -- if -- if Ms.
12 Howell's willing to look at sort of unpolished
13 work or spreadsheets, which really last time
14 were at the core of the concerns, what -- we
15 have a rough draft of the spreadsheet around
16 the highly exposed workers that I can finish
17 somewhat this week and early next week and
18 maybe send you that so we would know the format
19 and what you're scrubbing and sort of ease the
20 process for the work we haven't done yet, if
21 that would be acceptable.

22 **MS. HOWELL:** We can talk more about that. My
23 concern is just that we do need to see the
24 final copies of anything that's going forward.
25 I don't want to be reviewing rough drafts that

1 then have additional changes made to them and
2 then go public without our office having gone
3 through the final copies that are made public.

4 **DR. ZIEMER:** And you can work that out with --
5 and Mark -- work out the details of that.
6 Any further comments for this workgroup, or
7 questions?

8 (No responses)

9 Thank you very much. Next?

10 **DR. WADE:** Next is the workgroup on Chapman
11 Valve SEC chaired by Dr. Poston; members
12 Griffon, Clawson, Roessler and Gibson. Dr.
13 Poston is not with us. Dr. Poston, are you on
14 the phone?

15 (No response)

16 Dr. Poston on the phone?

17 (No response)

18 I don't know if anyone on the workgroup can
19 report. I don't believe the workgroup has met.

20 **MR. GRIFFON:** No, we -- no, we -- we didn't
21 have a meeting. I mean I can give a brief
22 update of what I know. I think SC&A is close
23 to finishing their review -- have you submitted
24 a draft, though, or... I -- I don't think I've
25 seen a draft report, but...

1 **DR. MAKHIJANI:** Well, Dr. Mauro is the
2 principal author of that and I'm principal
3 reviewer. We have submitted a working paper --
4 which is really more than a working paper; it's
5 kind of -- pretty much a report -- for the
6 working group's consideration a few days before
7 this meeting. Dr. Poston has --

8 **MR. GRIFFON:** Oh.

9 **DR. MAKHIJANI:** -- it. I think the rest of the
10 working group also has it. Are you --

11 **MR. GRIFFON:** I -- I don't -- I -- I've got a
12 lot of data lately so I may --

13 **DR. MAKHIJANI:** I believe you should --

14 **MR. GRIFFON:** -- I may have received it, I'm
15 not sure.

16 **DR. MAKHIJANI:** I believe you should have it,
17 Dr. (sic) Griffon.

18 **MR. GRIFFON:** At any way -- at any rate --

19 **DR. MAKHIJANI:** So the -- the interviews are
20 finished with the petitioners. They are
21 currently reviewing the interviews so we do not
22 have a final version of the interviews approved
23 by the interviewees. That may take some time,
24 but we've already taken into account what
25 they've said. The report is -- is pretty close

1 to complete for working group review.

2 **MR. GRIFFON:** Yeah, just in between -- from the
3 last meeting till now, I think the -- the
4 primary thing -- actions that have happened is
5 that we did -- actually I requested some of the
6 data be posted on the O drive, some of NIOSH's
7 analysis files. They were posted. We -- we --
8 I should say SC&A conducted interviews out in
9 Massachusetts near the Chapman Valve site area
10 and I think John Poston attended that, as well
11 as NIOSH -- right? Is that correct? So --
12 yeah, so they -- they did some final interviews
13 there I think and basically have -- have
14 completed this draft write-up, so I think we're
15 -- you know, we're -- but we haven't had a
16 workgroup meeting yet to -- to discuss it, but
17 I think the -- the pieces are there, so...

18 **DR. ZIEMER:** Thank you. Questions on Chapman?

19 (No responses)

20 Okay, let's proceed.

21 **DR. WADE:** Next is the workgroup on SEC issues,
22 paren, including the 250-day issue, chaired by
23 Dr. Melius; members Ziemer, Roessler, Griffon.

24 **DR. MELIUS:** You want me to report, and Arjun,
25 you want to come up and get miked and we'll do

1 the high road/low road. He can do the high
2 road and I'll do the low road here --
3 presentation. I knew Wanda would like that.
4 High road/low road, right.

5 The 200-- the -- our workgroup is focused
6 mainly on the 250-day issue, or less than 250-
7 day issue, and we had a meeting in November.
8 The workgroup is myself, Mark Griffon, Paul
9 Ziemer and Gen Roessler, who -- we had a
10 meeting in -- in Cincinnati and with SC&A and
11 NIOSH there. We met for about a half a day.
12 SC&A had presented us a couple of working
13 papers. Initially what we were trying to do is
14 focus on how do we determine incidents that --
15 that might qualify under the current SEC
16 regulation for being, you know, significant
17 exposures so less than 250 days and SC&A did
18 some background work for us looking at the
19 range and -- of reported criticality incidents,
20 prepared a report for us on that. I think we
21 had talked about it briefly at the last full
22 meeting we had. We reviewed that.
23 We also sort of generally brainstormed about
24 how we might approach the issue and what to do.
25 We decided to do most of our focus on Nevada

1 Test Site because that was sort of the most
2 immediate concern, and really the three sites
3 where we have sort of immediate issues with are
4 Nevada Test Site, Pacific Proving Ground and
5 then the Ames Laboratory in -- in Iowa. Now
6 Ames is a little bit different, and so decided
7 we'd try to deal with the Test Sites first.
8 And we developed out of our discussions -- and
9 as I said, they were -- but basically we -- I
10 won't say rejected, but decided not to pursue a
11 sort of a quantitative approach as -- as
12 proposed by SC&A in their report, but rather
13 try to come up with a way of -- a number of
14 factors that one might use in evaluating
15 incidents and determining whether they were,
16 you know, significant and, you know, might lead
17 to exposures that would endanger health and not
18 be able to be reconstructed in some way.
19 So let me turn to -- over to Arjun for a second
20 'cause I think he has some slides on -- on some
21 of the factors that we discussed, and then I'll
22 sort of tell you what our next steps are and --
23 and plans are.

24 **DR. MAKHIJANI:** Well, this is the -- this is
25 the part of the rule from which all the factors

1 come and all of you know it. I just -- I have
2 it there for the record. It involves high
3 exposures, incidents, failure of radiological
4 controls for workers to be included if they
5 have less than 250 days of employment at
6 eligible sites. And so the broad criteria are
7 exposure during an incident potential for
8 exceptionally high dose, which was defined as
9 similar to criticality accidents, and failure
10 of radiation protection controls.
11 And the overall idea is that there should be an
12 inability to estimate dose arising from an
13 incident. This was the basic thrust of the
14 discussion during the working group meeting, as
15 we understood it.
16 There is the problem of defining incidents in
17 the absence of monitoring 'cause the absence of
18 monitoring is required, because if you have
19 monitoring you can reconstruct the dose and
20 then you don't need to be included in the SEC.
21 We did an evaluation of criticality doses. It
22 was a summary of work that had already been
23 done at Los Alamos. I believe that this paper
24 was distributed. Anyway, it'll be part of our
25 -- our report to you. And we also summarized

1 this for the purpose of extracting information
2 for -- for this report. But unfortunately,
3 critica-- or fortunately, criticality doses are
4 from very low to very high, fraction of a rem
5 to 10,000 rem or more, and so it doesn't help
6 in defining exceptionally high exposures, and
7 so we have the problem of defining
8 exceptionally high exposures. And as Dr.
9 Melius mentioned, instead of a quantitative
10 criterion, it was kind of a brainstorming
11 session trying to have examples of incidents
12 and factors. So criticality accidents, an
13 explosion in an ion-exchange column,
14 significant medical intervention due to
15 radiological exposures, explosion with
16 potential for high intake through a wound,
17 substantial fires like that at Rocky Flats or
18 the thorium drum fires at Fernald. So that
19 actually brings in the internal intakes into
20 the ambit of the less than 250 days, and that
21 was the one major issue on which we did develop
22 some kind of understanding between NIOSH and
23 the working group members and us, because this
24 was a major question for us before that
25 meeting, is that if there were high intakes

1 that were unmonitored during a failure of
2 radiological controls, this would be considered
3 the equivalent of an incident. So inadequate
4 radiological controls. A -- a planned nuclear
5 explosion would not be an incident, but an
6 unplanned criticality such as the one that
7 appears to have occurred during one of the
8 safety tests at NTS would be considered an
9 incident.

10 And so here are some examples, incident with
11 non-- it should say non-stochastic effects, I'm
12 sorry -- non-stochastic effects, sorry. So
13 levels -- levels of -- various level -- you can
14 measure things down to quite low levels of
15 radiation these days, so there was some kind of
16 debate as to whether there was a quantitative -
17 - there was agreement that 25 to 50 rad would
18 produce white blood cell counts that would be
19 easily detectable. I thought that that level
20 was ten rad, but there was not agreement on
21 that. Was chelation therapy administered.
22 High dose rate in the context of a failure of
23 radiological controls. This was discussed and
24 Dr. Ziemer pointed out that there are high dose
25 rates during planned exposure times, like

1 repairs, and those would be excluded.

2 Then there are some internal exposure examples,
3 medical evidence of toxicity of high levels of
4 exposure, high intake -- a couple of examples
5 from Fernald during very dirty maintenance
6 operations, and exposures due to blowouts of
7 the reduction -- in the reduction furnaces. We
8 are currently evaluating that for the Ames
9 example, which will also be part of our report.
10 Fighting the fires that appear to have occurred
11 fairly frequently at -- at Ames, for instance;
12 we're also evaluating that.

13 So the -- the major question in my mind, which
14 I passed on to Dr. Melius, is if we're not
15 going to have a -- some kind of an overall
16 definition of exposure potential to include
17 everybody who had less than 250 days, but
18 define smaller groups who were part of
19 incidents, and incidents had to be unmonitored,
20 then you have a problem that to establish an
21 incident you really need monitoring. But you
22 cannot es-- you know, you have -- you have --
23 if you have monitoring, then there's no need to
24 discuss an SEC. Then you can just calculate
25 the dose. So it seems a little bit like a

1 catch-22 situation and I'm a little puzzled as
2 to how we establish this high exposure
3 potential and an incidents and define groups
4 with less than 250 days. That's sort of been
5 my major question that has arisen.

6 The other -- the other -- so far as -- so far
7 as the -- actually working out the examples and
8 examining the data and so on, we're pretty much
9 well along for Nevada Test Site and Ames, and
10 we're not started on Pacific Proving Grounds as
11 yet.

12 **DR. MELIUS:** So -- so -- so Arjun keeps sending
13 me e-mails saying how are we going to figure
14 this out, and I tell him just don't worry, just
15 -- we'll keep working. We'll figure out
16 something. So -- so our -- our next step is to
17 examine a number of possible incidents, I guess
18 that we would call them, from Nevada Test Site
19 to go through the available information on them
20 and see if -- if we can, as a workgroup, come
21 to an agreement on the -- yes, these -- these
22 would qualify as being, you know, significant
23 exposures, not be able to rec-- reconstruct
24 dose with sufficient accuracy, but would en--
25 would endanger health in less than a 250-day --

1 day period. So our plan is I believe that SC&A
2 is gathering the information on -- on a number
3 of incidents and we were planning to meet again
4 in the middle of January to -- to review this
5 and plan to have a -- at least an update and --
6 or report back to the Board for the February
7 meeting. So Paul, Gen -- I guess Gen has
8 (unintelligible).

9 **DR. ROESSLER:** Yeah, thanks, Jim and Arjun.
10 Arjun, I think it would be helpful to the
11 working group to have a copy of what you put
12 together. That really summarized I think what
13 -- what we did at the meeting.
14 I would like to comment on that, though, is
15 that what you presented were talking points. I
16 don't think that in any way the work-- all
17 members of the working group necessarily agree
18 that that's the route we're going. I think the
19 one thing that we probably have some discussion
20 -- we should have discussion on is what do we
21 mean by significant exposures, and you kind of
22 implied something and I don't think we all
23 agree on that. But you're right on this major
24 question. We're going to have to address that.
25 And my final thing is a question to Jim. Do

1 you have a meeting date?

2 **DR. MELIUS:** We're -- I should hopefully have
3 it by the end of today today.

4 **DR. ROESSLER:** Good.

5 **DR. MELIUS:** Can I just respond to -- is -- one
6 is I -- actually Arjun and I talked about
7 distributing the reports. I wanted to wait
8 till after this meeting 'cause I was afraid if
9 we sent the reports out we'd scare the other
10 Board members and ask -- you know, trying to
11 figure out what the hell were we doing and is
12 this what we concluded or -- or whatever, and
13 so I thought it was better if we explained and
14 then we'll submit -- I -- I think the reports
15 were ver-- very helpful in terms of how to
16 think about this in -- in different ways and so
17 we will -- we will get those around.

18 The other thing I -- since Bob and I are
19 sitting next to each other, he and I have been
20 talking and -- with the Nevada Test Site group
21 and we certainly want to involve him and that
22 group in our discussions on -- on the Nevada
23 Test Site in particular.

24 **DR. ZIEMER:** And I mi-- I might add to this
25 discussion also, I don't think we -- in fact,

1 Arjun pointed out we didn't really agree on
2 what constitutes a high or significant dose,
3 unless -- unless you're at the ends of those.
4 It's always easy to agree on what is really low
5 and what's really high, and -- and we
6 understand if -- if there's clear evidence of -
7 - of short-term biological effects from -- or
8 non-stochastic effects, that that probably was
9 a high dose.

10 **DR. MELIUS:** Yeah.

11 **DR. ZIEMER:** It's when you get down to sort of
12 the transition point between where you have
13 pure stochastic events and -- and maybe some
14 non-stochastic that the debate arises. But
15 these are issues I think the working group will
16 --

17 **DR. MELIUS:** Yeah.

18 **DR. ZIEMER:** -- will struggle with, so we don't
19 have those answers yet.

20 Wanda?

21 **MS. MUNN:** I would request that the slides that
22 we've just seen be available to all of the
23 Board and not just the working group because
24 these do help us zero in on -- especially for
25 those of us who are involved with what's going

1 on with NTS. This is really key to some of the
2 issues that we have to deal with, as well.

3 **DR. MELIUS:** Yeah, right.

4 **MS. MUNN:** So please -- please do make them
5 available.

6 **DR. ZIEMER:** Yeah, both workgroups could
7 benefit from that summary, both the NTS
8 workgroup and the 250-day workgroup -- from
9 your summary slides.

10 **DR. MAKHIJANI:** Should -- should I send these
11 slides out to the working -- the whole Board or
12 the work--

13 **DR. MELIUS:** The whole Board, yeah.

14 **DR. MAKHIJANI:** Should I send them out to the
15 whole Board?

16 **DR. MELIUS:** To the Board and -- the reports
17 and everything, yeah.

18 **DR. ZIEMER:** That pretty much covers the whole
19 Board anyway, between the two workgroups. But
20 yeah, that would be good.

21 **MR. CLAWSON:** With the correction.

22 **DR. MAKHIJANI:** Yes.

23 **DR. ZIEMER:** Robert, do you have an additional
24 comment?

25 **MR. PRESLEY:** Question. The 250-day study I

1 thought was going to be for areas where people
2 would have been on-site for an extended period
3 of time. If we start going by site and
4 incident, would that not be covered or should
5 that have been covered in the other site
6 profiles for places that did have incidents? I
7 think here we're -- we might be --

8 **DR. ZIEMER:** Well, we --

9 **MR. PRESLEY:** -- studying this thing twice.

10 **DR. ZIEMER:** -- we have -- we have Pete here
11 this morning can help interpret this. My
12 understanding was, for example, on places like
13 the Pacific Proving Grounds, if someone's
14 living there 24/7, the Labor Department
15 automatically takes that into consideration.
16 They use a -- what you might call a weighted
17 250-day thing.

18 We also -- the -- the short-term incidents are
19 al-- also already covered in the legislation.

20 **MR. PRESLEY:** Right. Uh-huh.

21 **DR. ZIEMER:** And so we've been more struggling
22 with what are those.

23 **DR. MELIUS:** Yeah. You know, our focus is --

24 **DR. ZIEMER:** So -- so in a sense, I think you'd
25 have to say we've moved away from the issue of

1 the 250-day since we've found that that's sort
2 of accounted for in -- if it's an issue of
3 eight-hour days versus 24-hour days, and we've
4 moved -- seem to have moved toward trying to
5 figure out what we mean --

6 **DR. MELIUS:** Yeah, we --

7 **DR. ZIEMER:** -- by an incident.

8 **DR. MELIUS:** Yeah, let me ju-- we -- we're not
9 focusing on well, if you were there for six
10 months, 180 -- you know, whatever the -- you
11 know, that adjustment. It's more the issue of
12 -- of can we -- how do we define incidents
13 where -- was -- those cannot be reconstructed
14 with sufficient accuracy, so they quali-- so
15 it's an SEC qualification issue. They qualify
16 on the first point. Second point is they
17 qualify on health endangerment. The health
18 endangerment is 250 days, and that may be
19 adjusted -- the Department of Labor has a way
20 of doing that for -- for people that, you know,
21 live on the island or -- or whatever, spend
22 extended periods of time. But we're really
23 focusing on the health endangerment for less
24 than 250 days, but we're really talking about
25 relatively short-term exposures -- hours or

1 minutes or what-- I mean that -- where -- where
2 health would be endangered --

3 **DR. ZIEMER:** If you were present during some,
4 quote, incident --

5 **DR. MELIUS:** Yeah.

6 **DR. ZIEMER:** -- and what -- what constitutes
7 that incident.

8 **DR. MELIUS:** Right. Now -- now I think there's
9 a broader question that was the overarching
10 science and -- I forget how we renamed it
11 yesterday already -- issue, which is sort of
12 how to deal with various different types of
13 incidents. Not all those are going to qual--
14 qualify in terms of SECs, and that is issues
15 related to how do you identify incidents, how
16 are they -- how are they -- were they kept
17 track of in various different facilities,
18 definitions of those may change over time. But
19 our -- our focus is the SEC qualification and
20 so it's not the whole gamut of -- of every
21 incident at each facility.

22 **DR. ZIEMER:** Pete, did you want to speak to
23 that issue? Are we interpreting that
24 correctly?

25 **MR. TURCIC:** Yeah, you're -- you're

1 interpreting it correct, that's exactly what we
2 do at Nevada Test Site and Pacific Proving
3 Grounds. We adjust if they were there around
4 the clock.

5 **DR. ZIEMER:** Brad?

6 **MR. CLAWSON:** I -- I guess I was a little bit
7 confused because I know on the Nevada Test Site
8 that was part of our issue because some of our
9 claimants that we've seen come in, come in for
10 four or five days and they're there, then left.
11 And the 250 days was part of the issue that I
12 understood. So I guess I was a little bit
13 amazed at which way we were going there, so I
14 guess I ought to ask Bob, are we still having
15 trouble with the time frames then for these
16 people, for these claimants?

17 **MR. PRESLEY:** I don't think so, not if Pete's
18 doing the -- the 80-day thing. I -- you know,
19 if that's being done --

20 **MR. TURCIC:** That's being done.

21 **MR. PRESLEY:** -- I don't see where we have a
22 problem with the 250-day then.

23 **MR. TURCIC:** If -- if somebody -- for example,
24 Bob, if somebody was there for five days and
25 they were there around the clock, that's

1 equivalent to 15 days.

2 **MR. PRESLEY:** Right. Now what if you've got a
3 person that -- we have -- we have people from
4 Los Alamos and Livermore and -- and EG&G and
5 everybody that was out at the Test Site, and we
6 would go out there and spend maybe a week prior
7 to the test, the test, and then go home. Or
8 they would be out there for a week at this test
9 and then it might be another month, they would
10 be out there for another week or two and, you
11 know, we shot somewhere in the neighborhood of
12 about 50 a year or more, which --

13 **MR. TURCIC:** We -- we would just continually
14 add those up --

15 **MR. PRESLEY:** Okay.

16 **MR. TURCIC:** -- and --

17 **MR. PRESLEY:** Then I don't --

18 **MR. TURCIC:** -- for -- for each time period, if
19 you were there around the clock, it's, you
20 know, three times whatever the --

21 **MR. PRESLEY:** If you're doing that, I don't see
22 --

23 **MR. TURCIC:** Yeah.

24 **MR. PRESLEY:** -- a 250-day problem with the NTS
25 --

1 Cincinnati and all members of the working group
2 were there. There were -- NIOSH was there, of
3 course, and there were 29 SEC petitions that
4 were available and -- for us to review. And we
5 were able, over a six-hour period of time, to
6 get through approximately two-thirds of those -
7 - those folders.

8 We had -- I'd sent out to members of the
9 working group a draft findings from that.
10 They're not finalized as yet, but overall what
11 we found was that -- that the process that
12 NIOSH was following in regard to their SEC
13 petitions review were -- were according to the
14 final rule and were well-documented in these
15 folders. It reflected that the legislation was
16 being followed in relationship to the review
17 process.

18 We also felt that NIOSH, particularly in their
19 phone consultations with the petitioners, were
20 -- were -- were very helpful and very friendly
21 and very forthright in -- in what they were --
22 how they were trying to guide the petitioners
23 through the process.

24 We did have some recommendations to try to make
25 it more user-friendly -- and again, these are

1 just preliminary recommendations that we --
2 probably finalized at our next -- our next
3 meeting. One, that we thought that NIOSH
4 should consider actually auditing their
5 audience that they're serving to see if there's
6 recognition of the availability of the SEC
7 petition process and whether the audience has
8 knowledge as to how they have to access that
9 process. In other words, is NIOSH -- their --
10 their audience is the -- the people worked in
11 this industry and is the audience aware of this
12 process and how to access the process. They
13 should do some type of audit to see if that's
14 actually taking place.

15 It was also suggested that -- when NIOSH finds
16 a potential deficiency in the petition, the
17 petitioner gets a letter from NIOSH outlining
18 the potential deficiencies and then the
19 petitioner has 30 days to respond. And we felt
20 that there actually should be a second phone
21 consultation after that letter goes out and the
22 second phone consultation should take place
23 approximately ten days before that 30-day
24 period expires. In that phone consultation the
25 NIOSH representative can determine whether

1 progress is being made to correct any
2 deficiencies, and if there is progress being
3 made, perhaps another 30-day extension can be
4 provided to allow the petitioner an additional
5 30 days to try to complete the process. And
6 that's -- I think that would be helpful,
7 particularly to petitioners.

8 We also felt that it should be made clear in a
9 final letter that disqualifies an SEC petition
10 that the petitioner can reopen that petition at
11 any time in the future if additional
12 information is provided. That is stated, but
13 it's not as clear as it should be. It should
14 be really well-stated that this is not a final
15 process. It's just the 30 days is closed down.
16 But at some point in the future the petitioner
17 feels they gathered additional information,
18 they can reopen at any time.

19 Overall, we felt that NIOSH letters could be
20 made more audience-friendly, taking into
21 consideration legal concerns as the final rule
22 was written, and that would have to be -- help
23 -- help provided through legal counsel.

24 There was also in the procedure manual the
25 terms "adequacy" and "credibility" were used,

1 and we felt that those terms really needed to
2 have some guidance provided as to what they
3 meant. But overall, we felt -- particularly
4 the phone consultation through NIOSH -- they
5 were comprehensive, they were informative, they
6 were certainly well-documented, and they were
7 petitioner-friendly.

8 The final rule also states that there is an
9 appeal process, and if the petitioner -- can
10 appeal NIOSH's findings initially disqualifying
11 the petitioner, they can appeal it, and that
12 appeal goes to a three-panel review panel under
13 the direction of the NIOSH director. That is
14 sort of a -- it's not clear who's on that
15 three-panel review committee, and the final
16 rule says that that should be completed within
17 30 days, and it's not clear that's being done
18 within 30 days.

19 Before this presentation, Jim and I talked and
20 apparently there are three or four that are in
21 that review process and -- and we haven't had a
22 chance to look at the outcome of those that
23 were undergoing this three-panel review and the
24 NIOSH director review, and we'd like to look at
25 those before we finalize this report. I don't

1 think we're going to need to have another
2 meeting in person. I think I can probably work
3 with Larry to have that done through phone
4 consultation. So we should have our final
5 report to give to the Board by the next
6 meeting.

7 **DR. ZIEMER:** Okay. So at this time we should
8 look at this as a status report rather than a
9 report to adopt or to --

10 **DR. LOCKEY:** That's correct.

11 **DR. ZIEMER:** Now in -- also -- this working
12 group -- its activities were prompted by the --
13 basically the question: Has NIOSH acted
14 appropriately in acting on a group of petitions
15 -- or categorizing this group of petitions as
16 petitions that do not qualify, have they
17 followed the appropriate procedures in, in
18 essence, saying they do not qualify. And I
19 think you have told us yes, they have
20 appropriately acted on that.

21 **DR. LOCKEY:** Yes, it's well-- it's well-
22 documented in their files as to the process
23 they went through.

24 **DR. ZIEMER:** Right. And then you have a number
25 of what I -- what you call recommendations, and

1 they -- if you read through them, they are --
2 they look to be suggestions.

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

4 **DR. ZIEMER:** And I'm talking about the sense in
5 which they are -- they are not mandated
6 recommendations so much as ur-- urging NIOSH to
7 perhaps consider some changes to improve some
8 things.

9 **DR. LOCKEY:** Trying to make it more audience-
10 friendly.

11 **DR. ZIEMER:** Well, right, right, understood.
12 So at -- at our next meeting when you have your
13 final report, if we adopt the report we will be
14 doing, I think, two things. One will be
15 confirming that the Board agrees that NIOSH has
16 acted appropriately on these petitions. And
17 number two, we would be endorsing the
18 suggestions of the workgroup, which -- as they
19 currently are written, at least -- are not
20 mandated changes but are simply suggestions to
21 the agency. Am I interpreting that correctly?
22 And I think it's fine, I think --

23 **MR. CLAWSON:** I think -- I think that's right.
24 There's only one -- one that -- with the way
25 the Board works, out in the clear and

1 everything else, it should be -- the review
2 panel should be more obvious so people can see
3 from there. Now that one we feel is -- it's
4 not a suggestion. It should be -- it should be
5 more (unintelligible).

6 **DR. ZIEMER:** This is --

7 **MR. CLAWSON:** The -- the final -- the review by
8 the --

9 **DR. LOCKEY:** There's a -- there's a three-panel
10 review that if a petitioner -- if NIOSH says
11 your petition doesn't qualify --

12 **DR. ZIEMER:** I'm looking for which bullet it
13 is.

