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

convenes the

TWENTY-FIRST MEETING

# ADVISORY BOARD ON

# RADIATION AND WORKER HEALTH

The verbatim transcript of the Meeting of the Advisory Board on Radiation and Worker Health held at the Radisson Riverfront Hotel, Two Tenth Street, Augusta, Georgia, on February 5 and 6, 2004.

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

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In the following transcript (off microphone) refers to microphone malfunction or speaker's neglect to depress "on"

button.

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University of Florida

Elysian, Minnesota

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(in order of appearance)

Ms. Martha DiMuzio, NIOSH

Mr. Pete Turcic, DOL

Dr. Jim Neton, NIOSH

Dr. James Melius, Workgroup Chair

Dr. John Mauro, SC&A

Mr. Joseph Fitzgerald, SC&A

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KATZ, TED
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KOTSCH, JEFF
LAWSON, JACOB HOWARD
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MAURO, JOHN
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MILLER, STEVE
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NESVET, JEFFREY L.
PRESLEY, LOUISE S.
ROCQUE, DENNIS G.
ROESSLER, CHARLES E.
ROWE, GORDON
SINGH, L.P.
TOOHEY, R.E.
TURCIC, PETER M.
UTTERBACK, DAVID
WARREN, BOB
WASHINGTON, GRACE
WILLIAMS, LARRY S., SR.

# P R O C E E D I N G S

(9:00 a.m.)

## REGISTRATION AND WELCOME

**DR. ZIEMER:** Good morning, everyone. We welcome you to Savannah River and to Augusta. Savannah River is more than one thing. It's right outside the door, the beautiful Savannah River, and it's also one of our important sites in terms of the DOE program.

I'm Paul Ziemer, Chairman of the Advisory Board on Radiation and Worker Health. This is the 21st meeting of the group, which started its deliberations in this area just two years ago in January of 2002.

I have several announcements and pieces of information for you all. First of all let me point out for those who are visiting and members of the public, the Board members are seated at the table here. I'm not going to introduce them individually at this time, but they do have name placards so you can identify who they are. The record will show that all of the Board members are here with the exception of Henry Anderson and Jim Melius. Henry will be joining

us tomorrow. Jim has had some I think travel difficulty, but we expect him to arrive yet sometime today.

We'd like to ask everyone to register their attendance. There is a book in the back and we ask that all individuals, including Board members, do this. That registration book is on the back table near the doorway.

If you're a member of the public and wish to sign up for our public comment period, there's a separate sign-up sheet for that, and we ask that you do indicate your intention to address the Board by signing up there. In connection with the public comment, I would like to point out that we have scheduled at this meeting, for the first time, an evening public comment session. That public comment session begins this evening -- I believe it's 7:00 o'clock -- yes, 7:00 o'clock this evening. It will be here in this room and that will be another opportunity for individuals who perhaps could not attend the meeting during the daytime hours.

There is an information table. It's over here on my right, about the middle of the room, and that table includes copies of the agenda, handout materials and other items that may be of interest to you.

I would also like to call attention to the fact that the Board session tomorrow afternoon, the session following the lunch period, is a closed session. That is, it is closed to the public because of the fact that the Board will be