14 **DR. LOCKEY:** That'd be the first bulletin --
15 first bullet.

16 **DR. ZIEMER:** Oh, the first bullet -- okay, and
17 -- and the recommendation is to urge that the
18 appeal process be completed as stipulated.

19 **DR. LOCKEY:** Right, but also that the three-
20 panel that reviews these appeals from the
21 petitioner, it's not clear who's on that panel.

22 **MR. CLAWSON:** Should be more transparent of --
23 of who's been there.

24 **DR. MELIUS:** Can I add a --

25 **DR. ZIEMER:** Yes.

1 **DR. MELIUS:** -- My recollection from the
2 meeting. I think a number of these
3 recommendations were -- are things that were
4 either underway at NIOSH or, you know, came out
5 of our discussions and I don't think there's in
6 -- NIOSH objects to any of these. I mean --

7 **DR. ZIEMER:** No, I understand --

8 **DR. MELIUS:** -- it's a small number of
9 petitions.

10 **DR. ZIEMER:** Right.

11 **DR. MELIUS:** They were in the process of
12 improving their communication on -- on these
13 and so forth and a -- a lot of what went on was
14 verbal. I'm not sure it was the same person
15 all the time, so something might not have been
16 in the letter, but it was probably conveyed
17 verbally in some way. But I think at the same
18 time there's people at NIOSH recognize that
19 communication needed to be im-- improved on
20 these. I -- I think the -- the bigger issue on
21 well, were all these petitions treated
22 appropriately -- I mean I -- I guess I'm the
23 one that was -- wanted -- I thought we should
24 look at the ones that were under appeal now
25 because they were the ones that might more

1 likely indicate if there was a problem. And
2 again, not saying that there was. I think
3 NIOSH in general has been trying to be
4 accommodating with these. Some of the ones
5 that had been appealed -- it's a combi-- of,
6 you know, they get mi-- combined with other
7 petitions and -- and so forth, so I -- think --
8 going to have startling conclusions, but I
9 think we do -- under -- but the recommendations
10 I think -- I think somebody might feel more
11 strongly about. I think if NIOSH disagreed or
12 something, but I think it's a -- just -- some
13 of this just needs to be cleaned up a little
14 bit.

15 **DR. ZIEMER:** Well, it appears that you're
16 awfully close to closure, so your final report
17 is not going to look very different from this.

18 **DR. MELIUS:** No.

19 **DR. ZIEMER:** I might suggest that on your first
20 bullet you might add what you have told us here
21 because this only seems to address the 30-day
22 period and not the issue of -- of transparency
23 and making known who's on the panel, if that's
24 what the thrust is there. You might want to
25 clarify that.

1 But let me see if others have comments or
2 suggestions. So --

3 **DR. ROESSLER:** I'd -- I'd --

4 **DR. ZIEMER:** -- we'll look forward to the final
5 report probably at our next meeting then.
6 Gen?

7 **DR. ROESSLER:** I'd just like to amplify on
8 what's point number two on the list that Jim
9 handed out. This was one that bothered me in
10 going through these is that it seems that
11 there's misinformation out there about the
12 process of -- of doing this petition. To me,
13 as I looked at them, there were some that
14 should not ever have gone through the petition
15 process. They just would not qualify and I --
16 I felt rather badly for the petitioner that the
17 petitioner had misinformation and probably
18 spent a lot of time doing this, and yet it --
19 it wouldn't qualify. And I -- I don't know how
20 that can be addressed, but I think that's what
21 you were trying to capture in point two there.
22 I don't know whether -- I think NIOSH is trying
23 to be very open and -- and let -- let any
24 petitioner have a chance. But yet there's the
25 other side of well, it takes a lot of time and

1 maybe some false hope.

2 **DR. ZIEMER:** Uh-huh. Thank you. Okay, thank
3 you very much, Jim and workgroup.

4 **DR. WADE:** Before we do the next, counsel did
5 remind me that if we put slides up, as we have
6 in two cases today, we need to make sure that
7 those slides are available to the public.
8 Robert, you did, and Arjun, you did, so we'll
9 need to get copies of those and make them
10 available to the public.

11 Next on our list is the workgroup on Hanford
12 site profile, chaired by Dr. Melius; members
13 Clawson, Ziemer, Poston.

14 **DR. MELIUS:** The Hanford workgroup met by
15 conference call on -- I believe it was December
16 1st, about two -- two and a half hours. NIOSH
17 made -- number of their staff were available on
18 the call, some of the contractor's staff was on
19 the call and John Mauro and Bob Alvarez, I
20 can't remember who else from SC&A, were -- were
21 on the call.

22 The purpose of the call was to go through the
23 issue resolution matrix. It updated a number
24 of -- this site profile and the site profile
25 review go back some time. There's been a fair

1 amount of updating that had -- had -- is going
2 on or had gone on and -- and so forth. And so
3 rather than try to get a huge group together
4 and try to go through the issue -- issue-by-
5 issue in person, thought it'd be more efficient
6 to do it over -- over the telephone, go through
7 and just get a status report on the issues, not
8 to talk about any -- any particular issue.
9 I -- I should add, there were a number of
10 people from -- representing various groups at
11 the Hanford site that were also on -- on the
12 call, also. We made some effort to reach out
13 to them and make sure they were aware of it and
14 could participate.
15 Went through the issues, essentially got a
16 status on where everything was and we'll be
17 scheduling a workgroup meeting where we'll get
18 together and -- and I think the major focus
19 will be issues related to neutron exposures in
20 terms of do-- dose reconstruction so forth.
21 That was the major thrust that -- that -- it's
22 something that we really probably need to sit -
23 - sit down and spend a day -- significant
24 amount of time discussing, so that will be
25 scheduled shortly as -- as our next workgroup

1 meeting.

2 There are a number of other issues, some of
3 which are awaiting updates from NIOSH. A
4 number of them are in -- in review or I think
5 close to being ready and so forth so I think
6 there'll be some other issues added to the --
7 to -- to discussion -- our workgroup.

8 And then finally mention that a SEC petition at
9 Hanford has just qualified. I haven't had a
10 chance to read it. I think it was literally --
11 what, late last week? -- it came out, but I
12 suspect that as the evaluation report goes
13 forward and so forth that our -- our workgroup
14 may get to get involved in that. But given
15 what I would expect the schedule to be, I think
16 we should have made significant progress on the
17 review of the site profile by the time we
18 really have to sit down and consider the -- the
19 petition. At least I'll be optimistic about
20 that.

21 **DR. ZIEMER:** Questions? Wanda?

22 **DR. MELIUS:** I -- I'd -- Joe, do you have
23 anything to add? I -- made me think. You
24 weren't on the -- weren't available on the call
25 and I don't know if --

1 **MR. FITZGERALD:** Well, go ahead and make your
2 comment. I'll just add something to what you
3 just said.

4 **MS. MUNN:** My comment is an observation of the
5 irony involved in our technical contractor
6 having selected, as a part of their team for
7 this site -- for which I am conflicted and
8 cannot be involved -- an individual whose
9 qualifications we discussed here earlier and
10 who is now apparently not only not being
11 publicly used but is being identified as a part
12 of the technical team on this site. That's a
13 very interesting political move. Whether it
14 serves the needs of our scientific technical
15 review for that site is another question.
16 There's obviously no action that I can take in
17 that regard, but it's unfortunate and I think
18 is probably a clear message. I have the
19 message, and I think it's unfortunate that
20 we've chosen that route. In my -- I think the
21 subcontractor needs to be aware of that.

22 **DR. ZIEMER:** Lew, do -- what -- what's the
23 conflict status on the individual that -- that
24 -- or maybe SC&A -- I -- I think I know who
25 you're talking about, but has a determination

1 been made on -- is there a conflict under the
2 rules on this individual?

3 **MR. FITZGERALD:** We certainly have covered this
4 before, and certainly we're using the site
5 knowledge, operational knowledge, as a -- as
6 input to the discussions and -- primarily on
7 recycled uranium. But you know, again, I think
8 this has come up before and we've -- the Board
9 certainly has discussed it.

10 **DR. WADE:** There is no conflict and we
11 appreciate the comment.

12 **DR. MELIUS:** And I would just like to add to
13 the record that Mr. Alvarez made a very
14 significant and very helpful contributions to
15 the work here and to our conference call.

16 **DR. ZIEMER:** Joe?

17 **MR. FITZGERALD:** I just want to add that --
18 that, you know, we -- going back -- this --
19 Hanford's one of the very earliest reviews, and
20 a lot of us had to go back and just frankly
21 catch up and refresh. And in refreshing, I
22 think during the conference call Dr. Melius
23 recognized that some of the findings weren't as
24 clearly laid out because of the complexities of
25 some of the individuations. The neutron issue

1 in particular is a very important fundamental
2 question for the reactors. And what Hans did,
3 I think at your request, Jim, was to go back
4 and simply to not so much change anything but
5 just lay it out a lot clearer than this site
6 profile review of two years ago. I think the
7 editors got ahold of the report and after they
8 were done it was grammatically correct, but it
9 was hard to figure out where one issue ended
10 and another issue began.

11 So I just wanted to alert again that on
12 December 8th Hans sent this clarified treatment
13 of the neutron issue to all the Board members,
14 just so you would have that piece -- and to
15 NIOSH -- just so we would have that piece
16 because that issue itself is -- is a lot of
17 detail, a lot of issues that are built into
18 that, and they're going to be very fundamental
19 I think to the SEC review when it comes.

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

21 **DR. MELIUS:** Yeah, I -- I probably should have
22 mentioned -- but I -- again, I think it was the
23 -- worthwhile getting people together ahead of
24 time to talk about and identify issues and --
25 rather getting into a sort of how are we going

1 to deal with these technically. It was I think
2 helpful to say well, look, some of this has
3 been updated, some of this is -- views --
4 technical views have changed a little bit based
5 on individual dose reconstruction reviews and
6 so forth and that sort of an update of the --
7 that -- on that issue and actually read it on
8 my way out here and I thought it was very
9 helpful and -- and I think will be useful as
10 part of the workgroup's site profile review.

11 **DR. WADE:** Last is the workgroup on conflict of
12 interest policy for the Board. And for the
13 record, the Board had put that at a lower
14 priority when it was looking at assignments and
15 allocating time, but Dr. Lockey is chair;
16 Melius, Ziemer, Presley.

17 **DR. LOCKEY:** Since I -- since I was chairing
18 two at one time, we're coming to close on the
19 one and I think we'll -- we'll probably call a
20 meeting for this in January or February to get
21 started on the conflict of interest issue.

22 **DR. WADE:** The only other workgroup was just
23 commissioned yest-- yesterday or the day
24 before, Blockson SEC, Munn chairman; Roessler,
25 Melius, Gibson. I assume no report.

1 **MS. MUNN:** No report, other than I have had a
2 conversation with the NIOSH folks about getting
3 our calendars in order so that we can get the
4 group together at the earliest possible moment
5 and, with any luck at all, try to do what we've
6 done with other groups in identifying days when
7 crossover people can be in the same place at
8 the same time.

9 **DR. WADE:** The only issues open then are the
10 vice chair issues and the 83.14 proposal. We
11 can deal with them now or at your convenience.

12 **DR. MELIUS:** Could I actually follow up on
13 Blockson?

14 **DR. ZIEMER:** Blockson.

15 **DR. MELIUS:** I haven't had a chance to talk to
16 Wanda, but I -- I think two -- two thoughts on
17 that is, one, I think Larry has made progress
18 on scheduling a site meeting there. At least
19 one -- one is underway relatively soon and I
20 think it important to get some feedback from
21 that as we go into our review --

22 **DR. ZIEMER:** You're talking about the worker
23 outreach --

24 **DR. MELIUS:** Yeah, the worker outreach meeting
25 and so forth, and then also I would just hope

1 that somebody from SC&A can at-- attend that
2 'cause I think that would also make our later
3 work more efficient and -- and save some time
4 and so forth.

5 **DR. ZIEMER:** We have a few minutes here and I
6 think the issue of new workgroup we can come
7 back to, but let me first ask about the issue
8 of having what you might call a co-chair or a
9 vice chair for each -- each of the workgroups.
10 I -- I think from sort of an administrative
11 point of view, and certainly from my point of
12 view, it would be sufficient if each chair
13 would appoint a vice chair that would serve in
14 -- if -- if it's necessary from the legal point
15 of view, the Board Chair can make those
16 appointments, but I -- I would certainly want
17 to give the chairs of each workgroup the
18 opportunity to -- to appoint a vice chair from
19 amongst their workgroup. But how do the others
20 of you feel? Would -- are -- would you be
21 agreeable to proceeding in that fashion?
22 Wanda?

23 **MS. MUNN:** I have a slightly different
24 suggestion. The point is well taken with
25 respect to what happens when the chair has a

1 problem. Would there be any reason why the
2 chair could not select an alternate who would -
3 - would -- rather than a co-chair?

4 **DR. ZIEMER:** No, whatever you want.

5 **MS. MUNN:** Our -- our groups are small --

6 **DR. ZIEMER:** Right.

7 **MS. MUNN:** -- and if we -- if -- if there were
8 some other person on the -- on the workgroup
9 who recognized that they had the responsibility
10 in the absence of the chair, then I think that
11 would meet the criteria.

12 **DR. ZIEMER:** I think this is mainly a
13 nomenclature issue, whatever you want to call
14 it. But from my point of view, the chairs can
15 make that selection.

16 Jim, do you have --

17 **DR. MELIUS:** Yeah, though initially I sort of
18 liked the idea of co-chairs or vice chairs, I'm
19 wondering if we should just keep it informal
20 within the workgroup, 'cause it may depend on
21 the circumstances. You know, I'm on vacation
22 and going to be difficult to reach for a week
23 or something. If, you know, some action's
24 needed regarding, you know, whatever workgroup,
25 I may know that, you know, Gen's available that

1 week and -- do it, you know, can -- would
2 handle it and --

3 **DR. ZIEMER:** Yeah, I think what you're
4 suggesting is the idea that the chair had the
5 flexibility of --

6 **DR. MELIUS:** Yeah.

7 **DR. ZIEMER:** -- of appointing an alternate.

8 **DR. MELIUS:** Right.

9 **DR. ZIEMER:** Which is what -- what -- basically
10 what I'm suggesting.

11 **DR. MELIUS:** Okay.

12 **DR. WADE:** And one of the reasons it is
13 worthwhile considering is that I take direction
14 from workgroup chairs to schedule meetings and
15 also to direct the contractor legally. So if
16 the workgroup chair tells me something as to a
17 meeting or a need to task SC&A, then I take
18 action on that and I listen to the workgroup
19 chairs.

20 **DR. ZIEMER:** But if -- if a workgroup needed to
21 meet and -- and the chair was comfortable in
22 having a proxy there, in essence --

23 **DR. MELIUS:** Yeah.

24 **DR. ZIEMER:** -- I think that that vice chair or
25 ad hoc chair --

1 **DR. MELIUS:** Yeah.

2 **DR. ZIEMER:** -- whatever it is going to be
3 called, would still have the responsibility of
4 reporting any actions back to the chair and the
5 chair would continue the -- whatever the
6 communication with Lew, that would --

7 **DR. WADE:** Right.

8 **DR. ZIEMER:** -- continue. The chair would
9 still have the ultimate responsibility for the
10 workgroup. But we're talking about a practical
11 method of allowing a workgroup to meet.
12 Yes, Brad.

13 **MR. CLAWSON:** And -- and I understand that -- I
14 just don't want to be able to see that it -- I
15 guess the reason I was putting out that one
16 should be aware of his position is so that he
17 could put a little bit more emphasis on it,
18 because if you're getting called the day before
19 you're flying out here to be able to do this,
20 it's kind of a hard time to pick up a lot of
21 the pieces. And as a co-chair, I believe that
22 -- or whatever you want to call it, I could --
23 you know, that's immaterial to me. It's just
24 so that you could be better apprised of what's
25 going on and have a better idea so that this

1 could -- could be more of a professional
2 conversation and so forth and still be able to
3 continue on.

4 **DR. ZIEMER:** Right, thank you. Let me ask from
5 a legal point of view, and I don't know anyway
6 if this is something that you can address, is
7 there anything in the rules for working groups
8 that mandate, for example, that all members
9 have to be present for a meeting or that --
10 there's nothing that dictates how they -- it's
11 pretty ad hoc, isn't it?

12 **MS. HOWELL:** Right, working groups are kind of
13 at the Board's pleasure. When we get into a
14 subcommittee issue, if your subcommittee needed
15 a co-chair or a vice chair, then that might --

16 **DR. ZIEMER:** Might be a different matter then.

17 **MS. HOWELL:** -- be a charter issue there. But
18 --

19 **DR. ZIEMER:** Right, right.

20 **MS. HOWELL:** -- in terms of the working group,
21 y'all are welcome to organize them as you see
22 fit.

23 **DR. ZIEMER:** Very good. That's what I assumed
24 and we have a high degree of flexibility.

25 Michael.

1 **MR. GIBSON:** I kind of like the idea that Jim
2 brought up of just leaving it kind of open and
3 appoint an alternate. The groups are small
4 enough that it could run into the possibility
5 you pick a co-chairman and both of you are
6 unavailable when an event comes up, so you have
7 the flexibility of leaning on any member of the
8 group if something came up.

9 **DR. ZIEMER:** Right, and I think within --
10 within what I'm talking about, you could do
11 that on a meeting-by-meeting basis. You could
12 have an acting chair and wouldn't have to be
13 the same person every time. I think Brad has
14 asked that -- you know, you don't want that to
15 happen like as you get on the plane; oh, by the
16 way, you're chairing the meeting.

17 **MR. CLAWSON:** Yeah, I --

18 **DR. ZIEMER:** And -- and -- and --

19 **MR. CLAWSON:** -- maybe that's a -- maybe that's
20 a personal thing to me, I don't --

21 **DR. ZIEMER:** No, I understand, when --

22 **MR. CLAWSON:** -- when I do something, I --

23 **DR. ZIEMER:** In a given situation or for a
24 given workgroup, if a given workgroup chair
25 decides they want that to be a -- the same

1 person on an ongoing basis, I would say that's
2 fine, too -- give the workgroups that
3 flexibility.

4 **DR. WADE:** So for the record, if a workgroup
5 chair wants to name someone as acting for a
6 particular meeting or a particular situation,
7 that's their prerogative. Please let me know.
8 I would assume that that acting workgroup chair
9 would have all of the authorities of the
10 workgroup chair unless the workgroup chair was
11 to notify me of the circumstances.

12 **DR. MELIUS:** Also gets the same pay grade as
13 the workgroup chair.

14 **DR. WADE:** Exactly.

15 **DR. ZIEMER:** Robert, comment on this?

16 **MR. PRESLEY:** I have some-- I have a comment on
17 something that -- that was said a while ago,
18 not on the --

19 **DR. ZIEMER:** Not on this topic?

20 **MR. PRESLEY:** No.

21 **DR. ZIEMER:** All right, we'll come back to you
22 in a moment.

23 Then without objection, we will proceed under
24 the pattern of allowing workgroup chairs to
25 appoint individuals, as needed, to assist them

1 as acting chairs for a particular workgroup
2 meeting. This can be on an ad hoc basis.

3 **DR. MELIUS:** Okay.

4 **DR. ZIEMER:** With the caveat that they need to
5 let Lew know when this occurs, that they've
6 asked one other individual to act as chair for
7 that particular meeting. That chair is -- or
8 that acting chair is still responsible to
9 report back to the regular workgroup chair for
10 purposes of -- of ongoing communication with
11 Lew on issues and related scheduling matters.
12 So without objection, that will be our action.
13 We don't need to vote on that.

14 Now, Robert, you have another -- odd comment?

15 **MR. PRESLEY:** Something that's near and dear to
16 my heart, when the Senate or Congress -- House,
17 whoever it is -- has a meeting to discuss say a
18 -- something about the NTS site or anything
19 else, or we have a town meeting to discuss a
20 SCA (sic) petition or -- not -- not an SCA
21 petition but a SEC petition or something like
22 that, I would like to know if the Board could
23 be invited to these things, if possible. Now I
24 realize some of this stuff takes effect
25 overnight, but we are the Board for these

1 issues and I think that if somebody's going to
2 talk to these people that we ought to at least
3 be invited to sit in on this and to hear the
4 discussions that go on if possible. I know
5 when we had our meeting in Oak Ridge, when they
6 had the first or the second meeting, I was
7 notified and was invited and did go and learned
8 quite a bit from the people that were there.
9 The second meeting was a horse of a different
10 color; I didn't know about it. But when they
11 have these things, I think somebody from the
12 Board ought to be present if at all possible,
13 and at least have the -- have the opportunity
14 to go and hear what's said.

15 **DR. ZIEMER:** Thank you. Other Board members,
16 you want to chime in with your views on this
17 issue, and then we'll ask if there's a
18 mechanism to bring this about if Board members
19 so desire. How do the rest of you feel on
20 that? Are -- are you sort of neutral or anti
21 or for -- Brad?

22 **MR. CLAWSON:** My personal opinion is is that I
23 feel that it would be a good idea, maybe --
24 maybe not the whole Board or whatever like
25 that, but we're getting back to these -- these

1 working groups, if nothing else, the chair or
2 alternate or what'll ever be able to attend
3 something like that so that -- so that we have
4 a better idea of what the feelings are.

5 **DR. ZIEMER:** Thank you. And you're talking
6 about the worker outreach meetings or similar
7 meetings of the --

8 **MR. PRESLEY:** Yeah, if -- if somebody has a --
9 the thing that's being set up on Blockson.

10 **DR. ZIEMER:** Right.

11 **MR. PRESLEY:** Somebody from the Blockson
12 committee might want to be there to hear what's
13 being said.

14 **DR. ZIEMER:** Jim.

15 **DR. MELIUS:** Yeah, and -- I mean in general I
16 think that it can be helpful to make sense. I
17 think we have to be careful about not intruding
18 on the scheduling of these and drive Larry or
19 whoever's trying to set up these meetings crazy
20 with that.

21 Secondly, I think we also need to be careful
22 that, you know, the workgroup or -- we don't
23 get too many people there and -- and give the
24 appearance that the group is taking action or
25 expressing views of the Board as a whole and so

1 forth. I -- there's -- we try to do everything
2 we do on the public record and that -- and with
3 proper notification and so forth, and I don't
4 think this is likely, but we don't want to come
5 back and say well, you know, three of us were
6 at the Blockson meeting and we decided this or
7 --

8 **DR. ZIEMER:** No --

9 **DR. MELIUS:** -- you know, something like -- I
10 (unintelligible) --

11 **DR. ZIEMER:** -- I -- I think -- as I understand
12 Robert's suggestion, it's strictly observing
13 and -- and becoming aware of issues...

14 **MR. PRESLEY:** I think we're all aware of the
15 fact that we all have the thing with -- with
16 legal about so many of us being in one room at
17 one time constitute a Board meeting, and I
18 think that we're all aware of that and I don't
19 think we're going to let it happen.

20 **DR. ZIEMER:** Any other comments on this issue?
21 Larry.

22 **MR. ELLIOTT:** This has taken me somewhat by
23 surprise because it's been our intent to
24 include Board members at meetings where we know
25 there's an interest from the Board to --

1 whether you have a working group or just a
2 general interest to be in attendance at a
3 meeting. We've had -- you know, I know we've
4 had Dr. Melius at meetings up in -- in New
5 England, and Mark in -- in those meetings, but
6 we certainly, as we do our worker outreach,
7 we'll make sure that you're informed and we --
8 we make sure that the right people are noticed.
9 What I can't help you with -- I don't feel that
10 I have a -- any ability to know when -- you
11 mentioned Congress or some other -- DOE or some
12 other entity is holding a meeting at a given
13 site, I'm not -- you know, we're not always
14 aware of all of these other meetings. I can
15 only, you know, include you in the meetings
16 that we establish, that we set up.

17 **MR. PRESLEY:** And I -- I understand that,
18 Larry, and I'm sorry, I didn't mean to hit your
19 blind side, but I do have a problem with
20 somebody going to the Congressional side of the
21 house or wherever it is on our behalf and
22 nobody being there from the -- from the Board.

23 **DR. WADE:** The Board does have official
24 procedures in place for, the example, SC&A
25 being requested to make a Hill visit. Those

1 procedures are in place. I could review them
2 for you if you would like. But that the Board
3 has spoken to. If there are other issues where
4 we need more specific instruction from the
5 Board, then we should work that through.

6 **DR. ZIEMER:** I think now in the case of --
7 since we have working groups related to many of
8 the sites where we have SECs and related
9 actions, as a starting point we need to make
10 sure that the chairs of those workgroups are
11 notified of any worker outreach meetings and --
12 and Larry's cognizant of that.

13 These Hill visits, as -- as Lew has indicated,
14 in many cases these are specific requests made
15 by Congressmen or their staffs that particular
16 individuals appear before them. For example,
17 John Mauro appeared recently before Congressman
18 Hostettler's meeting at their specific request.

19 **DR. WADE:** Right. Now again, I think the rules
20 for SC&A -- and Arjun or Joe, or Paul, correct
21 me if I'm wrong -- if SC&A receives such a
22 request, they notify the Board of that request.
23 The individual Board members can then speak and
24 say I would like to be present. If that is the
25 case, then SC&A or NIOSH will take that request

1 back to the member and clear it with the
2 member. And again, if the member says fine,
3 then we let -- we allow that to happen.

4 **DR. ZIEMER:** Well, of course in the case of
5 Congressional hearings, I -- I think that most
6 of those, if not all, are open anyway --

7 **DR. WADE:** True.

8 **DR. ZIEMER:** -- so if -- and -- and John does
9 make us aware -- for example, if he's called on
10 to testify, I'm notified of that --

11 **DR. WADE:** Right.

12 **DR. ZIEMER:** -- and we would have the option of
13 being present.

14 **DR. WADE:** Now NIOSH --

15 **DR. ZIEMER:** I mean that doesn't mean we're
16 going to testify, but we certainly -- anybody
17 can come in the door and listen to the
18 proceedings.

19 **DR. WADE:** Now NIOSH is often called up on the
20 Hill to -- for a visit, so --

21 **DR. ZIEMER:** Right.

22 **DR. WADE:** -- and at this point I'd be willing
23 to listen to the Board's desire to participate
24 in that. I'm certainly not prepared to offer
25 that, but if there is a sense of the Board,

1 then I would be more than willing to hear that.

2 **DR. ZIEMER:** All right. And then also we have
3 -- there are cases where staffers on the Hill
4 request -- they may have requested in several
5 cases for our contractor to brief them on say
6 iss-- emerging issues or particular site
7 issues. And again, we're always notified of
8 that. It's -- it's a little -- shall I use the
9 word awkward -- we -- we can't, in a sense,
10 invite ourselves to those sessions which are
11 simply staff briefings.

12 **DR. WADE:** Right, but there the Board has
13 voted, through a motion on this, as I recall.
14 I don't have it in front of me, but again, my
15 understanding is that if SC&A receives a
16 request for such a meeting, they notify all
17 members of the Board. Any member of the Board
18 could say I would like to be present at that.
19 At that point SC&A or NIOSH would approach the
20 -- the person requesting and say Ms. So-and-so
21 would like to -- to come and sit in on this.
22 And if the member says yes, then it's fine. If
23 the member says no, then it's not.

24 **DR. ZIEMER:** Another comment, Robert?

25 **MR. PRESLEY:** My only comment is if -- I would

1 love to be notified more than in the morning of
2 the meeting if -- if they know about that, I
3 would like to be notified --

4 **DR. WADE:** I think S--

5 **MR. PRESLEY:** -- or the Board I think would
6 like to be notified.

7 **DR. ZIEMER:** Yeah, I do know that on a number
8 of occasions these have been very short notice,
9 even to SC&A. They get called in on -- they
10 have been, at least, in the past -- almost --
11 almost overnight.

12 **DR. WADE:** Yeah. For the record, I am
13 satisfied with SC&A's --

14 **MR. FITZGERALD:** Yeah, I --

15 **DR. WADE:** -- timeliness of notice.

16 **MR. FITZGERALD:** -- actually I think this
17 process, even though in the very beginning
18 there was some un-- ambiguities, it's worked
19 pretty smoothly over the last year, year and a
20 half. As soon as we get a request, we
21 immediately notify the Board, Paul -- Dr.
22 Ziemer. And then, you know, some of these have
23 short leads, unfor-- fortunately, so we try to,
24 you know, at least give the notification, then
25 move forward. And if there's enough time, you

1 know, certainly there's the option -- you know,
2 I -- to my way of thinking, it's worked out
3 fairly well. Usually the committee kind of
4 indicates is a, you know, informational
5 briefing, in which case we just simply tell --
6 tell the staffer where we are, where things are
7 and there really isn't too many issues, per se.
8 And then we -- after the meeting, certainly if
9 the Board wants a -- some kind of summary, we
10 can do that, too.

11 **DR. ZIEMER:** Well, John has been providing me
12 with summaries of all of hi-- and I think --

13 **MR. FITZGERALD:** Yeah.

14 **DR. ZIEMER:** -- Lew, as well --

15 **DR. WADE:** Well, we require the summaries from
16 John.

17 **DR. ZIEMER:** -- of the information that he pro-
18 - provides on these briefings.

19 **DR. WADE:** Right.

20 **MR. FITZGERALD:** Right, I think it's --

21 **DR. ZIEMER:** As you say, they've almost --
22 well, they've always been just information.

23 **MR. FITZGERALD:** Yeah.

24 **DR. ZIEMER:** Here's what they asked and here's
25 the information I gave them, and in all cases

1 it's been public information in any event.

2 There's --

3 **MR. FITZGERALD:** Either that or process. If
4 we're in the middle of a review, just, you
5 know, where does the review stand, when do you
6 think you'll have a report -- I mean -- and
7 things like that.

8 **DR. ZIEMER:** Yeah. Wanda?

9 **MS. MUNN:** The problem arises both with respect
10 to timing and to availability of members who
11 might be interested in doing this. There have
12 been several such meetings that I would have
13 been interested in. As Dr. Wade points out, if
14 the member refuses a -- a Board member's
15 presence, then the seat of power has spoken and
16 it's -- it's unfortunate that this is the case
17 since the Board -- correct me if I'm wrong --
18 is the authoritative body here, and yet the
19 requests are made of our contractor, who is of
20 course available to the halls of Congress, as
21 they should be. But it seems, with respect to
22 the -- the travel issue, even, is -- is a major
23 one. I would not know personally how to
24 address the travel issue to get to such a
25 meeting if I were wanting to be there and the

1 member had agreed to it, which has occurred in
2 several cases. Not just the timing issue, but
3 travel alone. Or is our -- is our current
4 financial status such that this type of travel
5 is reimbursable for a Board member?

6 **DR. WADE:** Yes.

7 **MS. MUNN:** It is? So it's not an issue of
8 cost, it's -- it's -- boils down to time and
9 the agreement of the Congressional member.

10 **DR. WADE:** It's not an issue of cost now. I
11 mean, you know, if this was to escalate,
12 certainly we might have to revisit it, but at
13 this point it's not an issue of cost. Timing
14 does become an issue.

15 **MS. MUNN:** Yeah, it is.

16 **DR. ZIEMER:** Okay. Additional comments?

17 (No responses)

18 Okay. Thank you. I -- I think -- I notice our
19 break is -- is pretty late in the morning so
20 let's -- let's take the break now and then
21 we'll have the OCAS program update right after
22 the break, so we'll recess for about 15
23 minutes.

24 (Whereupon, a recess was taken from 10:45 a.m.
25 to 11:05 a.m.)

1 **OCAS PROGRAM UPDATE**

2 **MR. LARRY ELLIOTT, NIOSH/OCAS**

3 **DR. ZIEMER:** We're ready to resume our
4 deliberations. The next item on our agenda is
5 the OCAS update from Larry Elliott of NIOSH.
6 Larry, we're pleased to have your report at
7 this time.

8 **DR. WADE:** Could I just --

9 **DR. ZIEMER:** Oh --

10 **DR. WADE:** -- before Larry does report, I would
11 like to -- to complete the record. There was a
12 working group that was not listed. It's the
13 working group looking at procedures review.
14 Remember, SC&A has a task to review NIOSH
15 procedures. At one point those procedures
16 review were under the auspices of the
17 subcommittee. They are no longer, so the Board
18 formed a working group to look at procedures
19 review, chaired by Wanda Munn; members Gibson,
20 Griffon, Ziemer, with Presley as an alternate.
21 That group has not been active at this point,
22 but I wanted to make sure that was on the
23 record.

24 **DR. ZIEMER:** Thank you very much.

25 **MR. PRESLEY:** Let me ask one thing while Lew's

1 on the subject. At our last meeting we talked
2 about a working group to discuss the different
3 types of materials that were being used
4 throughout the complex. Have -- have -- are we
5 going to do anything or have we done anything
6 on that?

7 **DR. WADE:** We've not done anything. It's --
8 it's your pleasure as to whether or not we want
9 to consider that.

10 **DR. ZIEMER:** Can you expand th-- remind me of
11 what that entails and --

12 **MR. PRESLEY:** I'd have to back and look for --

13 **DR. ZIEMER:** -- is that -- is that one of those
14 technical -- overarching technical issues that
15 we should be tracking, or --

16 **MR. PRESLEY:** Well, we talked about coming --
17 trying to come up with a list, and it would --
18 it's going to take some time, it's going to
19 take some effort -- of what materials and
20 nuclides that we used at the various sites, try
21 to come up with a more comprehensive list. At
22 our last meeting we talked about that, and we
23 didn't discuss anything about it or anything
24 like that, and I just wondered.

25 **DR. WADE:** It did -- it did make its way onto

1 what we're now calling the complex-wide
2 technical issues list --

3 **MR. PRESLEY:** Okay.

4 **DR. WADE:** -- under the heading of "Tracking
5 Materials Throughout the Complex" --

6 **MR. PRESLEY:** Right.

7 **DR. WADE:** -- this is the issue that Brad had
8 raised. So it's captured on that list of -- of
9 technical issues. There is no workgroup that's
10 been formed for that or for the entire list at
11 this point.

12 **MR. PRESLEY:** Okay. If we -- as long as we
13 (unintelligible) --

14 **DR. ZIEMER:** At least it's captured at that
15 point, so -- okay. Thank you.

16 Okay. So now -- thank you, Lew, for reminding
17 us of that additional workgroup that we had
18 omitted in the report period.

19 Now we'll hear the OCAS update. Larry.

20 **MR. ELLIOTT:** Thank you, Dr. Ziemer, members of
21 the Board and members of the public. It's a
22 pleasure to be here in my home state of
23 Illinois, don't get back here often enough and
24 so I relish this opportunity to return to
25 Illinois and visit my folks and visit the good

1 people of Illinois.
2 As of November 30th of this year, just last
3 month, 22,761 cases had been referred to NIOSH
4 from Department of Labor for dose
5 reconstruction. And as you see here on this
6 slide, about 79 percent of those have been
7 returned to DOL, or 18,069. If we break that
8 down further, the cases that we have submitted
9 back to Department of Labor with a dose
10 reconstruction report total 16,317, and we have
11 currently 631 cases that have been pulled by
12 the Department of Labor. When I say "pulled,"
13 that refers to the claim having been determined
14 by DOL to have been ineligible for some reason.
15 There's a variety of reasons that that might
16 occur. They sent us a claim that should --
17 should have been under Subtitle D or Subtitle E
18 and was not a cancer-related claim, or --
19 there's various reasons why those have been
20 pulled. Chronic lymphocytic leukemia, in the
21 early days there were claims that were
22 submitted and processed and given to us, and
23 then they were retrieved by DOL, so... The
24 cases that are currently pulled by Department
25 of Labor for Special Exposure Cohort

1 determination total 1,121 at this point in
2 time.

3 These numbers fluctuate because the cases --
4 there's a flux here. There's a dynamic that
5 goes on with DOL and the eligibility and -- and
6 the SEC determinations and so we see some --
7 this number grow in size and then it decreases,
8 and so it does change.

9 Twenty percent of the claims that are still at
10 NIOSH total 4,491. I know this is a little bit
11 different numbers than you've seen from DOL
12 yesterday and there's reasons we can explain
13 the differences. There's lag time and the way
14 we track and the way we account, and DOL has
15 district offices that provide rollup to them
16 where we only have one location that we deal
17 with all these claims. 201 claims, or one
18 percent of our total claimant -- claim
19 population, has been administratively closed.
20 And that means that, for whatever reason, the
21 individuals have been -- have -- who have been
22 given a draft dose reconstruction report have
23 not provided us the OCAS-1 form indicating that
24 they are ready -- they have no further
25 information and are ready to move that claim on

1 to DOL, so just provide that for your
2 information as well.

3 Of the 16,317 dose reconstructions that have
4 been returned to DOL for decision, we have
5 observed 4,265, or about 26 percent, have been
6 found to be compensable; whereas about 74
7 percent, or 12,052, were determined to be non-
8 compensable.

9 If we look at the type of dose reconstructions
10 that are performed and the breakdown of the
11 claims that fit into those specific approaches,
12 they're presented here and you can see that the
13 vast majority, a little -- close to 11,000,
14 have been performed using an overestimate of
15 internal and external dose, and that dwarfs all
16 of the other types of categories, as shown on
17 this slide.

18 If we look at the 4,491 cases that are still at
19 NIOSH for dose reconstruction, 1,075 are
20 assigned to health physicists currently.

21 They're in -- they're in the workload of the
22 dose reconstructors. 1,063 claims have initial
23 draft dose reconstruction reports in the hands
24 of the claimants, and NIOSH is awaiting the
25 return of that OCAS-1; 2,353 claims or cases

1 have -- have been -- or have not yet been
2 assigned to a health physicist for dose
3 reconstructions. They're in the stages of --
4 various stages of development, from the
5 Computer-Assisted Telephone Interview to data
6 collection, dose -- dose-related collection
7 information from DOE, et cetera.
8 3,110 cases, or about 69 and a quarter percent,
9 are older than a year old. This is an
10 important characteristic right now we're
11 tracking very closely in our goal to try to
12 complete the oldest claims. And take you into
13 that particular aspect of our work, the oldest
14 claims. We, as you know, assign a tracking
15 number in sequential order to these claims.
16 Our goal has been, of late, to try to finish
17 the first 5,000 claims that were sent to us.
18 To date, as of November 30th, we've seen 4,264
19 of those first 5,000 achieve a final decision -
20 - or a recommended or final decision at DOL.
21 The dose reconstruction report has made it to
22 DOL and the decision has been garnered.
23 There's been 54 of those in the first 5,000
24 that were administratively closed. We've seen
25 264 of the first 5,000 pulled -- as I said

1 earlier, either for chronic lymphocytic
2 leukemia, a non-covered cancer in this program
3 right now, or some other demographic issue
4 associated with the case that was -- caused it
5 to be pulled back from us. 147 of this first
6 5,000 have been pulled because of SEC
7 eligibility determination; 31 of these 5,000
8 claims are now with the -- in the hands of the
9 claimants awaiting their OCAS-1 signature; 58
10 have been -- have been returned to DOL, let me
11 see -- oh, these are -- these are cases that
12 have just come back to us from DOL, so that
13 influences the number of active cases in the
14 first 5,000; and then we have 182 that are
15 awaiting dose reconstruction in the first
16 5,000.

17 Traditional graphics that I present to you on -
18 - on how we are performing across the
19 population of claims. These -- this chart
20 shows you the breakdown by 1,000-increment
21 tracking numbers. The green line, as you see
22 here, the green bar indicates those cases that
23 are pending -- pended for some reason; the red
24 bar -- part of the bar indicates those that
25 have been pulled or administratively closed

1 within that block of 1,000; and then the blue
2 are cases that have been completed.

3 Now at our last meeting in Vegas I told you
4 that I was going to update this chart -- we
5 haven't done that yet -- to include the SEC
6 pulled. I think I was asked to keep this in
7 there, by popular demand from one Board member,
8 and we will -- we'll keep it here, but we're
9 going to -- we are going to change this and add
10 the SEC returned claims.

11 This gives you a sense of the trend in our
12 production relative to our backlog of claims
13 that were received early on in the program, the
14 backlog being this part of the curve here,
15 cases received from DOL. You can also see from
16 this blue line that it's been pretty static --
17 pretty level receipt of claims from DOL over
18 each month since back in February of '04, I
19 think. Around 200 a month is what we're
20 getting, on average.

21 The green line indicates those draft reports
22 that have been sent to the claimants, and you
23 can see this nice spike here with -- after a
24 valley. But what is going on here with these
25 different peaks and valleys, we have a new

1 document that comes on line, a new tool that's
2 being used and the spike occurs in the number
3 of dose reconstructions produced. And then we
4 work all those claims off and we drop back down
5 until we can find more claims to work on.
6 The red bar -- red line of this graph indicates
7 those that have gone back to DOL after we've
8 had the OCAS-1 signed by -- by the claimants.
9 I think it's important to note that the ORAU
10 team has achieved a capacity in -- over the
11 last eight, nine months of 160 completed dose
12 reconstructions per week, and that's resulted
13 in our reduction of our backlog. We've also
14 had a number of dose reconstructions done by
15 OCAS staff, and then we're starting to see --
16 and I'll report on this momentarily -- dose
17 reconstructions coming in from the Battelle
18 contract. So that's all included in -- in what
19 you see in this particular graphic.
20 I'm showing you our administratively-closed
21 claims and -- and what trends we might pick out
22 of this particular graph, why the spike here
23 back in June of '06. If you go back and look
24 at the other graph you'll see that we had a --
25 another one of those spikes where we sent out a

1 lot of claims back in the -- probably the
2 March-May time frame and that put a lot of
3 claims in the hands of the -- of the folks.
4 And for whatever reason, we see a large number
5 -- 22 there in June -- that chose not to send
6 back a OCAS-1.
7 You heard Pete Turcic talk yesterday about the
8 reworks that are returned to NIOSH for rework
9 under dose reconstruction, and this graph shows
10 you that we've received 1,900 and we've
11 returned to date, as of November 30th, 1,518 of
12 those reworks. And I won't belabor you with
13 the types of reworks. I think Pete covered
14 that very well yesterday for you.
15 With regard to our requests to Department of
16 Energy for dose-related information on each
17 claim, we have a num-- we have 279 outstanding
18 requests. And of that right now there are 58
19 that exceed 60 days. I'd remind you that we
20 follow up on these requests every 30 days. We
21 track them. We talk to DOE sites about
22 problems that they're experiencing trying to
23 find the data. We ask them to report to us,
24 whether they feel they cannot or they are still
25 confident that they can find some data. So we

1 monitor these on a -- on a 30-day periodicity.
2 And I know I'll probably get a question about
3 this, so the -- the problem children that we're
4 dealing with right now are -- we've got two
5 requests from Lawrence Berkeley National Lab,
6 Argonne East and West, that are over 300 days
7 old and there's some difficulty in the DOE's
8 having and finding the particular data for
9 those individuals. At some point they're going
10 to have to decide whether they have it or they
11 don't have it and we can move forward. And
12 then we have -- from the K-25, Y-12, Portsmouth
13 and Paducah Gaseous Diffusion Plants we've got
14 13 situations -- requests that are over 240
15 days old. The remainder are sprinkled across
16 the 60, 90, 120-day time frames.
17 1,143 claims are currently at DOL for class
18 member status determination and claim
19 adjudication under the Special Exposure Cohort
20 classes that have been added, and you can see
21 the breakdown of number of claims for classes
22 in this slide.
23 We are currently operating the dose
24 reconstruction program in using 142 approved
25 Technical Basis Documents and 59 Technical

1 Information Bulletins.

2 There are 13 Technical Basis Documents that are

3 currently in various stages of development, and

4 I have them listed here on this slide and the

5 next. They include Harshaw Chemical Plant --

6 and this goes to the partial dose

7 reconstructions that we would be doing there;

8 Sandia National Lab; the NUMEC sites, Apollo

9 and Parks Townships; Metals and Controls

10 Corporation; Sandia National Laboratory at

11 Livermore; the West Valley facility; Ames

12 Laboratory; the Battelle King and Jefferson

13 Street facilities; South Albuquerque Works,

14 these are at Peek Street; another facility, an

15 Extrusion Plant, also called RMI; and then

16 lastly, GE Vallecitos.

17 We have two Technical Basis Documents that are

18 being produced by the Battelle contract, and

19 these go to uranium metal processing and

20 uranium refining processing. The -- these two

21 Technical Basis Documents will be used to treat

22 a number of claims across the sites represented

23 by these two categories.

24 When we gave this contract to Battelle, as you

25 note, we had 1,400 claims that cut across 256

1 sites. That represents about 15 percent of the
2 claims and 85 percent of the covered
3 facilities. We've seen DO-- or we've seen
4 Battelle produce, as of November 30th, 221 dose
5 reconstructions for our technical review, and
6 we've moved on 143 of those dose
7 reconstructions to the claimants.
8 Battelle was also charged with identifying
9 situations where dose cannot be reconstructed
10 with sufficient accuracy and an 83.14
11 determination needs to be made. The first one
12 that is coming out of that part of the process
13 with Battelle is Dow Chemical. There'll be
14 others behind that.
15 Moving on to construction workers, trying to
16 keep the Board informed about our progress on
17 constructions trades dose reconstructions, we
18 have hand-sorted our claims to identify those
19 construction trade job titles that are included
20 in the claims population and we see about 4,473
21 claims that have had some experience in working
22 in construction. Of those, we've submitted to
23 DOL 3,618 dose-reconstructed claims. We have
24 observed a compensability rate of about 25 --
25 little over 25 and a half percent, and a non-

1 compensability rate in that dose reconstruction
2 population of about 74. This mirrors pretty
3 much the total program averages.

4 We have about 855 claims awaiting dose
5 reconstruction for construction trade workers,
6 and we're working on those.

7 To date the Board has reviewed about -- has
8 reviewed 80 dose reconstructions, seven of
9 which included construction trade workers.
10 You've identified in the next 40 another 16
11 claims that have construction trades job
12 titles.

13 The last time we talked about -- in Las Vegas
14 at your meeting we talked about Program
15 Evaluation Reports. The Program Evaluation
16 Reports have been placed on our web site. We
17 hope that you've had a chance to look at those.
18 We've sent you copies via e-mail. This is a --
19 these are activities where a change has been
20 made in our dose reconstruction approach or our
21 process, and we are required by our rule to go
22 back and look at those completed claims that
23 were found to be non-compensable and evaluate
24 whether the change that has occurred in a dose
25 reconstruction approach would change the

1 outcome of the decision for the claim.

2 So I've listed these here, the ones that -- we
3 have seven final Program Evaluation Reports.

4 These have all been completed.

5 The Hanford bias factor -- I won't go into any
6 details. I have these here with me if you want
7 to see how they read. We can certainly provide
8 that to you.

9 There's been another one that's been conducted
10 on misinterpreted dosimetry records for
11 Savannah River dose reconstructions.

12 A third that resulted in looking at an error in
13 surrogate organ assignment resulting in an
14 underestimate of X-ray doses, also in Savannah
15 River dose reconstructions.

16 Then we have a fourth that is -- has looked at
17 the effect of adding ingestion intakes to
18 Bethlehem Steel cases.

19 We've got another one at -- that concerns
20 photofluorography use at Pinellas, and we had
21 done a set of claims there without this
22 particular type of X-ray being considered, and
23 so we went back and looked at that.

24 We've got another one that's -- has looked at
25 external dosimetry target organs for prostate

1 cancer.

2 And then we have an evaluation of the effect of
3 the second revision of the Bethlehem Steel site
4 profile.

5 Now as we go through some of these we report
6 out in our Program Evaluation Reports the
7 changes that are observed in the claims. Some
8 go one way and some go another way. We report
9 those changes back to DOL and they return a
10 case to us and we rework it or we give them the
11 reworked case, and then they make the decision
12 on how to inform and advise the claimant.

13 We also have just recently changed our Program
14 Evaluation Report procedure to include what
15 we're calling Program Evaluation Plans. And
16 this is a situation where, for example, with
17 regard to the -- the revised risk cancer model
18 for lung cancer and the lymphoma changes that
19 we made, there's a large number of claims that
20 are -- are to be addressed under these two
21 program revision-- evaluation reports, and we
22 needed -- we felt we needed to have a -- an
23 agreed-upon plan about how to go about looking
24 at those large data-- datasets of claims. And
25 so we've -- we've added this Program Evaluation

1 Plan and we include those on our web site.
2 A Program Evaluation Plan will have the same
3 number as -- as it evolves into a report. Once
4 the evaluation of all the claims has been
5 completed, then the report -- the plan will
6 change into a report. So much of what you see
7 in a Program Evaluation Plan will also be
8 resonant in the report itself. What'll --
9 what'll be added to that to make it a report
10 will be the final outcome of the review and
11 what claims were evaluated, the number, how
12 they changed and what happened next with regard
13 to providing notification to the claim.
14 There are two Program Evaluation Plans that are
15 in review at this point in time, I mentioned
16 them earlier, the revised risk model for lung
17 cancer and the lymphoma target organ selection
18 change. There are other Program Evaluation
19 Plans and Program Evaluation Reports on the
20 horizon. There has been several Technical
21 Basis Documents that have received such
22 modifications we feel it appropriate to go back
23 and look at claims that were completed under a
24 previous version.
25 Moving into our communication initiatives, we

1 have revised the dose reconstruction
2 acknowledgment packet. This is the information
3 that is sent to claimants acknowledging for
4 them that we have received their claim from DOL
5 for dose reconstruction. The -- the Board has
6 reviewed this and given us good input and
7 constructive advice, and this -- the
8 distribution of these new acknowledgment
9 packets will start occurring in January of --
10 of next year.

11 We've also revised -- or proposed a revision to
12 the draft dose reconstruction report. We've
13 had several Board members comment on that.
14 I've collected one -- an additional set of
15 comments here at this meeting, and certainly if
16 anyone has not had a chance yet to give us
17 comments, please do so. We intend to come live
18 with this revised dose reconstruction report in
19 January, so -- I know we've had -- I think
20 about five now of you give us comments on this,
21 so appreciate any other constructive input that
22 those of you who haven't had a chance to do --
23 to give us, please do so.

24 You've heard about our dose reconstruction
25 video. We've got final approval on this and

1 distribution to the DOL district offices, to
2 the resource centers, streaming live on our web
3 site, copies provided upon request, all Board
4 members will get a copy. We'll be -- that
5 distribution will start occurring also in
6 January. So we -- we've also proposed, through
7 a NIOSH program on public health practice, to -
8 - to create more dose rec-- more videos on
9 different topics than dose reconstruction, and
10 we're hoping that we get approval for that, and
11 some monies to do that, under the NIOSH public
12 health practice initiative.

13 Our conflict of interest policy that the Board
14 had been instrumental in reviewing has been
15 approved. It was approved on October 17th. A
16 copy is on the web site if you -- if you need
17 to see it. NIOSH is busy working on
18 implementing this policy, and we will be
19 providing -- on our web site -- the disclosure
20 forms and statements from all of the NIOSH
21 staff who are involved in this program. We
22 will have -- under our related links on our web
23 site we will direct you to our contractors who
24 support this program, and that will show and
25 share with you their disclosure statements that

1 -- on their web site. We can't put those on
2 our web site, but we will have a related link
3 that will direct you to theirs.
4 I think my last slide here, I want to talk a
5 little bit about quality assurance/quality
6 control again. I've -- want to maintain this
7 as a theme, and I think it's most appropriate.
8 I do maintain this since at the hearing of the
9 House Judiciary Subcommittee a couple of weeks
10 ago, three weeks ago or so, you may have heard
11 Ms. Kathy Bates provide testimony about her
12 experience in having her mother's claim
13 processed through dose reconstruction. She
14 also made presentation to the Board in one of
15 the public comment sessions in Oak Ridge about
16 her concerns or problems. Essentially we have
17 -- we -- we recognize the frustration that she
18 and her mother have experienced. What has hap-
19 - what happened here is they -- in this
20 particular instance, the DOL district office
21 sent us a recommended referral that had the
22 wrong -- several wrong things; date of birth
23 was wrong, the type of cancer was wrong, the
24 Social Security number was wrong. We had no
25 way -- we don't develop that type of

1 information and we didn't have a way to correct
2 it, and so we propagated that mistake and
3 propagated it through into her dose
4 reconstruction.

5 I can tell you that there's only been two
6 instances that I have been made aware of, after
7 much -- much review, of where a dose
8 reconstruction report was sent to a claimant
9 and had the wrong information in it. We sent
10 this -- this one went out this way, and there
11 was another one that got mixed up in the wrong
12 envelope. We sent a dose reconstruction report
13 for an individual in the wrong envelope, and
14 the person called me and said don't think this
15 is mine; what should we do with it. So --
16 however, this is -- this is still not something
17 we -- we find very satisfying. We're very
18 disappointed by -- by these two instances, and
19 we've taken a very strong and hard look at our
20 -- our policies and our QA procedures, what
21 process improvements can be made, and you see
22 those working he-- working through here on this
23 slide that we're going to start taking up a
24 little more advanced checks and balances in our
25 QA/QC programs. This cuts across not only what

1 OCAS does, but into the ORAU team as well.
2 And then we're going to do a little bit more
3 training with staff on how to handle
4 situations, like how do you find an SSN deeper
5 into the file that we get from DOL, how -- how
6 far do we go to make sure that we have the
7 correct Social or we have the correct
8 diagnosis, et cetera, to start with.

9 So I think I'll conclude at that point. I'll
10 be happy to answer any questions, if I can.

11 **DR. ZIEMER:** Okay. Thank you, Larry. Let's
12 open the floor for question then, or comments,
13 on this report. Dr. Melius.

14 **DR. MELIUS:** Yeah, Larry. My first question is
15 on PERs and PEPs. I guess we can combine,
16 they're a PERP or something, I don't know what
17 the terminology. I believe the PERs have been
18 -- are available on the web site?

19 **MR. ELLIOTT:** Yes, they are.

20 **DR. MELIUS:** Are the PEPs going to be available
21 on the web site?

22 **MR. ELLIOTT:** They are there now.

23 **DR. MELIUS:** Oh, they are there now. Okay.
24 That was --

25 **MR. ELLIOTT:** Yes, they are there now. You'll

1 see them listed as PEP-007 and PEP-008.

2 **DR. MELIUS:** Okay. And wha-- wha-- and my
3 question, when I looked at the original PERs,
4 was the numberings was not consecutive.

5 **MR. ELLIOTT:** Well, yes. That's because one
6 got finished -- I think number three or number
7 --

8 **DR. MELIUS:** Okay.

9 **MR. ELLIOTT:** -- five got finished before
10 number four --

11 **DR. MELIUS:** Okay.

12 **MR. ELLIOTT:** -- or something like that.

13 **DR. MELIUS:** Okay.

14 **MR. ELLIOTT:** I think if you go there now,
15 you'll find them all in place.

16 **DR. MELIUS:** So -- so they're -- they're num--
17 numbered as you're drafting them rather than as
18 they're completed.

19 **MR. ELLIOTT:** That's right.

20 **DR. MELIUS:** Yeah, okay. Okay. It just was
21 confusing in -- in terms of that.

22 I also have some questions on the
23 implementation of the con-- conflict of
24 interest policy and -- do that. As we had
25 talked before at these meetings, I think one of

1 the key issues is going to be the
2 implementation of a strong and competent and
3 active document owners on these, and I was a
4 little disturbed in the -- or actually more
5 than a little disturbed in the Hanford
6 conference call that we had in -- December 1st
7 where the -- almost every question that was
8 asked to NIOSH and ORAU and so forth was
9 referred to the one person on the call that had
10 a significant conflict of interest and that --
11 this individual essentially was -- was the
12 document owner, acting as the document owner,
13 in essence, in there and without any sort of
14 other involvement. I don't know if that was a
15 scheduling issue with who was the official
16 document owner or if this is a sort of a legacy
17 of -- as we're getting caught up and getting
18 this implemented, but it -- it certainly, you
19 know, raises all the issues that we talked
20 about in terms of, you know, credibility of --
21 of the program and -- and apparently just we --
22 we need to address this -- this issue and make
23 sure that we have a program where the document
24 owners are evident and involved and really, you
25 know, at least appear to be acting as -- as if

1 they -- they are -- understand the technical
2 issues and are basically in charge.

3 **DR. ZIEMER:** I noticed the same thing on our
4 call, and I -- I was assuming at that time --
5 and clearly the individual is a site expert,
6 but is not the document owner. And we didn't
7 really hear much, if anything, from the
8 document owner on the questions. I'm --

9 **DR. MELIUS:** Yeah.

10 **DR. ZIEMER:** -- not even sure if the document
11 owner was on the line, so --

12 **MR. ELLIOTT:** I don't believe the document
13 owner was on the line. I think the site expert
14 --

15 **DR. ZIEMER:** Right.

16 **MR. ELLIOTT:** -- unfortunately was answering
17 most of the questions and coming across -- I,
18 too, was concerned about it. It sounded like
19 they possessed the document, they -- they
20 emulated the document owner.

21 **DR. ZIEMER:** Right, and actually, in a general
22 -- in sort of the general case, I think this
23 has been sort of a problem at other locations,
24 as well, but it comes across that the -- the
25 document owner is a figurehead as opposed to

1 really being an owner --

2 **DR. MELIUS:** Yeah.

3 **DR. ZIEMER:** -- and that's what we want to
4 avoid, of course --

5 **DR. MELIUS:** Right.

6 **DR. ZIEMER:** -- and make sure that the document
7 owners are sufficiently knowledgeable -- and
8 certainly one recognizes that from time to time
9 they -- they may not have all the answers, but
10 at least to -- to the extent that they can
11 demonstrate to the outside world that they have
12 an idea of what's going on on the site will be
13 important.

14 **MR. ELLIOTT:** Point -- point well taken. I
15 share your concerns. I -- not to make an
16 excuse, but I do think, you know, we've got a
17 little bit of a legacy issue that we're trying
18 to overcome here. We've given ORAU clear
19 direction, as well as the other contractors
20 that are working on the program, that -- that
21 we need to have clearly-identified document
22 owners who are not conflicted and who also
23 perform in that role admirably and explicitly
24 as a document owner. They -- they need to take
25 charge and provide the leadership in what the

1 document contents merit. And so it -- I know
2 that Kate Kimpan is very much on top of this
3 and working through this. At the next Board
4 meeting I think we'll have -- we have an -- I
5 hope we'll have an opportunity to provide an
6 update to the Board on where we all stand on
7 implementing this conflict of interest policy.

8 **DR. MELIUS:** Right, then, I -- I'll hold that
9 question. I still have some other --

10 **DR. ZIEMER:** Yeah, I'm looking to see if there
11 are others. If not, we'll -- go ahead.

12 **DR. MELIUS:** Okay. Just to continue on
13 conflict of interest, I certainly would be
14 interested in having an update on -- on where
15 they are in implementing, and particularly the
16 promise, I guess I'd call it, that Kate made to
17 us and was indicated that there was going to be
18 this retrospective annotation of -- of
19 documents and so forth. We have some very
20 significant actions underway regarding sites
21 where there have been issues with conflicted --
22 where that -- sort of individuals involved have
23 been changed and so forth and, Rocky Flats
24 being among them, and I think we really need to
25 understand as we're taking action on some of

1 these documents -- completely understand the
2 sources of the information and -- and so forth.
3 So getting that -- that activity done I -- I
4 also believe to be important.
5 Another issue that came up I believe yesterday
6 was the use of EG&G on one of the overarching
7 scientific issues and so forth. And again,
8 just thinking more about that company's
9 involvement over multiple sites -- and again, I
10 don't know about the individuals involved --
11 but it certainly -- with a contractor that's
12 been involved in so many sites, it certainly
13 raises questions when they then -- as to their
14 appearance of conflict when they're involved in
15 a -- one of these overarching issues. Again,
16 if it's a -- someone from a single con-- you
17 know, someone's operated a single site or
18 something, that may be different. But I -- I
19 think -- as you said yesterday, I think it's
20 important that we take a very careful look when
21 we're -- who we're assigning on -- on some of
22 the-- these issues and it -- I think as we
23 discussed at our earlier meetings, it's
24 difficult 'cause often the people with sort of
25 the knowledge, the expertise, are the people

1 that have worked at sites where this is an
2 issue. But same time, we need to make sure
3 that there are document owners on these
4 overarching scientific issues documents that --
5 that where there is no conflict they can
6 hopefully draw on people with -- with the
7 expertise, but not be -- not be reliant on
8 them.

9 And then finally, I'm -- continue to be
10 confused as to the implementation of the
11 corporate conflict of interest and wha-- what's
12 happening with that. I certainly indicated
13 when the doc-- when the policy was implemented
14 that that issue had not been completely
15 addressed yet, at least not to my satisfaction,
16 and we seem to be going back and forth on the -
17 - on what forms are involved and so forth and
18 we also seem to be witnessing instances where
19 people involved in -- reviewers seems to be
20 shifting from one contractor to another and --
21 and you wonder if that's simply a way of -- of
22 expedient way of addressing corporate conflict
23 of interest or is it a -- a -- and I'm not sure
24 it's a satisfactory way to -- to address that
25 issue since we have individuals may have worked

1 for many years with this one corporation
2 suddenly appearing working for another
3 corporation and suddenly pretend that conflict
4 of interest has disappeared. And I think it's
5 just critical that, one, we sort of understand
6 what's happened with the -- that imple--
7 implementation of that conflict of interest
8 policy, be interested in seeing the -- the
9 various ones that have been used as part of
10 NIOSH's contracting procedure -- review. And
11 secondly, that we get a firm and -- and sound
12 policy in place there, and a transparent policy
13 so we -- we know what's being -- being done
14 there.

15 **DR. ZIEMER:** I'm not sure if that was -- if
16 there was a question built into that. Larry,
17 you may want to respond --

18 **DR. MELIUS:** Lar-- Larry's welcome to respond.

19 **MR. ELLIOTT:** Well, I think those are all good
20 comments and -- and things that we, too, are --
21 are concerned with and want to make sure that
22 we have a full airing of and are transparent
23 about. And I would, you know, hope that at the
24 February meeting you'll -- you'll be satisfied
25 with what we come forward and -- and report on.

1 There's a lot of work underway to implement
2 this policy, and it -- it's not fully -- fully
3 implemented at this point in time. And so I --
4 I can -- you know, I don't know if Lew has
5 other comments to offer here, but you know, the
6 -- Dr. Howard has appointed a conflict of
7 interest officer who stands in review of what
8 is going on right now. That person's already
9 had one meeting with NIOSH staff to make sure
10 that things are proceeding on the
11 implementation phase of this policy.

12 I would -- I would offer that the EG&G folks
13 that we talked about yesterday and you brought
14 up just a moment ago -- these are not document
15 owners. These are people who are -- who are
16 doing some research and preparing some
17 information that a NIOSH person will take up as
18 a document owner and will make decisions on
19 where things go with the particular content of
20 a document. So the-- these are support --
21 technical staff to Jim Neton in -- in aiding
22 him in getting positions developed for us to
23 present to the Board.

24 **DR. ZIEMER:** In a case like that where they're
25 sort of developing background information,

1 though, the identities of those individuals
2 still is made known, is it --

3 **MR. ELLIOTT:** Yes.

4 **DR. ZIEMER:** -- not, under this policy, so --

5 **MR. ELLIOTT:** Yeah, we will make them known,
6 and they will have disclosure forms --

7 **DR. ZIEMER:** -- so if they have --

8 **MR. ELLIOTT:** -- as well.

9 **DR. ZIEMER:** -- some particular connections to
10 the site outside of the cor-- whatever the
11 corporate connection is, that would be made
12 known, as well.

13 **DR. MELIUS:** I just think we need to make sure
14 that -- and get into the practice of when we're
15 announcing new document development or
16 implementing various documents that -- that we
17 clearly identify, or you clearly identify,
18 document owners, the role of people in -- in
19 the -- in the various documents that -- as
20 they're being developed as well -- and at -- as
21 well as when they're presented 'cause the other
22 thing that we've experienced, and some of this
23 simply may be, you know, appropriately
24 addressed in conflict of interest issues, is
25 that people -- people's apparent role or

1 reported role in a document appears to change
2 over time. And again, that -- I think while
3 this annotation issue is so important that we
4 need to understand the source and simply
5 someone dropping out as the document owner or
6 what-- or become a site expert becoming a
7 subject expert or vice versa, you know, once a
8 document's 90 cent -- percent completed is not,
9 I don't think, really addressing the policy.
10 Now again, it may very well be very appropriate
11 as part of the implementation. You've
12 recognized the conflict of interest and you're
13 making the -- the appropriate changes, and I
14 think we -- we understand that, that's not
15 always going to be straightforward to do,
16 but...

17 **DR. ZIEMER:** And particularly during the trans-
18 - transition period, there will be a -- a time
19 where there are some older documents where this
20 wasn't in effect and they're trying to make
21 corrections and re-view the documents and so
22 on.

23 But Lew, you have additional comments on this,
24 and then Michael.

25 **DR. WADE:** I have an agenda item for the

1 February meeting that would be under the Board
2 heading of a NIOSH update on implementation of
3 conflict of interest. It would include
4 specifically an update on the implementation
5 from ORAU. This goes to the issue of their
6 annotation, attribution and review of past
7 documents. An item on EG&G on the transparency
8 of that implementation and whether or not there
9 are individual or corporate conflicts that come
10 into play on their work on complex-wide
11 technical issues. We need a specific update on
12 corporate conflict of interest implementation
13 by the contractors, and then we need an update
14 on the role of owners, using Hanford as an
15 example, where there has been less than optimal
16 performance in terms of document owners versus
17 site experts on working group meetings.

18 **DR. ZIEMER:** Thank you. Michael.

19 **MR. GIBSON:** Yeah, just -- form of a comment.
20 I looked up on the OCAS web site last night the
21 three individuals listed who worked for EG&G
22 under this subcontract. And while I didn't
23 recognize any of the names, they were all
24 listed as very senior radiological
25 professionals. And it just seems to me that

1 with EG&G being involved in litigation, with
2 workers bringing litigation against EG&G for
3 shoddy rad protection, certainly seems like the
4 potential exists that these people may have
5 been involved in helping def-- to defend that -
6 - that -- that litigation.

7 **DR. ZIEMER:** Well, we can certainly --

8 **MR. ELLIOTT:** Well, they --

9 **DR. ZIEMER:** -- find that out --

10 **MR. ELLIOTT:** -- they would have to disclose
11 that, and I don't believe that -- in my
12 understanding of these individuals, they have
13 not performed any kind of duties for EG&G in
14 that regard, and so...

15 **DR. ZIEMER:** Okay. Thank you. Other comments
16 or questions for Larry on this report?

17 **MR. ELLIOTT:** I think that before your next
18 Board meeting we will have ORAU provide the
19 Board a copy of the revised, fully annotated
20 and attributed Rocky Flats site profile. That
21 has -- that has been the first one they've been
22 working on. We've seen, you know, their
23 preliminary efforts but we want to get that in
24 front of you in advance of the Board meeting.
25 I have to -- I think that will also help inform

1 you as how they're going about doing this
2 business.

3 **DR. ZIEMER:** Thank you. There appear to be no
4 further questions. Again, thank you, Larry,
5 for your report and -- and update on the
6 activities.

7 We have -- do we have any time?

8 **DR. WADE:** I'd say six, seven minutes.

9 **DR. ZIEMER:** Okay, let me -- let me look here
10 and see if we have anything -- well, let's
11 outline what remains to be done. We -- we have
12 the SEC motions, and I want to make sure
13 everyone has copies of those, the written
14 motions for Monsanto, General Atomics, Allied
15 Chemical and Harshaw. You -- you should now
16 have the detailed written versions of those
17 motions and we will have the opportunity after
18 lunch to actually act on these and make sure
19 that we are all agreed on the -- on the wording
20 of these as we go forward. So that -- that's a
21 main item after lunch that we need to take care
22 of.

23 We will have an opportunity to identify
24 procedures to be reviewed by our contractor.
25 This is under the procedures review task.

1 We have some minutes to -- to approve. That
2 should not take very long.

3 And then we have an item relating to I believe
4 it's Task V, as I recall, that -- it's sim--
5 simply to make the Board aware of projections
6 as we go forward of the costs relating to SEC
7 reviews.

8 Lew, are there additional items that you are
9 aware of that we would need to cover?

10 **DR. WADE:** The only one is I would like to try
11 and pin down meeting dates. You know --

12 **DR. ZIEMER:** Oh, yes, and we have the
13 preliminary dates. We'll go through those and
14 -- and see if we can finalize those, and
15 hopefully that will go rapidly.

16 Lew, I'd like to ask, on the item dealing with
17 the -- the Task V cost, is that something we
18 could do in about five minutes? It's mainly
19 reporting, is it not?

20 **DR. WADE:** Sure, we can try.

21 **DR. ZIEMER:** Okay, let -- let's see if we can
22 do that.

23 **SC&A TASK V**

24 **DR. WADE:** Okay. I'd ask Joe to -- I -- I'll
25 do it, Joe, but I'd like to have SC&A present.

1 As you know, SC&A has a contract that has a
2 variety of tasks. Those tasks include site
3 profile reviews, procedures reviews, individual
4 dose reconstruction reviews, SEC support, and
5 then efforts on program or project management.
6 John Mauro recently notified the contracting
7 officer, myself and Dr. Ziemer that he saw a
8 potential issue on the horizon.

9 Next year, or the year we're in now, Fiscal
10 Year '07, SC&A has allocated approximately
11 6,000 hours to do SEC reviews. We imagine that
12 would be six reviews at about 1,000 hours
13 apiece. And again, none of that money has been
14 spent. All of those hours are available.
15 John alerted us to the fact that the Rocky
16 Flats SEC review is likely to consume
17 approaching 4,000 hours. John would also let
18 us know that other reviews that they've done
19 are well under 1,000 hours. So we don't know
20 how this will play out. Rocky Flats is all --
21 the cost of Rocky Flats is covered in last
22 year's contract action, so it's not about Rocky
23 Flats. John is just saying if there are other
24 Rocky Flats that appear and they take a 4,000-
25 hour bite out of 6,000 hours, that brings into

1 question what's left for -- our resources to
2 spend on SEC tasks. So he wanted to alert us
3 to that issue and that's been done. The Board
4 can discuss it as it would like.

5 But I think, Joe, that's an accurate telling of
6 the issue?

7 **MR. FITZGERALD:** Yes, and you know, clearly
8 with the 6,000 hours per year and the
9 assumption that those are roughly six SEC
10 petitions, that's -- actually has held fairly
11 well up until now, and Rocky has been proven
12 the exception and the implication as -- as been
13 -- as been stated is the fact that with the
14 growth in Rocky, it does pose a problem for
15 roughly the two addit-- the two additional SECs
16 that were budgeted for out of the '06
17 resources, which may well --

18 **DR. WADE:** And -- but that -- that's dealt with
19 by the contracting officer. The '06 work is --
20 it was budgeted with Rocky to completion.
21 There was money. And now we're looking forward
22 to '07. But we have to remember that there
23 looms the possibility of another Rocky, and
24 then what -- what's the Board's wishes.

25 **MR. FITZGERALD:** Sure.

1 **DR. ZIEMER:** So basically it's a heads-up
2 issue, folks, that -- for example, let's say
3 Hanford or Savannah River Site were to consume
4 a large chunk of hours similar to -- to the
5 Rocky situation. Then it would be unlikely
6 that we could expect, as a work product, six
7 site profile -- or six SEC reviews for -- for
8 the upcoming year under Task V. So -- well,
9 it -- it's actually -- Task V is --

10 **DR. WADE:** SEC.

11 **DR. ZIEMER:** -- SECs. So if -- if that were to
12 occur, what the Board would have to do would be
13 to pri-- prioritize in some way and recognize
14 that -- that -- well, there are other options.
15 One would be -- say to shift money from another
16 task if we had the -- if we had some unused
17 funds in another task, that could be done and
18 the contracting officer agrees that's a
19 possibility. One could always go back and ask
20 for a larger budget for the contractor, but
21 under present budget situations and
22 Congressional funding and so on, that may not
23 be a very cap-- or very likely to be
24 accomplished. But in any event, this is more
25 of a heads-up looking forward. Okay.

1 A question now -- Jim, did you have a question
2 on this?

3 **DR. MELIUS:** Well, I would --

4 **DR. ZIEMER:** And then Wanda.

5 **DR. MELIUS:** -- if I -- if I recall when we did
6 the tasks for this year and sort of figuring
7 out what was in what category, I think we, you
8 know, recognized that -- particularly the SEC
9 task was going to be very hard to -- to
10 estimate what was being done on that and -- and
11 how much that would -- would cost over time.

12 **DR. WADE:** At that particular time.

13 **DR. ZIEMER:** Particularly since it was a new
14 effort.

15 **DR. MELIUS:** It was -- one, it was a new
16 effort, and secondly, we were moving on to
17 larger sites and there's just a lot of -- more
18 -- more effort involved and -- and so forth.
19 So -- and giv-- given the time pressures on
20 these, even though ours aren't as
21 Congressionally-mandated as Larry has to put up
22 with and they s-- I mean we -- we do recognize
23 there's pressure to get these done, so one is I
24 would hope that we recognize early if there's
25 going to be budget issues. Secondly, I'm --

1 I've -- we can shift. It may provide some
2 short-term relief, I'm -- I -- but, you know,
3 where do you shift from? I mean it -- the case
4 reviews are -- are important and frankly we're
5 behind on the procedure reviews, I think, and
6 it -- that -- overall, I think they're
7 important to the program, both in a technical
8 and in terms of the credibility sense. So I
9 would hope that we would, you know, recognize
10 early if there's going to be a money problem,
11 and I think the Board has to be willing to tell
12 Congress that our -- you know, in order to
13 fulfill our function, more money is -- was
14 involved.

15 I would also add that I think -- and I don't
16 know whether this is a short-term issue because
17 of, you know, end of fiscal year issues and
18 continuing resolution issues and all things
19 happen with bud-- budget or simply just the
20 overwhelming, you know, amount of work that
21 needs to be done, but -- but if you recall, we
22 had always sort of operated that our -- our
23 contractor identifies issues for NIOSH to
24 evaluate, you know, essentially, that -- you
25 know, to do that. And it seems to me that

1 there's a shift going on that where more and
2 more of the follow-up is being shifted over to
3 -- to our contractor to do. I -- I think it
4 just is much -- may be an issue of the workload
5 and so forth for everybody, but -- you know, so
6 the number of hours put in by the staff of SC&A
7 I think goes up partly because of that, partly
8 'cause of the need to get things done quickly
9 and -- but we -- we have to recognize that, you
10 know, this is the major outside technical
11 review that's done on these documents and
12 involve both the SEC documents and other
13 documents, and -- and just basically to get it
14 done that way is just going to take a adequate
15 amount of -- amount of resources. And to the
16 extent that we have them more actively involved
17 in sort of follow-up on issues and so forth,
18 the -- that's even more resources.

19 **DR. ZIEMER:** Yeah. And Jim, you sort of
20 underlined a point I -- I hope that I made
21 yesterday, and that is we have to be very
22 careful when an issue is identified that if
23 it's a -- if it's a task that NIOSH should be
24 doing, that our contractor is not doing the --
25 the agency's work, tracking down things or

1 going through records that -- on-- once we
2 identify a gap, for example, that initially
3 it's NIOSH's task to address an issue that may
4 be identified. It's not our contractor's job
5 to do the agency's work, so -- and you simply
6 have emphasized we -- and it's a careful line
7 to say when -- when do we pull the string and
8 when does NIOSH pull the string.

9 Wanda.

10 **MS. MUNN:** In Board action yesterday, you
11 charged SC&A with a review of OTIB-43 relative
12 to --

13 **DR. WADE:** Blockson.

14 **MS. MUNN:** -- the Blockson Chemical Company and
15 the radon issue with the phosphates. Is that
16 going to fall under Task V as an SEC issue or
17 does it fall under the routine procedural
18 review?

19 **DR. ZIEMER:** I think this is a focused SEC
20 review. It would be a Task V. It comes under
21 this fiscal year, and as we indicated, the --
22 we're not in trouble on this fiscal year.
23 We're looking ahead. I mean I -- I think Task
24 V, for all practical purposes, is fully funded
25 for the year that we're looking ahead. It's

1 just the issue that we have to be careful not
2 to insist that there will be six separate SEC
3 reviews under that if -- if one of them happens
4 to be of the size of Rocky Flats.

5 **DR. WADE:** Yeah, I think the Blockson review,
6 for example, will probably come in under the
7 average -- not projecting, but I would imagine
8 --

9 **DR. ZIEMER:** Yeah, I wouldn't expect it to be
10 another Rocky Flats at all.

11 **DR. WADE:** -- but it will be under that task.

12 **MS. MUNN:** No, neither would I. Just wanted to
13 make very clear that --

14 **DR. ZIEMER:** Yeah.

15 **MS. MUNN:** -- in all our minds --

16 **DR. ZIEMER:** But that would be under Task V.

17 **MS. MUNN:** -- that's a Task V issue and we will
18 proceed with it --

19 **DR. ZIEMER:** Yeah. And as -- as we move along
20 --

21 **MS. MUNN:** -- posthaste.

22 **DR. ZIEMER:** -- if in fact the situation is
23 such that we see very clearly that another one
24 of these SEC reviews is going to be
25 substantial, and that -- that can be identified

1 early and it's simply a matter of the Board
2 saying okay, we recognize this and what's our
3 priority and what comes next. And if there's
4 other sites that have to be done and -- and we
5 say we don't have the funds to -- to do that,
6 what do we do. You know, is it shifting money,
7 is it asking Congress for more money. And keep
8 in mind, this -- this is more than a money
9 issue, usually, because whenever this occurs
10 you have resource issues -- manpower issues,
11 womenpower issues -- for the contractor and for
12 the Board. I mean it -- it typically means
13 more workgroups and so on. So concurrent with
14 this sort of thing, one would hope -- and I've
15 talked to Lew about this, that -- and this
16 isn't something the Board can do directly, but
17 I would -- I would certainly go on record as
18 saying that this Board could benefit from some
19 additional members that would help us man the
20 workgroups, as it were.

21 Okay. Let's see, Jim, you have a comment.

22 **DR. LOCKEY:** Just to follow up on what you
23 said. You know, if additional monies are
24 needed, we can always ask Congress, but I think
25 in relationship to the task that NIOSH is

1 pretty good shape. I know that some have to
2 leave about mid-afternoon to catch planes, so -
3 - but if we're -- if we're back here at roughly
4 1:00 o'clock, we should be able to finish in a
5 timely fashion. So let's take a break, get a
6 little food, and return.

7 (Whereupon, a recess was taken from 12:07 p.m.
8 to 1:09 p.m.)

SEC MOTIONS

DR. PAUL ZIEMER, CHAIR

9 **DR. ZIEMER:** We're ready to proceed with the
10 afternoon session. The first item we want --
11 want to take care of while we still have a
12 quorum are the -- well, it's on the agenda as
13 SEC write-up review, I think. That's what we
14 mean by -- it's the write-ups of the SEC
15 motions. We have four such documents and we'll
16 just take them in the order that they came to
17 us originally, beginning with Monsanto. The
18 Monsanto draft was put on the table subject to
19 the -- let's see, did we table it just to get
20 the wording? I mean I -- I think it
21 automatically comes off the table. We don't
22 need a motion to that because we said we -- it
23 would -- it was coming off the table during
24 this meeting, so I now declare that it's the
25

1 time, so we don't have to have a separate
2 motion to bring it back to the -- to the group,
3 so...

4 We now have the wording of the Monsanto motion.
5 And since this, in a sense, was already a
6 motion before us, I'll declare it to be such, a
7 duly-seconded motion --

8 **MR. GRIFFON:** It wa-- I don't think it was ever
9 a motion. It was never a motion.

10 **MR. PRESLEY:** I think we just went ahead on
11 this one we just -- we just tabled --

12 **MR. GRIFFON:** We tabled --

13 **DR. ZIEMER:** We tabled it before it was a
14 motion? Okay, then let me ask for a motion to
15 -- to approve the recommendation for the
16 Monsanto SEC, and we'll get the draft on the
17 table then.

18 **MR. GRIFFON:** I -- I guess I -- I'd rather make
19 a motion to take this draft up in the next
20 meeting, if we could, in the January 9th phone
21 meeting, because in -- in the meantime I've
22 asked NI-- part of the reason I tabled this was
23 I asked NIOSH to answer a few questions on the
24 data. They did post some stuff on the O drive
25 which I was looking at last night and this

1 morning to some extent, although I lost contact
2 with the -- you know, I lost my connection.
3 But there -- there's quite a bit of data in the
4 annual reports. LaVon also said that he's --
5 he's in contact with the -- I think LaVon left
6 now, but he had called the ORAU individuals
7 involved and they were getting together the
8 spreadsheet for the polonium work and also the
9 justification -- my -- my major concern with
10 this one is that there's quite a bit of
11 information in these annual reports, but I -- I
12 don't necessarily dispute NIOSH's conclusion, I
13 just think that we need to understand when they
14 say sparse information for -- for being able to
15 reconstruct the other radionuclides other than
16 polonium, I think we need to understand what
17 sparse means 'cause I know in -- in man-- in
18 other -- other sites we have the circumstance
19 where we have fairly little data, but we are
20 able to at least bound -- or -- or NIOSH
21 presents that they can bound exposures, so I
22 just wanted to see what this sparse data --

23 **DR. ZIEMER:** Right --

24 **MR. GRIFFON:** -- meant.

25 **DR. ZIEMER:** -- and actually I --

1 **MR. GRIFFON:** Yeah.

2 **DR. ZIEMER:** -- I just want to make sure, and
3 this is a procedural thing, can you help me
4 recall? Is this one that we did put on the
5 table without having a motion to approve?

6 **DR. MELIUS:** My recollection is that this one
7 we actually had a motion to approve, pending
8 full wording. I think the only one that we
9 tabled -- officially tabled was General
10 Atomics, and that was pending --

11 **MR. GRIFFON:** That's not true.

12 **DR. MELIUS:** -- pending -- pending LaVon
13 getting some clarification on some issues. Now
14 maybe I have it reversed with Monsanto.

15 **MR. GRIFFON:** I'm pre-- I'm pretty sure we --
16 I'm pretty sure this one got tabled before any
17 motion was made to approve, and it was a split
18 vote on the tabling actually, so I do recall --

19 **DR. ZIEMER:** There was a split vote on the
20 tabling --

21 **MR. GRIFFON:** Yeah.

22 **DR. ZIEMER:** -- I'm -- I -- I am not actually -
23 - I -- I thought we had approved --

24 **MR. GRIFFON:** I think we --

25 **DR. ZIEMER:** -- recommending the SEC.

1 **MR. GRIFFON:** Emily --

2 **DR. ZIEMER:** Emily, can you shed light on what
3 we did --

4 **MR. GRIFFON:** Yeah.

5 **DR. ZIEMER:** -- without us having to go back
6 through the transcript here?

7 **MS. HOWELL:** This was a motion to table, with
8 five for tabling --

9 **DR. ZIEMER:** But what --

10 **MS. HOWELL:** -- three against --

11 **DR. ZIEMER:** -- were we tabling?

12 **MS. HOWELL:** -- and you -- you had said that
13 you were going to -- you called for a generic
14 vote to approve or disapprove, to come back
15 later with exact language, at which point it
16 was tabled. So that motion --

17 **DR. ZIEMER:** Okay --

18 **MS. HOWELL:** -- didn't ever pass.

19 **DR. ZIEMER:** -- the motion to approve actually
20 was --

21 **MR. GRIFFON:** That was for Monsanto?

22 **MS. HOWELL:** Yes, this is for Monsanto.

23 **MR. GRIFFON:** And also for General Atomics, or
24 --

25 **MS. HOWELL:** Yes, there were two motions to

1 table, 'cause Monsanto was the first day.

2 **DR. WADE:** So when again --

3 **MR. GRIFFON:** Yeah.

4 **DR. WADE:** -- what -- so the -- this was tabled
5 before --

6 **DR. ZIEMER:** It was tabled before we voted.

7 **MS. HOWELL:** There were -- right, there were
8 two motions on the floor. The motion to table
9 was laid upon the motion to approve, with
10 specific language to come later, so the tabling
11 --

12 **DR. ZIEMER:** Right.

13 **MS. HOWELL:** -- you never passed -- you never
14 said that you were approving it.

15 **DR. ZIEMER:** Right.

16 **MR. GRIFFON:** I guess the difference is, for
17 General Atomics we actually voted on the motion
18 to approve --

19 **DR. ZIEMER:** Yeah, well, we'll come --

20 **MR. GRIFFON:** -- whereas we didn't --

21 **DR. ZIEMER:** -- we'll come --

22 **MR. GRIFFON:** -- for Monsanto.

23 **DR. ZIEMER:** -- we'll come back --

24 **MR. GRIFFON:** Yeah.

25 **DR. ZIEMER:** -- to that, so -- but what -- what

1 actually comes back to us off the table is a
2 motion to approve Monsanto.

3 **MR. GRIFFON:** Okay.

4 **DR. ZIEMER:** Which -- which is with the proper
5 wording, which is this document. Now, that
6 being the case -- this is before us -- it would
7 be in order for you to move that action be
8 delayed until this information that you
9 described came to us. That would be an
10 appropriate motion.

11 **MR. GRIFFON:** I'll make that motion.

12 **DR. ZIEMER:** An action to delay --

13 **MR. GRIFFON:** Yeah.

14 **DR. ZIEMER:** -- would -- would supersede the
15 action -- the main motion itself. And let me
16 ask if there's a second to the action to delay
17 -- to delay this approval.

18 **DR. MELIUS:** I'll second.

19 **DR. ZIEMER:** Okay. Wanda, do you want to speak
20 to this issue of delaying till we get the
21 additional information that was described?

22 **MS. MUNN:** Yes. Is it then presumed that the
23 information that we have will be of such
24 consequence that we might reverse the NIOSH
25 recommendation to the SEC?

1 **MR. GRIFFON:** It's hard for me to hypothesize,
2 but I -- I -- I mean based on what was
3 presented, I would say no. But I think that,
4 you know, my -- my position is that I'd like to
5 -- and I'm not asking for us to pull this and
6 pull a workgroup and put SC&A involved -- you
7 know, none of those steps. I think -- I just
8 think it's worthwhile seeing the data and the
9 steps before we unders-- so I understand better
10 what sparse means, 'cause we have a lot of
11 sites that have a sparse amount of data, and I
12 think we need to make sure we're even--
13 treating these evenly in that regard. So as
14 long as -- and -- and it sounds like -- from my
15 conversations on the side, it sounds like, you
16 know, the right decision was made in this
17 regard. But it -- we've been trying to --
18 LaVon has tried to get this data to me real
19 time, and it's just -- there's quite a bit of
20 material, but you know, there's probably -- the
21 health and safety reports are probably 600 or
22 700 pages alone, but then they also said they
23 took data out of that and did some analysis on
24 it, and the analysis files I haven't seen yet.
25 That might -- that might sum it up and then we

1 can say okay, now I understand. This is very
2 sparse and the justification's there and I -- I
3 would -- I would think that wouldn't change the
4 -- the wording or wouldn't change the
5 conclusion, so --

6 **MS. MUNN:** Okay, so --

7 **DR. ZIEMER:** And --

8 **MS. MUNN:** -- so let me be very clear since, in
9 my mind, sparse could cover an entire range of
10 --

11 **MR. GRIFFON:** Yeah.

12 **MS. MUNN:** -- you know, there's -- we're going
13 to encounter all degrees of sparseness as we go
14 along. So what we're -- what you're really
15 asking is just more time for you to personally
16 look at this data. That's --

17 **MR. GRIFFON:** More time for us to personally
18 look at this data, yes.

19 **MS. MUNN:** Okay.

20 **DR. ZIEMER:** And let me also offer, if -- if
21 the Board is uncomfortable with a motion to
22 postpone, another option for you would be to
23 approve the motion, with a change in the
24 instructions on when the Chair is to submit the
25 letter. This -- you could instruct the -- the

1 Chair to delay issuing of the letter until the
2 Board has a chance to examine that data, at
3 which point you could have an opportunity to
4 modify the letter. That would be an
5 alternative if -- if some of you would like to
6 go on record in terms of sort of the overall
7 issue of -- of approving the action. Dr.
8 Melius.

9 **DR. MELIUS:** I just think that if we did it
10 that way, we'd have to word that motion in a
11 manner that if the Board heard from one or more
12 -- I mean some threshold --

13 **DR. ZIEMER:** You would have --

14 **DR. MELIUS:** -- saying -- requesting that it --
15 that it be held, because --

16 **DR. ZIEMER:** You would have to change the first
17 paragraph on the time issue, and add some
18 instruction on -- on what would happen --

19 **DR. MELIUS:** Right.

20 **DR. ZIEMER:** -- yes.

21 **DR. MELIUS:** Correct. And do that.

22 **DR. ZIEMER:** I'm just -- I'm just suggesting
23 that if -- if Board members feel like they
24 would go on record -- but you see that -- it
25 still opens the possibility that -- that

1 subsequent data could cause you to --

2 **DR. MELIUS:** Yeah.

3 **DR. ZIEMER:** -- want to change, so in one sense
4 you may be better off with -- with a motion
5 simply to delay, and we're -- I think -- I
6 think you could -- you could specify even how
7 long that delay is that --

8 **MR. GRIFFON:** I mean I -- I would -- I -- I
9 think -- I -- I mean it was my intent -- I
10 didn't say this in the motion necessarily, but
11 the intent would be -- maybe it's a friendly
12 amendment to my own motion, but to take action
13 on this in the -- is it January 11th? I --

14 **DR. ZIEMER:** January 11th.

15 **MR. GRIFFON:** -- January 11th Board conference
16 call meeting --

17 **DR. ZIEMER:** Which is a delay --

18 **MR. GRIFFON:** I don't want to delay it a lot.

19 **DR. ZIEMER:** -- of several weeks.

20 **MR. GRIFFON:** Right.

21 **DR. ZIEMER:** Right. Further discussion? This
22 -- we're discussing the motion to postpone
23 action. Did you have an additional comment,
24 Jim?

25 **DR. MELIUS:** No, I'm sorry.

1 **DR. ZIEMER:** Board members, are you ready to
2 vote? Does anyone wish to speak against the
3 motion to postpone?

4 (No responses)

5 Anyone wish to speak for it?

6 (No responses)

7 Anyone wish to speak?

8 (No responses)

9 I'm going to assume by the silence that you're
10 ready to vote. Oh, yes.

11 **MS. HOWELL:** Could I have a clarification of
12 who is making the motion and who is seconding
13 it?

14 **DR. ZIEMER:** The motion was made by Mark,
15 seconded by Jim Melius. Motion to postpone --
16 is it to postpone until January 9th?

17 **DR. WADE:** 11th.

18 **DR. ZIEMER:** Or 11th, rather -- postpone action
19 on this -- until January 11th, pending the
20 receipt of additional information to clarify
21 the adequacy or inadequacy of the data. Is
22 that a fair statement?

23 **MR. GRIFFON:** Yeah.

24 **DR. ZIEMER:** Are you ready to vote then? Okay,
25 all in favor of this motion to postpone, say

1 aye.

2 (Affirmative responses)

3 **UNIDENTIFIED:** Let's do hands.

4 **DR. ZIEMER:** We'll do hands, okay. One, two,
5 three, four, five, six -- the Chair will vote,
6 seven.

7 And opposing?

8 (No responses)

9 And abstaining?

10 (Indicating)

11 One abstention. And the motion carries.

12 **DR. WADE:** Seven for, one abstention, Poston
13 and Lockey not voting. The abstention was
14 Wanda Munn.

15 **DR. ZIEMER:** Okay, then we -- we're not going
16 to spend any time on the wording of this at
17 this time since it could change.

18 Next, General Atomics. May-- may--

19 **DR. MELIUS:** (Off microphone) Emily
20 (unintelligible).

21 **DR. ZIEMER:** -- Emily, does your record show
22 that we did the same thing, or did we actu-- I
23 thought -- I thought that we had approved but
24 then tabled -- or not --

25 **MS. HOWELL:** I mean if somebody has anything

1 different, what I have in my notes is that we
2 actually voted in favor of tabling this when it
3 first came up, which I think was on Monday, and
4 then -- and that there were eight people in
5 favor of tabling it. But then when it came up
6 again yesterday, I think that's when LaVon
7 introduced some additional information. There
8 was a motion made to take it off the table,
9 which it was taken off the table, and then Dr.
10 Lockey made a motion to approve it generally,
11 which was seconded by Presley with the idea
12 that the language would be fixed. And then we
13 had a vote with five in favor of general
14 approval and three ag-- and three abstentions.
15 So if you want to wordsmith with the language
16 and people who abstained previously would like
17 to change their vote, then proper motions to do
18 so would have to be made.

19 **DR. ZIEMER:** I'm --

20 **MR. PRESLEY:** (Off microphone) (Unintelligible)
21 back on the floor.

22 **DR. ZIEMER:** Yes, but I'm -- I'm not tracking
23 with that completely. Are you saying we had
24 this twice?

25 **DR. MELIUS:** Yeah.

1 **DR. WADE:** First time it was tabled.

2 **MS. HOWELL:** First time it was tabled, and it
3 came off the --

4 **DR. ZIEMER:** After LaVon's initial --

5 **MS. HOWELL:** Yes, on Monday --

6 **DR. ZIEMER:** Okay.

7 **MS. HOWELL:** -- it was tabled.

8 **DR. ZIEMER:** On Monday. And then when did it
9 reappear on Tuesday?

10 **MS. HOWELL:** I'm not sure when.

11 **UNIDENTIFIED:** Following Senator Obama?

12 **MS. HOWELL:** Following -- perhaps following
13 Senator Obama's speech.

14 **DR. ZIEMER:** No, we went --

15 **DR. MELIUS:** Actually might have done it prior
16 to his --

17 **MR. GRIFFON:** (Off microphone) (Unintelligible)
18 whole time.

19 **DR. MELIUS:** Yeah, I think it was one of those
20 -- the fillers we used.

21 **MS. HOWELL:** Right. I think you're right, I
22 think it was one of the fillers.

23 **DR. ZIEMER:** Oh, he brought the additional
24 information, okay. Yeah, yeah, yeah. 'Cause I
25 -- I hadn't written that down. Okay.

1 So the -- the last action that was taken again,
2 repeat that, was --

3 **MS. HOWELL:** It was --

4 **DR. ZIEMER:** -- to approve, but to table it
5 with the understanding that we -- or not table
6 it, but that it would be -- come back with
7 revised words.

8 **MS. HOWELL:** Yes, and I would characterize it
9 as a motion to proceed with wording the proper
10 --

11 **DR. ZIEMER:** Right.

12 **MS. HOWELL:** -- class definition. I just want
13 to be clear that since we did have three
14 abstentions, if -- if, after getting into
15 specific language, those people would like to
16 change their votes, then they need to motion to
17 reopen it and to have another vote --

18 **DR. ZIEMER:** Well, that --

19 **MS. HOWELL:** -- on it.

20 **DR. ZIEMER:** Yes, that would be a motion to
21 reconsider, but that is actually not necessary.
22 It still comes before us and we have the final
23 wording that can be --

24 **MS. HOWELL:** Okay.

25 **DR. ZIEMER:** -- acted on, yes.

1 **MS. HOWELL:** Okay.

2 **DR. ZIEMER:** So this comes back to us now with
3 the wording that's here and represents a motion
4 before the Board. Now, Wanda.

5 **MS. MUNN:** No problem with the content. A
6 couple of nits with respect to grammar. In the
7 first paragraph, the fourth line, "promptly
8 inform" rather than "informs". The same is
9 true of the next line, "immediately work"
10 instead of "works". We're presuming future
11 activity and would not use the present tense
12 there.

13 **DR. ZIEMER:** Fine, we'll take those as friendly
14 amendments to this, or grammatical corrections.

15 **MS. MUNN:** No, they're grammatical corrections.
16 The --

17 **DR. ZIEMER:** Unfriendly grammatical -- no --

18 **MS. MUNN:** In the first --

19 **DR. ZIEMER:** Without objection, we'll make
20 those changes. Go on.

21 **MS. MUNN:** In the first bullet, this of course
22 is an entirely new paragraph, and although the
23 specific areas have been listed in the
24 preceding paragraph, when we say people working
25 "in these areas," we do not say what areas,

1 even though they were listed earlier. The
2 word designated perhaps should -- would
3 immediately refer back to the list of specifics
4 -- areas listed as covered.

5 **DR. ZIEMER:** So you're suggesting that the word
6 "these" as it shows here, is perhaps somewhat
7 vague. Would -- would -- if we said "people
8 working in the areas listed above"?

9 **MS. MUNN:** Or des-- I suggested designated
10 (unintelligible) would --

11 **DR. ZIEMER:** Designated areas?

12 **MS. MUNN:** Uh-huh, either would do.

13 **DR. ZIEMER:** Would -- is that agreeable as a
14 friendly --

15 **DR. MELIUS:** Yeah, I have no --

16 **DR. ZIEMER:** "People working in the designated
17 areas"?

18 **MS. MUNN:** Uh-huh, since it does not cover all
19 of GA. And essentially the second typ-- the
20 second bullet has the same kind of "these"
21 reference, which --

22 **DR. ZIEMER:** "In the designated areas".

23 **MS. MUNN:** Either "designated" or -- I used
24 "specified" so as to not duplicate the
25 language, but either would do.

1 **DR. ZIEMER:** Okay. Let's just call it "the
2 designated areas" in both cases, to be uniform.
3 Thank you.

4 **MR. PRESLEY:** Can I -- can I make a comment?

5 **DR. ZIEMER:** Yes.

6 **MR. PRESLEY:** Legal -- if we put "designated"
7 on here, it doesn't tie anything back to this
8 document. If we say "above-listed," then it
9 would tie these areas back to this document.
10 Do -- if we say "designated," is that going to
11 cause some heartburn down the road?

12 **MS. HOWELL:** Could you point out where you're --
13 -- where "designated" --

14 **MR. PRESLEY:** Second -- second bullet --

15 **DR. ZIEMER:** Well, first and second. First
16 bullet would say "People working in the
17 designated areas" and so on.

18 **MR. PRESLEY:** Or should we put in there "the
19 above-listed" since this document --

20 **MS. HOWELL:** Well, the issue is always going to
21 be that in the past, when the Secretary has
22 made a designation, they're typically looking
23 at the second paragraph --

24 **DR. ZIEMER:** The second paragraph.

25 **MS. HOWELL:** -- here. The bullets may or may

1 not be included, so that's why we've been
2 advocating pulling as much detail -- if you
3 want it to -- to get into the designation, then
4 put as mu-- then if it's that important, then
5 put it in that second paragraph. I'm not so
6 concerned about --

7 **DR. ZIEMER:** The bullet --

8 **MS. HOWELL:** I mean I think I would maybe not
9 use the term "designated," but that I'm not as
10 worried about. I just want to be very clear
11 that if it's important enough for you to be
12 listing it in these bullets, if you want to
13 make sure that it gets into that designation,
14 you need to put it up here and then NIOSH -- we
15 all need to work together to make sure we have
16 everything in that package necessary because
17 that's where we're getting the problems.

18 **DR. ZIEMER:** It is already there, so --

19 **MR. PRESLEY:** Yeah, it's there, but I just want
20 to make sure the word "designation" rather than
21 "the above-listed" is not going to cause
22 heartburn down the road.

23 **MS. HOWELL:** I -- I would go with "above-
24 listed".

25 **MR. PRESLEY:** I was afraid of that.

1 **DR. ZIEMER:** The "above-listed"? Is that okay?

2 **MS. MUNN:** Fine.

3 **DR. ZIEMER:** Okay, if that makes it clear,
4 we'll do that.

5 **MS. MUNN:** I just wanted to tie it to the
6 preceding paragraph is all.

7 **DR. ZIEMER:** So in both of those cases we'll
8 put "the above-listed areas". Any other?

9 **DR. MELIUS:** Can I just...

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

11 **DR. MELIUS:** Want to draw people's attention to
12 sort of how this -- this follows the pattern
13 that we have been following in our previous
14 letters and so forth with the -- the basis for
15 our recommendation being, you know, a -- a
16 series of -- of points and so forth. The --
17 probably the most significant change that we
18 made is that -- is the last sentence of the --
19 that -- instructions, the first sentence of the
20 first paragraph to the Sec-- to the Secretary.
21 That's, you know, the Board notes that although
22 NIOSH found that they were unable to completely
23 reconstruct -- in all of the letters here that
24 we're considering or would have considered
25 today, there was some -- I think uncertainty --

1 that NIOSH is in the process of evaluating at
2 least some of this and in some cases, like for
3 medical X-rays they were certain, others they
4 weren't. There were gradations in there and
5 rather than go into a great deal of gradation,
6 I think we have the sentence there "they
7 believe that they are able to reconstruct" and
8 then I tried to (unintelligible) at least some
9 specificity about the -- you know, external
10 versus internal and if they said specifically
11 they could do uranium and had already
12 demonstrated that, then it sort of says that.
13 But -- but I -- I think that's fine and Larry
14 and I actually talked about it and I gave them
15 a chance to review the letters last night, so -
16 - but this would sort of be the -- the pattern.
17 It would be drawn from their presentation and
18 so forth. If we had taken an active role in
19 sort of completely reviewing that data that
20 they -- where they could do external rec-- they
21 -- reconstruction or if they were farther along
22 in that process, then we might, you know,
23 change the wording in that slightly, but I
24 think this would be the pattern that we go from
25 if what I understood from what Pete Turcic

1 said, this was sort of satisfactory from --
2 from their -- their perspective and I think
3 it'll -- by moving it up, it makes it clear
4 that -- hopefully in what the Secretary issues
5 is -- this is a possibility.

6 And I -- I think -- the other thing I think --
7 again, I just want to point out so everyone's
8 aware of it is -- is it sort of used the term
9 for partial dose reconstructions. That's how
10 we refer to them. I don't know if it's sort of
11 an official part of NIOSH's glossary or
12 something, but it's the -- something that we
13 have usually referred to these as.

14 **DR. ZIEMER:** Right, I think NIOSH has referred
15 to them that way, too, and --

16 **DR. MELIUS:** Yeah.

17 **DR. ZIEMER:** -- Larry, you're okay with that
18 wording, I believe.

19 **MR. ELLIOTT:** Yes.

20 **DR. ZIEMER:** Thank you. And I want to ask a
21 further question, maybe I'll direct it to
22 Larry. In some of our previous letters, which
23 are somewhat parallel to this, NIOSH had some
24 questions on our references to 42 CFR Section
25 83.13 and 14. You may recall, Larry, I think

1 the last letter I sent you were somewhat
2 questioning whether that was -- whether we
3 referred to the correct section. And I'm --

4 **MR. ELLIOTT:** The way --

5 **DR. ZIEMER:** -- I want to make sure that we're
6 correctly citing what requirements are in play
7 here.

8 **MR. ELLIOTT:** We're okay with the way it's
9 phrased.

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

11 **MR. ELLIOTT:** Sorry.

12 **DR. ZIEMER:** I just wanted to make sure that
13 was clear.

14 And -- and then we should mention perhaps, and
15 I'd have to go back and check the last letter
16 we sent, but the issue on health endangerment.
17 The correct wording as it is here now should be
18 "may have endangered health". The finding is
19 not that it has, but that it may have, and
20 we'll make sure to make -- make that the
21 wording as we go forward.

22 **DR. MELIUS:** There -- Larry and I actually
23 talked about this and there -- actually the
24 four NIOSH ones received all have slightly
25 different wording in them and those were not

1 all always consistent and so forth. I think
2 we've captured everything here. As I said,
3 they've had a chance to review these and so
4 forth, but we --

5 **DR. ZIEMER:** And Pete --

6 **DR. MELIUS:** -- we certainly need to be --

7 **DR. ZIEMER:** -- and Pete is here and -- and has
8 indicated to me that they -- Labor is
9 comfortable with this wording, as well, but --
10 but I know if -- you can speak for yourself
11 since you're still here, but --

12 **MR. TURCIC:** Yeah, we're comfortable.

13 **DR. ZIEMER:** Thank you. Larry, an additional
14 comment there?

15 **MR. ELLIOTT:** We're -- we're okay with the
16 wording as we see it and the changes you've
17 already talked about. I think there was a
18 question raised during the discussion of
19 General Atomics about 400 boxes that only a
20 sample had been -- of information had been
21 reviewed. I have it -- an update on that if
22 you want to hear it. If not, we'll --

23 **MR. GRIFFON:** Well, I don't (unintelligible) --

24 **DR. ZIEMER:** Yes --

25 **MR. GRIFFON:** -- I don't know if I have to

1 reopen or -- 'cause I abstained vote, so I
2 don't know the procedure.

3 **MR. ELLIOTT:** Go ahead?

4 **DR. ZIEMER:** Oh, no, the -- yeah, in that --
5 no, it's before us.

6 **MR. GRIFFON:** Yeah.

7 **DR. ZIEMER:** Yeah, no, you --

8 **MR. ELLIOTT:** I mean it just adds clarity -- I
9 hope it adds clarity to a question that was
10 raised about did NIOSH or did ORAU and NIOSH
11 look at all the records for General Atomics.
12 The reference was that 400 boxes were found and
13 only a portion of those had been reviewed.
14 That comes out of the very first draft version
15 of this Technical Basis Document that -- which
16 was written about a year and a half ago. So
17 the writing of that was done at the early
18 stages of data capture.
19 What has happened since that time is a number
20 of -- of additional boxes have been reviewed
21 and -- and appropriate materials, documents,
22 have been retrieved pertinent to this site in a
23 Technical Basis Document that speaks to that
24 site. I can even give you the data collection
25 efforts -- July 11th, 2005 to July 14, 2005

1 there are 40 additional documents retrieved
2 pertinent to dose reconstruction for General
3 Atomics. August 15th, 2005 through August
4 18th, 2005 another 194 documents had been --
5 were retrieved and used for the site profile or
6 this Technical Basis Document. October 31st,
7 2005 to November 3rd, 2005 another 68 documents
8 were retrieved for inclusion. January 9th
9 through January 13th of 2006, 73 more documents
10 were retrieved. So we feel we have covered the
11 document retrieval effort on this.

12 **DR. ZIEMER:** Okay. Mark, do you have
13 additional questions on that issue or --

14 **MR. GRIFFON:** I -- I don't think so. I mean
15 you -- you -- it sounds like they went through
16 -- at least looked at all the boxes -- is that
17 the notion? -- and then took relevant documents
18 as...

19 **MR. ELLIOTT:** Yes, what I'm told here is they
20 looked through all those boxes, and even more
21 boxes, and -- and these are the documents that
22 were pertinent to the General Atomics
23 situation.

24 **MR. GRIFFON:** (Off microphone) That satisfies
25 (unintelligible).

1 **DR. ZIEMER:** Jim, you have an additional
2 comment?

3 **DR. MELIUS:** No, I'm sorry, I...

4 **DR. ZIEMER:** Now the Chair also recognizes that
5 -- there were several who abstained yesterday.
6 I think in part because of the issue of -- of --
7 -- the status of those boxes was one issue. And
8 was there another issue that was kind of an
9 open issue? I want to make sure that before we
10 vote on anything that there are no loose ends
11 that --

12 **MR. GRIFFON:** It was the -- the boxes, but also
13 as it related to this -- this list of buildings
14 and whether some of these buildings -- you
15 know, they -- they -- some of them on -- on the
16 surface may seem like they weren't high-risk
17 areas and -- but -- and yet they're included,
18 but I guess the -- the -- what we've heard is
19 they can't exclude them, is part of the -- part
20 of the problem here with the data they have, so
21 --

22 **DR. ZIEMER:** Well, I guess that -- that issue
23 goes to the idea of whether you can place
24 people in certain buildings or not, and we had
25 that kind of discussion because some of these

1 buildings, on the surface, would appear to --
2 the -- the likelihood for them being high-risk
3 buildings seem to be low. But unless we can
4 establish that workers didn't have access to
5 the other buildings, then you're kind of stuck
6 with the whole picture.

7 **MR. ELLIOTT:** Well, I would turn this around
8 and say that the data retrieval and the
9 information that was reviewed supports the
10 evaluation report that we've provided to you.
11 It -- it -- that's our basis. That's what
12 we're -- we're founding this -- this
13 recommendation on, that -- that all of these
14 different areas on this facility had these kind
15 of exposures that --

16 **DR. ZIEMER:** Okay.

17 **MR. ELLIOTT:** -- we cannot reconstruct.

18 **DR. ZIEMER:** Okay.

19 **MR. ELLIOTT:** Not necessarily that we cannot --
20 or can put people in those buildings, but we
21 know the exposure occurred.

22 **DR. ZIEMER:** Okay. Thank you.

23 **DR. MELIUS:** I guess --

24 **DR. ZIEMER:** Comment?

25 **DR. MELIUS:** -- my concern with that is that --

1 not what was reported, but the way it was
2 communicated in this report was far from clear,
3 is that that was the basis for including these
4 buildings. And -- and I think that certainly
5 for future reference that we need to try to
6 communicate that better in the actual
7 evaluation report.

8 **DR. ZIEMER:** Okay.

9 **MR. ELLIOTT:** I think we have clearly
10 identified this in our evaluation report. I
11 pointed this out when we talked about this. If
12 you look at each one of those facilities, we
13 tie it to thorium. We talk about what happened
14 in the laboratory, why thorium was an issue
15 there. If you want us to go to greater detail,
16 sure, we could go to greater detail, but it's
17 going to make a more voluminous report, so I
18 feel we had -- we had done just service to
19 this. If we missed the mark, I'd like to have
20 it clearly pointed out to me where.

21 **DR. ZIEMER:** No, so -- so it really is not an
22 issue of placing people in -- in the site, but
23 basically the evaluation is -- and there's a
24 list of -- of the issues on each of the
25 buildings and -- and they do make that point,

1 so I -- I think in the presentation it wasn't
2 that clear, but it is in --

3 **DR. MELIUS:** Well, I respectfully still
4 disagree. I don't think that the report
5 clearly reflects the fact that people moved
6 between buildings, that it's not possible to
7 identify people by building or by operation
8 within building, and I think -- all I'm --
9 would be asking for would be some clearer
10 statement about that in future reports when
11 that is the case.

12 **DR. ZIEMER:** Oh, I -- I -- I'm not -- I don't
13 think that's what he said. I -- I think -- I
14 think Larry's saying that each -- you -- you
15 don't have to indicate that people moved
16 between buildings. Each building --

17 **MR. ELLIOTT:** That's right.

18 **DR. ZIEMER:** -- represents the same problem on
19 -- on dose reconstruction.

20 **MR. ELLIOTT:** That's right.

21 **DR. ZIEMER:** So whether you're in one building
22 or all of them, the issue remains the same, as
23 I -- as I read it now, but --

24 **MR. PRESLEY:** Yeah.

25 **DR. ZIEMER:** Yeah. Anyway, that appears to be

1 the case here.

2 Further questions or comments?

3 (No responses)

4 Then let me ask if you're ready to vote on this
5 with the modifications that we've made, which
6 are basically friendly amendments?

7 **DR. WADE:** Emily might want to address this.

8 Do you want to speak to this, Emily? We have a
9 vote with Lockey's vote registered. The
10 question is, do we want to vote without Lockey
11 or do the members who abstained wish to change
12 their vote?

13 **MS. HOWELL:** I guess what I would say is you
14 can have a couple different things happen here.
15 You do need to vote to accept this language as
16 a whole, but so that we have Dr. Lockey's vote
17 and we're not getting rid of the previous vote,
18 if the three members who abstained have changed
19 their mind, they may motion to change their
20 votes for the record, and then you can also
21 vote to accept this language and then you'd
22 have everybody. But it's really up to y'all.

23 **DR. ZIEMER:** A comment on that, on procedure?

24 **MR. GRIFFON:** Yeah, just a comment on -- I mean
25 Dr. Lockey spoke with us before he left and his

1 preference -- I think partially based on my
2 advice -- was to delay this -- del-- delay
3 action on this, on approval of the final
4 language, until the -- the next meeting, the
5 same as the last one. Now he didn't hear this
6 information about the -- that -- that Larry
7 just gave us. That was part of what we were
8 waiting on. So I -- I don't know -- he -- he
9 didn't really leave us with a vote --

10 **MS. HOWELL:** Without -- without him being here
11 and without us having his preference -- his
12 proxy --

13 **DR. WADE:** Right, we can't vote his proxy.

14 **MS. HOWELL:** Right.

15 **DR. WADE:** What we could do is vote and then
16 Dr. Ziemer and I could try and secure his vote
17 prior to reporting of the -- the final vote
18 tally. We've done that before.

19 **DR. ZIEMER:** Well, also let me call attention
20 to the following: That in parliamentary
21 procedure, you can always do a vote to
22 reconsider, which is a second vote on the same
23 item. You can only do that once. But in a
24 sense, what -- thi-- this, in my mind,
25 constitutes that. If -- if we want a formal

1 motion to reconsider, we can do it that way and
2 put this on the floor as a reconsidered motion
3 with these words, and then -- and then we -- we
4 have a clean slate. Everybody can vote clean.

5 **MS. HOWELL:** And that's -- that's completely
6 fine, I -- and then you guys can try to secure
7 Dr. Lockey's vote after the fact. The issue
8 is, we were just trying to get as many Board
9 members as possible in --

10 **DR. ZIEMER:** Right.

11 **MS. HOWELL:** -- on the vote.

12 **DR. ZIEMER:** Okay. So at -- at the moment --
13 the Chair has to figure out the status of this
14 -- the motion as it is before us simply was
15 bringing this back. It -- we had a -- had a
16 motion to table, was it, with some abstentions
17 on this one, but we had -- had we only moved to
18 table without -- no, we had already moved to
19 accept --

20 **DR. WADE:** Right.

21 **DR. ZIEMER:** -- and then we moved to table.

22 **DR. WADE:** For both -- table for wording.

23 **DR. ZIEMER:** The abstentions were on which of
24 those motions?

25 **DR. WADE:** The motion to accept the intent.

1 **DR. ZIEMER:** The motion to accept the intent in
2 -- was the motion on which there were
3 abstentions.

4 **DR. WADE:** Correct.

5 **DR. ZIEMER:** The motion to table -- you didn't
6 abstain on the tabling motion. No, okay.
7 Okay, so it -- it come-- it comes off -- it
8 comes off the table automatically.

9 **MS. HOWELL:** It was already --

10 **MR. GRIFFON:** Already off --

11 **MS. HOWELL:** -- off the table.

12 **MR. GRIFFON:** -- the table.

13 **MS. HOWELL:** So the mo-- the abstentions were
14 to actual-- for the -- actually whether or not
15 to accept the SEC.

16 **DR. ZIEMER:** Okay. And after that occurred,
17 after we voted with those abstentions, then --
18 then we agreed that -- that it would come for
19 final wording.

20 **DR. WADE:** Correct.

21 **MS. HOWELL:** Yes.

22 **DR. ZIEMER:** Okay. So I -- I think to make
23 this clean, we could ask for a motion to
24 reconsider the original mo--

25 **DR. MELIUS:** Well, before we -- before we do

1 that, I just would state that I would still
2 maintain my abstaining from any vote to approve
3 this, either in the final wording or in the
4 original motion.

5 **DR. ZIEMER:** Okay.

6 **DR. MELIUS:** I'm still not satisfied and I
7 think it's very hard for us to review this any
8 further. LaVon's not here and so forth and --
9 understandable and...

10 **DR. ZIEMER:** Well, and perhaps you should
11 express that issue because there may be others
12 that would share that and so --

13 **DR. MELIUS:** In -- as I said, I've already
14 expressed it. I -- I do not believe that the
15 justifications provided for the individual
16 buildings are complete and I'd like to have
17 more information on that and...

18 **MR. GRIFFON:** And -- and -- I mean I agree with
19 that. The only thing I would say is that --
20 that it's encouraging -- what Larry just said
21 is very encouraging. I'd just like to look at
22 it, same as the last set, not -- nothing with a
23 workgroup or anything, just to -- to make sure
24 we understand what they did --

25 **DR. ZIEMER:** Yeah.

1 **MR. GRIFFON:** -- what they sampled, what they -
2 - I mean I -- you know, this is a very -- as
3 you said earlier, Paul, this is a very
4 complicated site and we want to just make sure
5 we have the -- you know, that they've done a
6 thorough job, and it sounds like they have, but
7 I think we need to --

8 **DR. MELIUS:** Well, I don't think -- they may
9 not have communicated the thoroughness of their
10 -- their work, at least in the way that
11 satisfies me, and that I think that in -- when
12 one is dealing with an 83.14 and expanding from
13 a single case up to a larger part of a site --
14 which is what we ought to be doing; I mean that
15 -- that's for our (unintelligible) 'cause not -
16 - we'd have to be doing it case by case and be
17 too much work. I think that we just need to
18 make sure that the justification for the
19 expansion is adequate.

20 **DR. ZIEMER:** Uh-huh. Let me suggest a track or
21 a procedure to follow, because I -- I don't
22 think the abs-- I don't want to
23 mischaracterize, but I don't think abstentions
24 help us get where we want to get. I would
25 suggest, if there are one or -- it would take

1 two or more Board members who believe that
2 there should be an extension or delay on this,
3 you should make an appropriate motion and we'll
4 -- that will tell us whether or not that is a
5 widely-held view. And -- and if it is not,
6 then we proceed. But I think -- I -- I don't
7 think it's necessarily helpful simply to
8 abstain. Abstain-- abstentions are more for
9 cases where you have a conflict, and I -- I --
10 I mean it may be that everybody feels that way
11 but nobody is expressing it except Jim.

12 **MR. GRIFFON:** I guess -- I guess that's why I
13 was reflecting Jim Lockey's --

14 **DR. ZIEMER:** Who's not here to --

15 **MR. GRIFFON:** -- position to me --

16 **DR. ZIEMER:** Yeah.

17 **MR. GRIFFON:** -- which was to delay --

18 **DR. ZIEMER:** Yeah.

19 **MR. GRIFFON:** -- delay action.

20 **DR. ZIEMER:** Yeah.

21 **MR. GRIFFON:** So...

22 **DR. ZIEMER:** Brad.

23 **MR. CLAWSON:** (Off microphone) (Unintelligible)
24 we delay action on this (unintelligible) --

25 **MR. GRIFFON:** See, he abstained --

1 **MS. HOWELL:** Sorry, but you're going to have to
2 bring it back up in order to delay anything.
3 You've already passed on this.

4 **DR. ZIEMER:** It's already on the table.

5 **MR. GRIFFON:** No, but he abstained. Right? Is
6 that the issue?

7 **DR. MELIUS:** No, he did not.

8 **MR. GRIFFON:** Oh, he didn't?

9 **DR. ZIEMER:** It doesn't matter. Anybody can
10 call for a motion --

11 **DR. WADE:** To reconsider.

12 **DR. ZIEMER:** -- once it's back on the floor.

13 **MS. HOWELL:** But you need to make and pass the
14 motion to reconsider it if you're not going to
15 vote it out at this meeting, 'cause you already
16 -- technically, once this meeting is adjourned,
17 it has been voted out.

18 **DR. WADE:** Right, so you need a motion to
19 reconsider --

20 **DR. ZIEMER:** Motion to reconsider first?

21 **DR. WADE:** Correct.

22 **DR. ZIEMER:** And when we do the motion to
23 reconsider, then we can supersede that with a
24 motion to delay.

25 **DR. WADE:** Correct, and then you can --

1 **DR. ZIEMER:** We get it parliamentary-correct
2 here. Okay.

3 **DR. WADE:** That's correct, I think you need a
4 motion to reconsider.

5 **DR. ZIEMER:** Okay.

6 **MR. GIBSON:** Motion to reconsider.

7 **DR. ZIEMER:** Okay, Michael has made a motion to
8 reconsider the -- the previous action, and
9 seconded by Brad Clawson. Motions to
10 reconsider are debatable, if there's anyone
11 wishes to express pro or con on this.

12 **MS. MUNN:** I'd like to make a comment.

13 **DR. ZIEMER:** Comment?

14 **MS. MUNN:** Since the matters that we deal with
15 are repeatedly brought to us in an emotional
16 fashion, it seems to me we can't have it both
17 ways. Either we wish to move these issues as
18 expediently and fairly as possible, or else we
19 wish to delay them until we have satisfied
20 every conceivable concern that might be raised,
21 regardless of its magnitude. I have not heard
22 anyone say that they anticipate further review
23 of the material that's before us as being
24 likely to change the position that this group
25 of petitioners constitutes an SEC. If that is

1 the case, then either we need to move forward
2 with it, or else we need to agree that,
3 regardless of the emotionalism that's brought
4 in other cases, we will continue to work these
5 issues as long as we possibly can. It seems
6 unwise to postpone voting on issues that are
7 not perceived even here and now as being likely
8 to be changed as a result of the review.

9 **DR. ZIEMER:** Thank you. So you are speaking
10 against the motion to -- well, actually the
11 motion to reconsider does not in itself carry a
12 delay. It's simply a motion to reconsider the
13 previous vote where there were abstentions. So
14 I -- if -- if this comes before us for
15 reconsideration, then someone can make that
16 motion to which your remarks would actually
17 apply, I think.

18 The motion to reconsider, anyone speaking for
19 or against that -- which is simply to revote on
20 the -- on the original issue.

21 (No responses)

22 Okay. All in favor of reconsidering the
23 General Atomics SEC petition recommendation,
24 say -- raise your right hand. Motion to
25 reconsider, this -- this gets the motion on the

1 floor. It's General Atomics.

2 (Affirmative responses)

3 Any opposing or abstentions --

4 **DR. WADE:** So the vote is eight to zero, all
5 members present voting on it.

6 **DR. ZIEMER:** Now -- now the General Atomics
7 draft is before us for action and vote, unless
8 someone wishes to move to delay that action
9 till later. Jim, are you making a motion?

10 **DR. MELIUS:** I move to delay consideration of
11 this draft until our January 11th meeting,
12 particularly concerned about inadequate
13 information justifying some of the buildings
14 that are included in the list of -- in the
15 definition of the class, particularly the
16 laboratory building.

17 **MR. GRIFFON:** I'll second.

18 **DR. ZIEMER:** Okay, the motion has been made and
19 seconded to delay. The motion does not
20 necessarily need to include reasons for delay,
21 although it can -- or that is -- at least
22 becomes part of the context for the motion.
23 Also in the context of the motion we have at
24 least one member who was not privy to the
25 information that's been shared with us today

1 and had left instructions that he wished to
2 delay.

3 Does anyone wish to speak for or against the
4 motion to delay action? Yes, Robert.

5 **MR. PRESLEY:** I'd like to speak against it.

6 **DR. ZIEMER:** Okay.

7 **MR. PRESLEY:** I -- I cannot see anything that's
8 going to change or broaden the scope of this.
9 I mean this speaks to what the SEC petition
10 was, and I -- I mean I'm -- I'm sorry, I just
11 can't -- I don't understand that -- why, if we
12 add just a few more things, it's going to
13 change this to make a great big difference.
14 I'm sorry, I don't. It's -- it's here. It's
15 in black and white.

16 **DR. ZIEMER:** Thank you. Anyone else to speak
17 for or against the motion to delay? Yes --

18 **MR. GRIFFON:** I'll -- I'll spe-- I'll speak for
19 it, I guess -- with enthusiasm. You know, I
20 guess in my mind it's -- it's this question of
21 -- I mean this is a SEC petition to approve a
22 class, and I feel like we, as the Board, have
23 to give considerable -- or at least reasonable
24 effort in reviewing this and understanding the
25 basis for it before we vote. And myself, I

1 haven't seen -- I mean it -- the data's not
2 there. The data is underlying -- the data's on
3 the O drive and I want to see a little better
4 the basis for the selection of these buildings,
5 and I think that -- my concern I guess is that
6 in some situations we've -- we've -- we've
7 taken laborator-- the one example would be Y-12
8 where we actually excluded a thorium laboratory
9 and -- and NIOSH indicated they would use a
10 separate type of model, a new Reg. 1400 model
11 or approach to model workers that were in that
12 laboratory. They took it off the list, even
13 though it was in -- it was clear that thorium
14 was used in -- used in there. There were
15 thorium workers, so to speak, but they -- they
16 indicated that it was a laboratory setting,
17 very small quantities. Now the one difference
18 here -- at -- at least -- I just want to see
19 mo-- you know, I just want to see the data on
20 this, but apparently there's less known about
21 the source term for this laboratory. In other
22 words, they're not sure exactly what kind of
23 quantities, but -- but you know, a lot of us
24 have questions about that, that -- you know, an
25 analytical lab. I -- I just think we need to

1 at least look at the data that was the basis
2 for this so that we keep consistency on our --
3 on -- on our -- our record on doing these.

4 **DR. ZIEMER:** Both when it's advocating an SEC
5 and when it's advocating that there not be an
6 SEC. So for you, it's -- it's an issue of
7 satisfying yourself what -- what the underlying
8 inf-- information says on the O drive. Yeah.
9 Okay, others, pro or con?

10 (No responses)

11 I might observe, and I -- I suspect that Mark
12 and maybe Jim would also agree, that the
13 likelihood of this changing is probably pretty
14 small, so it gets to the issue of making sure
15 that you've sort of done due diligence on
16 examining the issues in this case. I -- I
17 don't want to read more into it than -- than I
18 should, but I -- I don't sense that you expect
19 this to --

20 **MR. GRIFFON:** I gue-- I guess it's --

21 **DR. ZIEMER:** -- change over the --

22 **MR. GRIFFON:** -- it's hard for me to --

23 **DR. ZIEMER:** Yeah, you can't say in advance.
24 Right.

25 **MR. GRIFFON:** -- yeah, say in advance, without

1 looking at the data, whether this might likely
2 change my opinion on the -- on the described
3 class.

4 **DR. ZIEMER:** This basically becomes an issue
5 whether one thinks you could reconstruct dose
6 with the data available, which is the thorium
7 data. Jim.

8 **DR. MELIUS:** And I would just remind everyone
9 that -- you know, again, this is a situation
10 where you don't have a site profile that's been
11 reviewed. You know, we're seeing this --
12 essentially dealing with this site I believe
13 for the first time. I don't believe we've had
14 -- had any involvement in the site, and so,
15 again, I think the mor-- all the more reason to
16 take some care and diligence in terms of our
17 review.

18 **DR. ZIEMER:** Okay. Other comments now?

19 (No responses)

20 Okay, then we're ready to vote this -- oh, I'm
21 sorry. Wanda, I didn't see your flag up there.

22 **MS. MUNN:** So -- well, that's because I didn't
23 put it up, sorry.

24 **DR. ZIEMER:** Oh.

25 **MS. MUNN:** So what we're saying is if I vote

1 not to delay this, then I am voting for a lack
2 of due diligence. That's what I'm hearing.
3 Right?

4 **DR. ZIEMER:** I -- I think that this becomes
5 each individual's issue of when -- when you are
6 personally satisfied. I don't -- I -- I don't
7 think any of us would say that has to be the
8 same point for everyone. I certainly wouldn't
9 want to declare that. I -- I sense that Mark
10 is uneasy with what information he's been able
11 to establish. I -- I'm simply in a sense
12 trying to provide opportunity for Board members
13 who are not at the point -- I'm sure we're
14 often at different points of all of these
15 issues as to the point at which we're satisfied
16 with both the information and its
17 interpretation. So I -- I don't want to read
18 any more into --

19 **MS. MUNN:** No.

20 **DR. ZIEMER:** -- that or -- or if someone votes
21 against this motion, to put them in a category
22 of saying they're for or against some
23 particular interpretation. I -- I don't -- I
24 don't think we want to do that. Just -- I thi-
25 - if members are -- are ready to go with this,

1 that's -- that's entirely fine, and there
2 should be no sort of dispersions (sic) cast on
3 that basis, so let -- let's please not -- not
4 do that at all.

5 Further -- further comments?

6 (No responses)

7 Okay, let's vote and those who are in favor of
8 the motion to postpone action until the January
9 11th meeting, raise your right hand.

10 **MS. MUNN:** Oh, let's do, let's not...

11 (Affirmative responses)

12 **DR. ZIEMER:** One, two, three, four, five, six,
13 seven -- and eight.

14 **DR. WADE:** So the vote -- all eight members
15 present voted yes.

16 **MR. PRESLEY:** I'll go ahead and vote for it.

17 **DR. ZIEMER:** Okay.

18 **MR. PRESLEY:** For the unity of the Board.

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

20 **DR. ZIEMER:** That's -- that's fine.

21 **DR. WADE:** Okay.

22 **DR. ZIEMER:** Okay, so there is a motion to
23 delay and that has been approved. This wording
24 stands when it -- when it comes back to us,
25 unless there are changes based on what is found

1 in the meantime. And I don't -- I don't know
2 if we count Dr. -- Dr. Lockey's vote at this
3 point.

4 **DR. WADE:** No.

5 **DR. ZIEMER:** We probably need to --

6 **DR. WADE:** I would not count his vote.

7 **DR. ZIEMER:** Until -- until we --

8 **DR. WADE:** Yeah, we don't do proxy votes.

9 **DR. ZIEMER:** Yeah, we don't need it at this
10 point anyway.

11 **MR. CLAWSON:** Dr. Ziemer?

12 **DR. ZIEMER:** Yes.

13 **MR. CLAWSON:** You said the letter stands as is
14 until the 11th.

15 **DR. ZIEMER:** Well, we -- we've made -- we've
16 made some amendments, so that's the document
17 that will come back to us as the starting --

18 **MR. CLAWSON:** Okay, with the corrections --

19 **DR. ZIEMER:** Yeah --

20 **MR. CLAWSON:** -- that have been made.

21 **DR. ZIEMER:** -- as a starting point. Unless
22 Emily --

23 **MR. CLAWSON:** Unless Emily tells us we're
24 wrong.

25 **DR. WADE:** You did it good. You did -- you're

1 wording come back to us. I don't think we
2 tabled anything here. Am I correct on that?

3 **MS. MUNN:** No, I think you're correct.

4 **DR. ZIEMER:** So here's the wording that's back
5 to us, so this now is the motion that is before
6 us. Wanda Munn I think has some corrections.

7 **MS. MUNN:** The same grammatical corrections
8 that were made on the preceding document --

9 **DR. ZIEMER:** Thank you.

10 **MS. MUNN:** -- apply here.

11 **DR. ZIEMER:** So that would be in paragraph one
12 that the Chair promptly "inform" the Board --
13 incidentally, as I look at this, to be
14 consistent, the Board should be capitalized in
15 both places, not just one, so let's make that
16 change, as well. Is that -- do you agree with
17 that?

18 **MS. MUNN:** Correct.

19 **DR. ZIEMER:** And that would be true of the
20 previous documents as well.

21 Promptly inform the Board, capital B. And then
22 down --

23 **DR. WADE:** No, and immediately "work".

24 **MS. MUNN:** And "work".

25 **DR. ZIEMER:** And immediately "work".

1 **DR. MELIUS:** Then Board should be capital
2 again.

3 **DR. ZIEMER:** In that last line, another capital
4 B for Board, thank you.

5 **DR. MELIUS:** And -- and I actually think that -
6 - I actually think it applies to Harshaw, also.
7 These are in essence plant-wide. We're not
8 designating particular -- particular buildings
9 or areas, so it would say "people working in
10 the Allied Chemical" -- I don't think -- "in
11 these areas" is sort of redundant. I don't
12 think it's needed, if you want to --

13 **DR. ZIEMER:** Right, so on Allied, it says
14 people working -- we would say "at the" Allied
15 Chemical --

16 **DR. MELIUS:** Yeah.

17 **DR. ZIEMER:** -- Corporation plant.

18 **DR. MELIUS:** And then in the second bullet,
19 people exposed to radiation "in the" Allied
20 Chemical Corporation plant.

21 **DR. ZIEMER:** Right, just leave out "in these
22 areas of" --

23 **DR. MELIUS:** Yeah.

24 **DR. ZIEMER:** -- in the second bullet.

25 **DR. MELIUS:** Right.

1 **DR. ZIEMER:** So those are all friendly
2 amendments.

3 Now, any other wording changes?

4 (No responses)

5 If there are not, are you ready to vote on this
6 -- on this mo-- on this wording? It's really
7 an approved motion for which we are polishing
8 the wording. Wanda, an additional --

9 **MS. MUNN:** No.

10 **DR. ZIEMER:** No? Okay.

11 **MS. MUNN:** Sorry.

12 **DR. ZIEMER:** Okay. Ready to vote? All in
13 favor of the proposed wording on Allied
14 Chemical with the changes just noted, say --
15 raise your right hand.

16 (Affirmative responses)

17 And any -- obviously would be no no's or
18 abstentions, so the record will show an eight-
19 zero vote on Allied. Thank you very much. The
20 motion carries.

21 **DR. MELIUS:** Racing to the table for a last-
22 minute vote.

23 **DR. ZIEMER:** On Monsanto -- on Monsanto --

24 **DR. WADE:** No.

25 **MR. PRESLEY:** We've already -- we've already --

1 **DR. MELIUS:** Harshaw -- Harshaw's next.
2 **MR. PRESLEY:** Harshaw's next.
3 **DR. MELIUS:** Same -- same --
4 **DR. ZIEMER:** I'm sorry, did I pick up the wrong
5 one?
6 **DR. MELIUS:** Same changes.
7 **DR. ZIEMER:** Hars-- yes, Harshaw -- do we have
8 any designated areas on this one?
9 **DR. MELIUS:** No, it's a --
10 **DR. ZIEMER:** So people working "at" --
11 **DR. MELIUS:** "At the".
12 **DR. ZIEMER:** -- "at the" Harshaw Harvard
13 division, and then in the next bullet --
14 **MR. PRESLEY:** The next one's all right.
15 **DR. ZIEMER:** Next one's all right --
16 **DR. MELIUS:** Yeah. I have no idea --
17 **DR. ZIEMER:** -- for some reason.
18 **DR. MELIUS:** I was --
19 **DR. ZIEMER:** Are there any other wording
20 changes on Harshaw?
21 And we already have the ones in the first
22 paragraph, the same as previously, capital Bs
23 on the Boards and deleting the s's on "informs"
24 and "works".
25 Are you ready to then vote on the final wording

1 on Harshaw? Okay, all those who favor this
2 wording, raise your right hand.

3 (Affirmative responses)

4 And there are no no's or abstentions, so the
5 eight-zero vote favors that motion, and that
6 completes those four items. Thank you very
7 much.

8 **DR. WADE:** Emily, any last comments? Do you
9 ha-- Emily's happy.

10 **DR. ZIEMER:** She's still smiling, at least.
11 Right? Okay.

SELECTION OF ADDITIONAL PROCEDURES
TO BE REVIEWED BY SC&A
DR. LEWIS WADE, EXECUTIVE SECRETARY

12 We have an item called selection of additional
13 procedures to be reviewed by SC&A. Lew, you
14 can kick that off. I think we have -- Stu is
15 going to help us with this, is he --

16 **DR. WADE:** And Joe --

17 **DR. ZIEMER:** -- and Joe --

18 **DR. WADE:** -- Fitzgerald for SC&A.

19 **DR. ZIEMER:** -- Fitzgerald for SC&A. In your
20 booklets or in handouts, there are two things.
21 One is the OCAS document inventory that Stu
22 prepared for us, and the other is SC&A's list
23 of procedures reviewed. It's a bigger packet,
24 so --

1 **DR. WADE:** Joe, if you could -- if we could
2 have you come when you get your papers, and
3 just give us the arithmetic up to this point in
4 terms of the task for the year and what has
5 been assigned to this point and what's
6 remaining.

7 **MR. FITZGERALD:** Sure, you should have this
8 handout, which is something we prepared based
9 on, you know, the procedures to date, what have
10 you. This is dated September, and Stu and I
11 have spoken. There's some procedures and
12 documents that have come out since the end of
13 September, so there's maybe a little bit of
14 update from Stu's standpoint. But if you
15 recall back to the Las Vegas meeting, we were
16 chartered with looking at 14 of these
17 procedures, plus seven that involve site-
18 specific procedures. These were ones where we
19 have already looked at them in the context of
20 the site profiles, what have you, and with
21 minimal additional work we could provide those
22 as well, so a total of 21 procedures.
23 Now in addition to those 21 that were, you
24 know, voted on at the Las Vegas meeting, since
25 then two more have been identified at this

1 particular session and the past session,
2 construction -- the construction OTIB. OTIB-52
3 I think was identified at -- in Las Vegas as a
4 -- as a separate entity under sort of a
5 different charter than the -- this procedures
6 thing, but yet again, it's an OTIB document
7 we'd be looking at.

8 At this particular session the -- I guess it's
9 OTIB-43, which deals with the radon, was just
10 identified so I might add that those two, in
11 addition to the other 21, sort of gives us
12 these 23 that were -- either have been
13 chartered with or just chartered with and we're
14 working -- so that's 23.

15 Now I think the idea was to supplement that
16 with -- with up to 16 more procedures. And in
17 discussing this with Stu before the meeting, I
18 think that's going to be -- the Board may be
19 hard-pressed in a sense that there's not a
20 whole lot, based on what we can look at, that
21 are left. Perhaps half that number, at the
22 max, would be certainly ones that might have
23 some relevance, and that's certainly what we
24 can discuss and certainly what you can decide.
25 I might add from this morning's discussion the

1 OCAS procedure on PERs certainly is a new one
2 that has just been developed and issued, and
3 that's something that we don't have on our
4 list, for example, which obviously is a fairly
5 significant development that would be something
6 that could be reviewed.

7 We also have some procedures -- procedu-- and
8 this is not on our list -- Procedure 94, PROC
9 Procedure 95, these are, respectively,
10 verification of validation process for tools
11 for -- dose reconstruction tools in
12 development. Procedure 95 is generating a
13 summary of statistics for conducting coworker
14 bioassay. So there's additional -- several
15 others that are substantive.
16 On this list in the right-hand column I think
17 you -- you'll have this matrix, maybe not; I'm
18 not sure what you're looking at.

19 **DR. ZIEMER:** Well, what I'm looking at --

20 **MR. FITZGERALD:** Yeah, you have the same one.

21 **DR. ZIEMER:** Is that what you have there?

22 **MR. FITZGERALD:** Yeah, this is the matrix I
23 believe that -- does it say "SCA's list" up
24 top?

25 **DR. WADE:** Yes.

1 **DR. ZIEMER:** September 2006?

2 **MR. FITZGERALD:** Right.

3 **DR. ZIEMER:** Yep.

4 **MR. FITZGERALD:** Yeah, on the left-hand side
5 you should see circled the 21 that were
6 assigned. And on the right-hand side under
7 "Review Status" you'll see "not reviewed" or
8 "review complete" or "review in progress," and
9 there's some other ones that fall in between.
10 The ones that say "not reviewed" are -- are
11 certainly the ones which would be available,
12 based on this matrix.

13 **DR. ZIEMER:** Yeah.

14 **MR. FITZGERALD:** The ones that are not included
15 in this matrix are the -- I think up to six
16 PERs -- I think there's six or seven PERs --
17 six PERs that -- you know, this is, again, a
18 new procedural document that we -- we'd --
19 certainly have had access to, but those would
20 be supplemental to this list. So there's six
21 PERs, as well as several procedures that post-
22 date the end of September, which is the date
23 that this matrix was issued.
24 And I would defer to Stu in terms of any
25 updates or revs that have come out. But in

1 comparing the lists, I think we certainly
2 looked at and identified six or seven that
3 would be pertinent, and we can go over those
4 certainly if you want to -- just mention --

5 **DR. WADE:** At this point in time, Joe, you're
6 raising the issue that we would add OTIB-52,
7 OTIB-43, Procedure 94, Procedure 95 and the six
8 PERs.

9 **MR. FITZGERALD:** Those would be certainly the
10 scope of what could be added.

11 **DR. WADE:** Okay.

12 **MR. FITZGERALD:** I would also point you to
13 Implementation Guide 001, which is an OCAS
14 Implementation Guide, Rev. 2. If you look on
15 the very first one on page one, you have
16 Appendix A of that Implementation Guide. And
17 it's our understanding that that guide has been
18 revamped in a relatively major way, and
19 certainly the overall guide would be another
20 candidate. Is that correct, Stu?

21 **MR. GRIFFON:** Isn't that -- okay, go ahead,
22 Stu.

23 **MR. HINNEFELD:** Yeah, Implementation Guide No.
24 1 is the external dosimetry implementation
25 guide, and there have been a number of

1 revisions made to it based on the prior review
2 and comments made in dose reconstruction
3 review. So there have been revisions made to
4 that based on actions of the Board, so it may
5 be worthwhile to evaluate, you know,
6 essentially effectiveness of corrective action.
7 You know, what -- were the revisions in accord
8 with what was expected when the original
9 findings were made. You know, that would be --
10 that's actually a pretty decent candidate, I
11 would think.

12 **DR. ZIEMER:** Mark?

13 **MR. GRIFFON:** I -- I'm just trying to remember.
14 I thought that -- in terms of tracking, I
15 thought in our action items -- outstanding
16 actions in the proc-- in the DR reviews -- Stu
17 might remember better than me, but I think that
18 in our actions in the -- either the procedures
19 review, the initial set, or the DR reviews, I
20 thought we indicated that we wanted follow-up -
21 - now I don't know how -- this is, again, a
22 tracking issue, but I thought --

23 **MR. FITZGERALD:** Right.

24 **MR. GRIFFON:** -- we wanted SC&A to follow the
25 changes, especially in this Appendix A, I don't

1 -- I don't know...

2 **MR. FITZGERALD:** Right.

3 **MR. HINNEFELD:** Well, I mean we can do it in
4 this fashion or we can do --

5 **MR. GRIFFON:** Yeah.

6 **MR. HINNEFELD:** -- it in -- in the context of
7 follow-up to what actions were taken in
8 response to those findings. I think --

9 **MR. GRIFFON:** I guess as long --

10 **MR. HINNEFELD:** -- probably what
11 (unintelligible) --

12 **MR. GRIFFON:** -- as it gets done and we --

13 **MR. HINNEFELD:** Right.

14 **MR. GRIFFON:** -- track it, we're -- you know...

15 **MR. HINNEFELD:** Right.

16 **MR. GRIFFON:** Yeah.

17 **MR. HINNEFELD:** I would comment, though, by my
18 notes, the first two PERs, number one and
19 number two, I believe were reviewed in the
20 original procedure review, so I believe those
21 have already been evaluated in the original
22 procedure review, and the -- well, I'll just --
23 I was going to --

24 **DR. ZIEMER:** The ones on the first page --

25 well, it could --

1 **MR. HINNEFELD:** This is -- this is on -- I'm on
2 OCAS Document Inventory, the sheet -- one of
3 the sheets I handed out.

4 **DR. ZIEMER:** No, he's on the OCAS --

5 **MR. HINNEFELD:** I'm on -- I'm on OCAS Document
6 Inventory. That's what -- that's what I've
7 been working from.

8 **MR. GRIFFON:** Oh, well, this --

9 **MR. HINNEFELD:** And if you go to the second
10 page, the last --

11 **DR. ZIEMER:** Well, that's -- that's the same
12 thing.

13 **MR. HINNEFELD:** -- the last six items are PERs
14 and I believe number one and two were in the
15 original procedure review, so it would be the
16 remaining four then that have not been
17 reviewed. I think the PER procedure, which
18 should also maybe be reviewed in accordance
19 with that.

20 **MR. FITZGERALD:** Right.

21 **MR. HINNEFELD:** Yeah.

22 **MR. FITZGERALD:** Yeah, we -- we agree with that
23 and the PER schedule was not part of this
24 package, so that's not on there, but I -- I
25 agree with what Stu's saying.

1 The only other item, and I would point you to
2 page two of our handout, and it's listed is
3 "not reviewed," is the OTIB-02, the maximum
4 internal dose estimates for certain DOE complex
5 claims, is certainly one that would be relevant
6 that -- we're listed as not having reviewed.
7 And the only other one which -- I think it's on
8 the cusp -- is the OTIB-05, which is the IMBA
9 organ, external dosimetry organ and IREP
10 selection by code. And Stu and I have
11 discussed -- that's literally a long list of
12 ICD-9 codes, so there's some question as to
13 whether that would be particularly relevant
14 and, you know, useful for our purposes. So
15 certainly maybe the OTIB-02, that's listed as
16 not reviewed, and somewhat more questionable is
17 OTIB-05. And that's pretty much it from --
18 from what we can see in this long list,
19 combined with what Stu has.

20 **DR. WADE:** Clarification. We have the
21 individual PERs, we were talking about 03, 04,
22 05 and 06. Is there a generic guide that would
23 also be reviewed then?

24 **MR. HINNEFELD:** Procedure number eight, I
25 believe it is, just above that in the OCAS

1 inventory, on the OCAS document inventory on
2 the second page, you're the -- OCAS-PR-008 is
3 the --

4 **DR. WADE:** Okay.

5 **MR. HINNEFELD:** -- preparation of Program
6 Evaluation Reports, so that is the procedure
7 that describes the process by which the PER
8 reports are generated.

9 **DR. WADE:** Okay. So to summarize, and then we
10 can talk about it, the -- the proposal on the
11 table are to add the following: OTIB-52, OTIB-
12 43, OTIB-02, OTIB-05, Procedure 94, Procedure
13 95, OCAS-PR-08, IG-001, and then four PERs, 03,
14 04, 05 and 06.

15 **MR. HINNEFELD:** Actually there is no 05 yet;
16 it's 06 and 07.

17 **DR. WADE:** I'm sorry?

18 **MR. HINNEFELD:** The numbers are assigned as the
19 issue is identified, but the reports sometime
20 gets -- you know, the later reports sometime
21 get finished before the earlier report, so five
22 is not yet published.

23 **DR. WADE:** 03, 04, 06 and 07.

24 **MR. HINNEFELD:** Yes.

25 **DR. ZIEMER:** And how many total is that?

1 **DR. WADE:** One, two, three, four, five, six,
2 seven, eight, nine, ten, eleven -- twelve.

3 **DR. ZIEMER:** Twelve.

4 **DR. WADE:** Which is fine.

5 **DR. ZIEMER:** And Joe, you indicated that it was
6 -- it -- SC&A's feeling that that pretty well
7 takes care of the -- what we would call the
8 high priority ones --

9 **MR. FITZGERALD:** Yeah, actually I would say
10 that's the universe of anything that comes
11 close to being relevant.

12 **DR. ZIEMER:** Right.

13 **MR. FITZGERALD:** I wouldn't say that
14 necessarily all of them would be --

15 **DR. ZIEMER:** Right.

16 **MR. FITZGERALD:** -- this is the Board's
17 decision --

18 **DR. ZIEMER:** Right.

19 **MR. FITZGERALD:** -- significant or critical,
20 but certainly those --

21 **DR. ZIEMER:** Right.

22 **MR. FITZGERALD:** -- that's the universe.

23 **DR. ZIEMER:** Do we need a motion to task this,
24 Lew?

25 **DR. WADE:** It wouldn't hurt.

1 **DR. ZIEMER:** Okay.

2 **MR. GRIFFON:** Well, discuss or --

3 **DR. ZIEMER:** Well, let's make the motion and
4 then we can add or delete some, so a motion to
5 task SC&A to begin work on reviewing those 12
6 procedures would be in order.

7 **DR. MELIUS:** I so move.

8 **DR. ZIEMER:** Moved and -- seconded?

9 **MR. GIBSON:** Second.

10 **DR. ZIEMER:** Seconded by Mike. Now, we can add
11 to or delete or whatever.

12 **MR. GRIFFON:** Really just -- not adding or
13 deleting, just some questions I -- I -- this
14 listing in -- in your matrix, Joe -- and may--
15 maybe -- just for our clarification --

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

17 **MR. GRIFFON:** -- are there cases where TIB
18 numbers were assigned -- Stu may be the better
19 one to answer this -- but were not used? For
20 instance, you skip from 40 -- TIB-40 to 47.
21 You know, are there, you know, interesting
22 documents that are under development that we
23 might want to reserve -- Yeah, yeah.

24 **DR. ZIEMER:** Are you reserving spaces for other
25 --

1 **MR. GRIFFON:** And if so, what are they --

2 **DR. ZIEMER:** -- or non-existing --

3 **MR. HINNEFELD:** Well, unfortunately, I only had
4 brought with me the list of published titles,
5 and so the list of -- the total list of
6 published titles skips from 40 to -- 43 to 47,
7 43 being the characterization of radium and
8 radon exposures from phosphate plants, which
9 has been added today, to (unintelligible) --

10 **DR. ZIEMER:** The implication is there could be
11 others in process that have those numbers.

12 **MR. HINNEFELD:** Yes, that have not yet been --
13 assigned and are not yet in use, so there may
14 be topics assigned by the ORAU document
15 controls system, similar to the way we would
16 assign a topic to a PER as it's identified, and
17 then they may not get completed in the same
18 sequence as they were -- as the topic was
19 identified.

20 And I might mention -- I might mention, a lot
21 of OTIBs that have been published recently are
22 -- are coworker dataset compilations that
23 generally go with a site where there is a site
24 profile review underway, and so the data that -
25 - those coworker compilations are vetted as

1 part of the site profile review, TIB -- that
2 happens -- as a general rule, that happens
3 pretty much every time.

4 **MR. GRIFFON:** But I -- I guess what -- what
5 would have been helpful to -- would be -- even
6 if -- you know, even if we could have a column
7 saying "not published," but just to see a -- a
8 comprehensive list to date of all TIBs, PROCs,
9 et cetera --

10 **MR. HINNEFELD:** I could probably --

11 **MR. GRIFFON:** -- 'cause I hate to -- I hate to
12 select something for review that, you know --
13 you know, we -- we want to be -- just -- Joe
14 just indicated some of these may not be of
15 significance to the Board. Well, they may be
16 ones that are -- that are not listed that are
17 coming out soon. We might want to just hold --
18 you know --

19 **MR. HINNEFELD:** I --

20 **MR. GRIFFON:** -- a place for, yeah.

21 **MR. HINNEFELD:** I can probably get that, with
22 some effort. I mean I -- I chose things that I
23 had readily available to prepare to come, so I
24 could get it from ORAU, I would think.

25 **MR. GRIFFON:** Okay.

1 **DR. ZIEMER:** But at any time, if something came
2 out that we thought was really pertinent and --

3 **MR. GRIFFON:** Yeah.

4 **DR. ZIEMER:** -- and critical, we could just ask
5 that that be added immediately or --

6 **MR. GRIFFON:** Right.

7 **DR. ZIEMER:** -- something like that, so I -- I
8 don't think it would pose a major problem to
9 insert another -- and we could even ask, you
10 know, that something be done in -- in a higher
11 priority than what's going on.

12 **MR. FITZGERALD:** Sure, and just to clarify, I
13 think the Board approved the construction OTIB-
14 52 at the last meeting, so that's -- I'm not
15 even sure that's really something that -- you
16 know, it's on the list as something --

17 **DR. ZIEMER:** That's fine.

18 **MR. FITZGERALD:** -- that we're doing, but
19 certainly is not a new item. And the other
20 thing is the site-specific OTIBs for K-25,
21 Paducah, there's a number of them that are on
22 this list as not having been done, but
23 certainly we're doing them now, so that's one
24 reason we didn't cite them as such.

25 **DR. ZIEMER:** Brad.

1 **MR. CLAWSON:** I guess we're getting so many of
2 them and stuff like that, I know that we've got
3 -- some of them I know that we're waiting
4 Nevada Test Site for some chapters, and I just
5 want to make -- 'cause those are some of the
6 critical things we're waiting on are some of
7 these reviews for -- I believe it was Chapter
8 4.

9 **DR. ZIEMER:** Well, do we know -- are there any
10 that you're waiting on that haven't -- that
11 aren't on the list?

12 **MR. CLAWSON:** Well, that's -- that's what I
13 wanted --

14 **MR. GRIFFON:** That's under --

15 **MR. CLAWSON:** -- to make sure.

16 **MR. GRIFFON:** -- I think that's under site
17 profile.

18 **DR. WADE:** They can come under site profile.

19 **MR. HINNEFELD:** Right, the site profile
20 documents are what are being revi--

21 **DR. ZIEMER:** They'll pick it up there.

22 **MR. HINNEFELD:** -- revised for NTS.

23 **DR. ZIEMER:** Yeah.

24 **MR. HINNEFELD:** So it's a new -- it's the site
25 profile chapters, which I didn't necessarily

1 produce and bring along, so --

2 **MR. CLAWSON:** Okay, I just -- I just wanted to
3 make sure that --

4 **MR. HINNEFELD:** Right.

5 **MR. CLAWSON:** -- 'cause we were waiting on
6 those that -- just want to make sure they were
7 up for review.

8 **MR. HINNEFELD:** Right. Right.

9 **DR. WADE:** There's a great deal of overlap.
10 For example, today we've asked SC&A to look at
11 the Blockson SEC issue that really encompasses
12 OTIB-43, and we've added OTIB-43.

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

14 **DR. WADE:** I think it's better to err on the
15 side of inclusion, so if anyone knows anything
16 that's missing, they should raise them. These
17 things will be covered sometimes under a
18 variety of tasks.

19 **MR. HINNEFELD:** I just wanted to clarify -- was
20 I asked to provide a while ago to the Board the
21 list of all the projected -- you know, the
22 assigned numbers and titles as envisioned,
23 whether published or not? 'Cause I think that
24 would be a relatively straightforward thing for
25 me to obtain and provide to the Board.

1 **DR. ZIEMER:** If you could conveniently provide
2 that so we know what --

3 **MR. HINNEFELD:** Okay.

4 **DR. ZIEMER:** And that'll give us an idea of
5 what's coming down the line, as well.

6 **MR. HINNEFELD:** And it does happen sometimes
7 that a topic is identified and the number's
8 assigned, and then ultimately it's not needed
9 and so it was determined -- so that could be on
10 there, too. There could be some of those.

11 **DR. ZIEMER:** Thank you. Board members, are you
12 ready to vote on this -- this is a motion to
13 add those --

14 **DR. MELIUS:** I'm not ready.

15 **DR. ZIEMER:** Oh, I'm sorry, I missed your --

16 **DR. MELIUS:** Yeah.

17 **DR. ZIEMER:** -- the flag there. Go ahead.

18 **DR. MELIUS:** The -- my question goes back to
19 what we were talking about earlier in terms of
20 some of the SC&A budget -- potential budget
21 issue and so forth. And I guess my question is
22 if -- if we're -- I think we need to be careful
23 about not to be assigning resources to reviews
24 that may not be of sufficient priority, given
25 that we have a potential budget issue. And I -

1 - I guess I need an update from Lew or whoever
2 that would sort of tell us where we are in that
3 regard and so forth and -- and --

4 **DR. WADE:** And again --

5 **DR. MELIUS:** -- how careful we need to be about
6 that because I just...

7 **DR. WADE:** I think that's -- that's wise always
8 to be prudent. Let me give you an idea of the
9 SC&A funding for this year, and I think that'll
10 -- that'll give us --

11 **DR. ZIEMER:** This current fiscal year --

12 **DR. WADE:** This year that we're --

13 **DR. ZIEMER:** -- '07?

14 **DR. WADE:** '07. Again, approximately \$3.5
15 million has been allocated to SC&A. Task I,
16 site profile, is \$1.4 million. Task III, the
17 task we're talking about now, procedures
18 review, in total is \$220,000. Task IV, the
19 DRs, is \$668,000. Task V, the SEC task, is
20 \$921,000. And Task VI, project management, is
21 \$270,000. We've already assigned SC&A let's
22 say three-quarters of Task III, so what's at
23 play here is not a great deal of money. You
24 could wait the assignment of that -- I would
25 say there's maybe \$50,000 in play here. You

1 could wait that. I don't think it's a -- it's
2 a huge resource, so I don't think it's a
3 resource-critical decision at this point.

4 **DR. ZIEMER:** And therefore delaying of some of
5 these isn't going to give us too much
6 additional funding, if you're talking about
7 moving it to the Task V category. There's not
8 a whole lot there to be saved, yeah.

9 **DR. MELIUS:** Well, I -- I wanted that on the
10 record, that's all.

11 **DR. ZIEMER:** Yeah. Yeah, Robert, and --

12 **MR. PRESLEY:** Down the road we do have the
13 means of cutting it off if we need to, if it
14 gets -- we get -- if it gets where we have a
15 problem, we can stop things.

16 **DR. ZIEMER:** Yes.

17 **DR. WADE:** Certainly, we can do that. I mean
18 efficiency would -- would temper that, but of
19 course we could.

20 **MR. PRESLEY:** Right.

21 **DR. ZIEMER:** Brad, an additional comment?

22 **MR. CLAWSON:** No, I'm sorry.

23 **DR. ZIEMER:** Wanda, a comment?

24 **MS. MUNN:** It would be very helpful I think for
25 us to take a look, at our next full Board

1 meeting, at the list and perhaps attempt to
2 prioritize some of those because it -- it will
3 be obvious to some of us that we need this, we
4 need this, we need this. But without the list
5 in front of us, it's difficult to do that.

6 **DR. ZIEMER:** Which list are you referring to
7 now, the --

8 **MS. MUNN:** The list of -- of actions -- of
9 reviews that SC&A's being tasked with doing
10 right now.

11 **DR. ZIEMER:** Okay.

12 **MR. PRESLEY:** (Off microphone) (Unintelligible)
13 because our -- our SEC petitions are going to
14 come up when NIOSH gets finished with the
15 reviews of this, and then SC&A's got to look at
16 it as long -- along with the working group, so
17 that's another one they've got to look at to
18 try to get this NTS site profile going.

19 **DR. ZIEMER:** Right. Now I think the list we
20 have here is pretty inclusive. I'm trying to
21 determine whether this meets what Wanda is
22 asking for. This list that SC&A has provided
23 us with today includes all the procedures that
24 you have already reviewed -- that's correct;
25 some that have been recommended that postponed

1 or are -- I see, for example, recommended
2 postponing review; review complete, not
3 reviewed, authorized for review and so on.

4 **MR. FITZGERALD:** Yeah, that --

5 **DR. ZIEMER:** Joe.

6 **MR. FITZGERALD:** -- that's a pretty
7 comprehensive assessment of the interactions
8 taken place on the list of active
9 (unintelligible) --

10 **DR. ZIEMER:** And those that Lew has just
11 outlined are on this list.

12 **MR. FITZGERALD:** Pardon me?

13 **DR. ZIEMER:** And those that Lew just identified
14 are all on the list here.

15 **MR. FITZGERALD:** Now the only thing that
16 certainly Stu has done is bring us up to date,
17 because this was the end of September and we
18 did not include the PERs, for example, nor the
19 radon one which was just issued. So there's a
20 number of supplements, but we've -- went ahead
21 and added those just now to make sure that is a
22 complete treatment.

23 **DR. ZIEMER:** I want to make sure that we
24 provide the information that's been requested
25 as --

1 **MS. MUNN:** That's all right. I'll ask Lew for
2 the list so that I am sure that my list is
3 correct, and I will work from the list that SCA
4 has given us.

5 **DR. ZIEMER:** Okay, thank you. Other comments
6 or -- oh, Mark.

7 **MR. GRIFFON:** This is more into minutiae, but
8 ORAU-OTIB-4, is that the most current one? I
9 think it is, that version 03 PC-1, or is there
10 an updated version of that? I know it's gone
11 through several revs.

12 **MR. FITZGERALD:** Yeah, I'm looking at Stu on
13 the revision.

14 **MR. GRIFFON:** Yeah, 'cause that one's certainly
15 an important one we've...

16 **MR. HINNEFELD:** According to the roster printed
17 this -- I believe it was at the end of last
18 week I printed this, Rev. 3 PC-1 is the --

19 **MR. GRIFFON:** The lates--

20 **MR. HINNEFELD:** -- current version --

21 **MR. GRIFFON:** -- is the -- is the current
22 version.

23 **MR. HINNEFELD:** -- of OTIB-4.

24 **DR. ZIEMER:** That's what he has here.

25 **MR. GRIFFON:** And the second -- second question

1 is TIB-5 Rev 2, is that the most current and
2 does it -- it is the most current?

3 **MR. HINNEFELD:** It was current on the day I
4 printed this --

5 **MR. GRIFFON:** Okay.

6 **MR. HINNEFELD:** -- which was a few days ago.

7 **MR. GRIFFON:** Yeah, and does that include these
8 -- Larry discussed the pros-- the changes on
9 prostate for the organ --

10 **MR. HINNEFELD:** External target organ for
11 prostate?

12 **MR. GRIFFON:** Yeah.

13 **MR. HINNEFELD:** Yes, that's in -- reflected, as
14 are the lymphoma --

15 **MR. GRIFFON:** That's reflected in this --

16 **MR. HINNEFELD:** Yes, as are the lymphoma target
17 organs, the change in lymphoma target organs --

18 **MR. GRIFFON:** Lymphoma target organs, okay.

19 **MR. HINNEFELD:** -- are also reflected in this
20 version.

21 **MR. GRIFFON:** All right.

22 **DR. ZIEMER:** Thank you. Okay, then Board
23 members, are we ready to vote? This would be
24 to task SC&A to review the 12 procedures that
25 were listed. All in favor, aye?

1 (Affirmative responses)

2 Any opposed, no?

3 (No responses)

4 Abstentions?

5 (No responses)

6 Motion carries, thank you.

7 **DR. WADE:** So it's an eight to nothing vote,
8 all members present voting aye.

9 **APPROVAL OF MINUTES**

10 **DR. ZIEMER:** We have several sets of minutes
11 that we need to take action on. First of all,
12 the minutes of the Subcommittee for Dose
13 Reconstruction and Site Profile Review, we will
14 act on these as a full Board since these are
15 minutes that carry over from the old
16 subcommittee structure. There's a new
17 subcommittee, but it's not this one, so they're
18 not authorized, in a sense, to -- to approve
19 tho-- the subcommittee minutes. But these were
20 distributed to you earlier. Summary minutes
21 dated September 19th, 2006, Subcommittee on
22 Dose Reconstruction and Site Profile Review.
23 Let me ask if anyone has additions or
24 corrections to those minutes.

25 (No responses)

1 this is our telephone meeting of October 18th.
2 I'll ask for corrections or additions for those
3 minutes.

4 (No responses)

5 Then a motion for approval?

6 **MS. MUNN:** So moved.

7 **MR. CLAWSON:** Second.

8 **DR. ZIEMER:** Moved, and seconded by Clawson.

9 All in favor, aye?

10 (Affirmative responses)

11 Any opposed, no?

12 (No responses)

13 Abstentions?

14 (No responses)

15 Motion carries, and the minutes of the 41st
16 meeting are approved.

17 **DR. WADE:** All we have left are meeting dates.

18 **FUTURE MEETING DATES**

19 **DR. ZIEMER:** One item of business to take care
20 of and that is meeting dates. Lew distributed
21 -- or gave us some proposed dates earlier in
22 the week. You've had a chance to look at
23 those. Lew, let's go through them and see what
24 we can settle on.

25 **DR. WADE:** Okay. And again, thank you for your

1 forbearance. I think it's easier if we can get
2 this done now. What I would do is, whatever we
3 do today I'll send to you in an e-mail on
4 Monday and again give people one more
5 opportunity, but I would like to have always a
6 year of meetings scheduled in advance.
7 We have a telephone call scheduled for January
8 11th. We have a face-to-face Board meeting
9 scheduled for Feb-- February 7, 8 and 9 in
10 Denver. We have a May 2nd, 3rd and 4th Board
11 meeting scheduled, location as yet determined.
12 We had an April 5th phone call of the Board
13 scheduled. Dr. Lockey asked me if we could
14 move that to either the 4th or the 6th.
15 **MR. PRESLEY:** The 6th is a holiday.
16 **DR. WADE:** Okay, the 4th.
17 **DR. MELIUS:** And the 4th is -- does not work
18 for me. I have a -- I'm chairing another NIOSH
19 meeting all day.
20 **DR. WADE:** Okay. So --
21 **MS. MUNN:** The 6th is Good Friday.
22 **DR. ZIEMER:** This is April.
23 **DR. WADE:** Okay. So I'm going to keep it on
24 the 5th. I'll tal-- I'll speak to Dr. Lockey.
25 He just made that request.

1 Now we're into just dates that I've tentatively
2 proposed to you. I've proposed tentatively a
3 Board call on June 12th. A Board call on June
4 12th.

5 **MR. PRESLEY:** Now wait a minute, you've got
6 something in April.

7 **DR. ZIEMER:** He just -- that was April 5th.

8 **DR. MELIUS:** That was the April --

9 **MR. GRIFFON:** May 2nd --

10 **DR. WADE:** I said May.

11 **MR. PRESLEY:** I mean May, I'm sorry.

12 **DR. WADE:** 2nd, 3rd and 4th, those are all set.

13 **MR. GRIFFON:** Right.

14 **DR. WADE:** Now we're into the subjective area
15 beyond that. A phone call on June 12th.

16 (No responses)

17 A phone call on June 12th. Hearing no
18 objection, I will tentatively set that. Now
19 again, Dr. Poston's not with us. I'll have to
20 do some work there. Dr. Lockey agrees.
21 I then had proposed a Board meeting on July 24,
22 25 and 26. I've heard from Board members that
23 that's not a good date. I would propose that
24 we do it on the 17th, 18th and 19th -- July
25 17th, 18th and 19th. It's acceptable to Dr.

1 **DR. WADE:** Sorry?

2 **DR. ROESSLER:** I would prefer the 3rd.

3 **DR. WADE:** Okay, let's say the 3rd of December
4 for a Board call.

5 And then lastly, in the Year of our Lord 2008,
6 January 8, 9 and 10.

7 (No responses)

8 I will send you an e-mail on Monday with these
9 dates and -- and give you anoth-- another
10 opportunity, but I would like to lock these in,
11 for your benefit as well as the schedule.

12 **DR. ZIEMER:** Okay, thank you, Lew.

13 **DR. WADE:** That was fun.

14 **DR. ZIEMER:** Now is there any other business to
15 come before us today?

16 **DR. MELIUS:** I'd just like to --

17 **DR. ZIEMER:** Jim.

18 **DR. MELIUS:** -- point out one thing that -- by
19 moving from the July 24th through 26th, the
20 silver medalist gets another shot at the title
21 -- in Prague.

22 **DR. WADE:** That's wonderful. Wonderful
23 outcome.

24 **DR. ZIEMER:** Okay.

25 **DR. WADE:** But what happens if he comes back

1 with less than a silver --

2 **DR. MELIUS:** Well, I -- I think we should form
3 a workgroup to come up with a contingency plan.

4 **DR. WADE:** That's a risk/reward kind of thing
5 he's got going there.

6 **MR. PRESLEY:** He's had plenty of practice.
7 Let's talk about some of the places to go to.
8 You know, we've talked about Pinellas. We've
9 talked about going to Los Alamos again. We're
10 going to Denver, hopefully be ready.

11 **MR. CLAWSON:** Hanford.

12 **MR. PRESLEY:** Hanford we need to go back to.

13 **DR. WADE:** We have an A list and a B list. My
14 A list now is LANL, Hanford, Fernald; my B list
15 is Pinellas, Pantex.

16 **MR. PRESLEY:** LANL, Hanford and Fernald?

17 **DR. WADE:** LANL, Hanford, Fernald is my A list.
18 And my B list, Pinellas, Pantex.

19 **MR. CLAWSON:** Would you send that out with your
20 letter?

21 **DR. WADE:** Sure. But you know, something else
22 can come up. I mean we --

23 **MR. PRESLEY:** Let's be sure --

24 **DR. WADE:** -- this Board has been great in
25 going to where the action is and being in front

1 of the people it needs to be in front of, and
2 that will continue to be our -- our operating
3 strategy. Who knows, we might find a meeting
4 where we have some flexibility.

5 **MR. PRESLEY:** Be sure and let's go to Pantex in
6 the middle of winter.

7 **MR. GIBSON:** The A list on Fernald, there could
8 be the possibility that Mound SEC could be
9 coming up. We might be able to kill two birds
10 with one stone --

11 **MR. PRESLEY:** Yeah.

12 **MR. GIBSON:** -- if they want to put that on the
13 other list.

14 **DR. WADE:** Okay.

15 **MR. PRESLEY:** That'd be good.

16 **DR. ZIEMER:** Comments? Suggestions?

17 **MR. PRESLEY:** I'd -- hey, Henry Anderson and I
18 still want to go to Bikini Atoll.

19 **DR. WADE:** You and Henry just go.

20 **DR. ZIEMER:** Okay. Do we have any other
21 business? Wanda, you have an item? Okay --

22 **MR. GRIFFON:** Yeah, I --

23 **DR. ZIEMER:** -- for the good of the order --
24 Mark.

25 **MR. GRIFFON:** -- I have other bus-- question on

1 the -- the SEC reviews that -- that -- the
2 future SEC reviews. I know we -- we have
3 Fernald and I believe Hanf-- Fernald's already
4 out, the evaluation report. We've got Hanford
5 pending. I don't think we've established any
6 workgroup on -- on Fernald or haven't assigned
7 SC&A -- if -- if we want to assign SC&A that
8 task, to work on Fernald, so -- you know, I
9 think it's -- we should discuss that.

10 **DR. WADE:** And we do have the 83.14 workgroup
11 we --

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

13 **DR. WADE:** -- still have to talk about.

14 **MR. GRIFFON:** That, as well,

15 **DR. ZIEMER:** Oh.

16 (Pause)

17 What do we anticipate schedule-wise for
18 Fernald, as far as where we will be when?

19 **DR. MELIUS:** The evaluation report is --

20 **DR. ZIEMER:** Is completed.

21 **DR. MELIUS:** Yeah. And the site profile review
22 is complete.

23 **DR. ZIEMER:** Are we -- are we on schedule next
24 time for that presentation?

25 **DR. WADE:** I don't know. I mean it's possible.

1 **DR. ZIEMER:** Could be, huh?

2 **MR. ELLIOTT:** We've given you -- we've given
3 your evaluation report. If it's on the agenda
4 for presentation in February, we'll present.
5 If you postpone it, that's your discretion.

6 **DR. ZIEMER:** Great.

7 **DR. WADE:** You can assign SC&A that task now,
8 if you wish.

9 **DR. ZIEMER:** Well, it certainly appears we need
10 a separate workgroup for Fernald, and they may
11 or may not need the assistance of SC&A. Let's
12 look for a four-person workgroup for Fernald as
13 a starting point. Do we have anybody that's
14 not on a workgroup that...

15 Well, again, let's ask for volunteers to start
16 with.

17 **MR. PRESLEY:** I'll -- I'll work on it.

18 **DR. ZIEMER:** Okay, we've got Presley.

19 **DR. WADE:** Mark. You -- you have Mark?

20 **DR. ZIEMER:** Mark Griffon. Any others? Brad,
21 okay. Okay, let's see, volunteers -- the
22 Chairman's going to jump in, too, okay.

23 **DR. WADE:** So you're joining?

24 **DR. ZIEMER:** Yeah.

25 **DR. WADE:** Chair?

1 **DR. ZIEMER:** I'm wondering -- let's see, maybe
2 Brad, you're about due to chair something here,
3 aren't you? You want to chair this one?

4 **MR. CLAWSON:** Maybe.

5 **MR. PRESLEY:** Bonuses.

6 **MR. CLAWSON:** That's what I hear.

7 **DR. WADE:** And this is the Fernald SEC.

8 **DR. ZIEMER:** Board members, do you want to --
9 do you want to task SC&A at this point or do
10 you want to wait till the workgroup looks at
11 this?

12 **MR. CLAWSON:** I'd like SC&A to look at it,
13 myself.

14 **DR. ZIEMER:** What -- what's on your platter
15 right now? What do we have going, SC&A --

16 **DR. MELIUS:** On SECs.

17 **DR. ZIEMER:** -- on SECs?

18 **MR. FITZGERALD:** Okay, on --

19 **DR. ZIEMER:** You've got Rocky.

20 **MR. FITZGERALD:** We've got Rocky, but that's in
21 drafting, so --

22 **DR. ZIEMER:** And -- and we -- and we've got
23 Blockson coming up.

24 **MR. FITZGERALD:** Blockson out by early January.

25 **DR. WADE:** Chapman Valve.

1 **MR. FITZGERALD:** Chapman Valve, which is also
2 fairly far along, I'd say half drafted and in
3 process.

4 **DR. WADE:** The only tasking we've done for '07
5 is Blockson.

6 **MR. FITZGERALD:** Blockson, that's correct.

7 **DR. ZIEMER:** I -- I don't have a good feel at
8 this point for what we have for them to look
9 at. I've not looked at the ER yet -- or the
10 evaluation report. Jim.

11 **DR. MELIUS:** I believe we've done this before.
12 We've asked them to take a preliminary look at
13 the report to become familiar with it, sort of
14 cross-walk it with the site profile review and,
15 you know, so that then when the workgroup first
16 meets, SC&A sort of started on the task and can
17 -- can -- might be able to make a little bit
18 more efficient. And given that this report's
19 already out, it's -- I think it would be
20 helpful to get the-- get them started --

21 **MR. GRIFFON:** You --

22 **DR. MELIUS:** -- given that they don't have a
23 lot of other stuff lined up.

24 **MR. GRIFFON:** You've completed the site profile
25 review. Right? On Fernald.

1 **MR. FITZGERALD:** Oh, yes.

2 **MR. GRIFFON:** Yeah.

3 **MR. FITZGERALD:** Yeah, it's been -- it's been
4 issued.

5 **MR. GRIFFON:** But there's no -- I mean we --
6 you -- yeah, we could roll it in that way, I
7 guess --

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

9 **MR. GRIFFON:** -- in the context of the site
10 profile review and just maybe modify a
11 resolution matrix, as we've done in the past,
12 you know.

13 **MR. FITZGERALD:** We've done this in the past --

14 **MR. GRIFFON:** Yeah.

15 **MR. FITZGERALD:** -- you know, just use it as a
16 jumping-off point.

17 **MR. GRIFFON:** Right.

18 **MR. FITZGERALD:** Right.

19 **DR. WADE:** So the workgroup would be Fernald
20 site profile, with emphasis, as appropriate, on
21 SEC task.

22 **DR. MELIUS:** Yeah.

23 **DR. MAKHIJANI:** Yeah, what -- what we could do
24 for a starting -- if I might suggest it for
25 your consideration, is I could prepare a two-

1 tiered matrix from the review, having look--
2 take a look at the evaluation report and
3 prepare a two-tiered matrix of issues that are,
4 at least as a first cut, relevant to the SEC --

5 **MR. GRIFFON:** Right.

6 **DR. ZIEMER:** And separate out the issues and --

7 **DR. MAKHIJANI:** -- and -- and then separate out
8 the issues --

9 **MR. GRIFFON:** Yeah.

10 **DR. MAKHIJANI:** -- that -- that would be
11 strictly site profile issues and send that to
12 you as a first cut, maybe -- maybe before your
13 January 11th meeting or whenever the workgroup
14 -- whenever you choose to do the workgroup
15 meeting.

16 **DR. WADE:** Thank you.

17 **DR. ZIEMER:** Okay, so without objection, we'll
18 --

19 **DR. WADE:** I can take --

20 **DR. ZIEMER:** -- take the steps to task SC&A to
21 assist on that.

22 We talked also about a workgroup to -- or had
23 we appointed? We hadn't appointed yet --

24 **DR. WADE:** No, not for 83.14.

25 **DR. ZIEMER:** The 83.14 workgroup. We may have

1 to appoint the four new members of the Board,
2 who have not yet been identified, to -- to this
3 workgroup.

4 **DR. WADE:** Well --

5 **DR. ZIEMER:** Just joking. You're volunteering?

6 **DR. MELIUS:** I'm not going to -- I'm going to
7 volunteer not only myself, but you and also --
8 but I mean one -- one way of thinking about
9 this, given that there may be new members or
10 something, is to fold this into sort of the SEC
11 general group right now to do that, and then
12 let's figure out -- I think we need to talk to
13 Larry and sort of figure out when the schedule
14 is -- little bit more about the scope of some
15 of these and -- and then --

16 **DR. ZIEMER:** Well, I -- I think what you're --
17 you're volunteering the SEC workgroup --

18 **DR. MELIUS:** Group to -- to --

19 **DR. ZIEMER:** -- to take the first look at this
20 --

21 **DR. MELIUS:** Yeah.

22 **DR. ZIEMER:** -- and if necessary we can spin
23 off a separate workgroup.

24 **DR. MELIUS:** Right, exactly.

25 **DR. ZIEMER:** And that certainly makes sense.

1 **DR. MELIUS:** Yeah.

2 **DR. ZIEMER:** Why don't we do that for the time
3 being, when we get a jump on this and --

4 **DR. WADE:** The workgroup on SEC issues, paren,
5 including the 250-day issue, so it doesn't
6 preclude that. Melius chair, Ziemer, Roessler,
7 Griffon. Thank you for your service.

8 **DR. ZIEMER:** Okay, so I think we've covered
9 them now. How many workgroups are we up to?

10 **DR. MELIUS:** Yeah, I would just remind us that
11 LANL's going to be another huge task, and I
12 don't think we have to do anything at this
13 meeting, but we ought to be --

14 **DR. ZIEMER:** It's coming up rapidly, yeah.

15 **DR. MELIUS:** -- yeah, down the road.

16 **DR. ZIEMER:** Emily.

17 **MS. HOWELL:** I just wanted to make a request
18 that Dr. Wade go ahead and send the updated
19 list of working group assignments, as well as
20 the meeting dates.

21 **DR. ZIEMER:** Thank you, we'll do that.

22 **DR. WADE:** It'll be my pleasure.

23 **DR. ZIEMER:** We'll do that.

24 **DR. WADE:** And we'll add a discussion of LANL
25 workgroup or action to the agenda items --

1 **DR. ZIEMER:** To the agenda.

2 **DR. WADE:** -- for January.

3 **DR. ZIEMER:** Now I'll ask again if there's any
4 other business --

5 **DR. MELIUS:** Yeah.

6 **DR. ZIEMER:** I've got to stop asking this.
7 Jim.

8 **DR. MELIUS:** This is sort of old business. I
9 believe we will be able to have our SEC
10 workgroup to focus on the 250-day issue --
11 should be able to meet on January 17th. I -- I
12 still need -- that was the date that you said
13 was good, Gen.

14 **DR. ROESSLER:** (Off microphone)

15 (Unintelligible)

16 **DR. MELIUS:** Yeah. That was the -- and my --
17 my problem was whether or not I had a conflict.
18 At -- at worst, I may have to move it back to
19 the 16th, which wasn't as good 'cause that's
20 the day -- and I should know --

21 **MR. PRESLEY:** That's on a Wednesday?

22 **DR. ZIEMER:** So yeah, we said 16 or 17, and 17
23 is it, did you say?

24 **DR. MELIUS:** Yeah, I may know as soon as I get
25 this voice mail.

1 **DR. ZIEMER:** Okay.

2 **DR. WADE:** Face to face or telephone?

3 **DR. MELIUS:** Face to --

4 **DR. ZIEMER:** Cincinnati.

5 **DR. MELIUS:** Yeah, Cincinnati, face to face.

6 **DR. WADE:** Starting time?

7 **MR. PRESLEY:** That would leave us then the day
8 afterwards, on the 18th, for the NTS working
9 group. Now the problem is is where we can get
10 enough information from NIOSH to meet. I mean
11 they -- we -- they still got a lot to do on
12 that --

13 **DR. ZIEMER:** Well, you can block off the day.
14 You can always cancel it if --

15 **MR. PRESLEY:** Right.

16 **DR. ZIEMER:** -- if we're not there.

17 **MR. PRESLEY:** So we -- we'll go ahead and --
18 Wanda, what does that do to you, Thursday the
19 18th?

20 **MS. MUNN:** I already have plane tickets for a
21 meeting that weekend.

22 **DR. ZIEMER:** Okay, you may have to go to Plan
23 B, but --

24 **MS. MUNN:** I could do it the following week, on
25 the 25th.

1 **DR. ROESSLER:** How about the 16th?

2 **MR. PRESLEY:** Well, the problem is if we do it
3 on the 16th we do it before they have any
4 action --

5 **DR. ROESSLER:** Oh, that was right, they wanted
6 to be first.

7 **MR. PRESLEY:** -- so it's got to -- it needs to
8 be the -- the week after. I'm open the next
9 week. I have no problems. That just means
10 that -- that -- that Brad has to -- to come
11 back the next week. See, Brad's got to be in
12 Cincinnati on the 16th.

13 **MR. CLAWSON:** You're trying to make me --

14 **MR. PRESLEY:** We're trying to -- we're trying
15 to hold the money down for -- but --

16 **DR. MELIUS:** Is there a reason that your
17 meeting has to come after our meeting?

18 **MR. PRESLEY:** I'd like for it to.

19 **DR. MELIUS:** I --

20 **MR. PRESLEY:** I'd like to find out what you all
21 found out.

22 **DR. MELIUS:** I know, but I -- frankly, I don't
23 think we're going to --

24 **DR. ROESSLER:** Get that far?

25 **DR. MELIUS:** I'm not sure we'll get that far

1 and that -- I think it's more import-- we may
2 want to -- we're -- probably as interested to
3 find out what your -- you found out.

4 **MR. PRESLEY:** Well, okay, let's discuss this
5 right now. We just got through saying in the
6 meeting today that the 250-day does not matter
7 for NTS because Labor has told us that they
8 automatically go to what, 83 days, is that what
9 he said -- or 87 days?

10 **DR. ZIEMER:** Well, they do the weighting thing,
11 so --

12 **MR. PRESLEY:** Yeah.

13 **DR. ZIEMER:** -- that part is not an issue.

14 **MR. PRESLEY:** So I mean that -- that part --

15 **DR. ZIEMER:** So we're focusing now --

16 **MR. PRESLEY:** -- is not --

17 **DR. ZIEMER:** -- on what an incident is.

18 **MR. PRESLEY:** And so it's not an issue, so we
19 could have our meeting later on.

20 **DR. ZIEMER:** Yeah. Yeah.

21 **DR. ROESSLER:** Or before.

22 **MR. PRESLEY:** Or before.

23 **DR. MELIUS:** Or before, yeah.

24 **DR. ROESSLER:** Let's do it before. What --
25 what do you think?

1 **MR. PRESLEY:** Do it on Tuesday? Wanda, would
2 that --

3 **MS. MUNN:** I -- I can do that.

4 **DR. WADE:** The 16th?

5 **MR. PRESLEY:** The 16th, and if -- and that's --
6 that is dependent -- totally dependent on NIOSH
7 being able to support us.

8 **MS. MUNN:** Well, yeah, and Rocky is meeting on
9 the 9th, preceding week, so --

10 **DR. WADE:** Start time, Dr. Melius, for the
11 17th, 10:00?

12 **DR. MELIUS:** 10:00, does that work for
13 everybody?

14 **DR. WADE:** Let people travel in in the morning.
15 Start time for the meeting on the 16th, 10:00?

16 **MR. PRESLEY:** 10:00 is fine. That way I can
17 fly up that morning.

18 **DR. WADE:** Okay.

19 **MR. PRESLEY:** Tuesday the 16th, NTS. Brad --

20 **MR. CLAWSON:** Yeah?

21 **MR. PRESLEY:** -- sorry about you.

22 **DR. ZIEMER:** Okay. Is there anything else to
23 come before the -- the Board today?

24 If not, I declare the meeting adjourned. Thank
25 you very much.

1
2
3
4
5

DR. WADE: Thank you for your service.

(Whereupon, the meeting was adjourned at 2:55
p.m.)

1

2

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 Dec. 13, 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 18th day of February, 2007.

STEVEN RAY GREEN, CCR**CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**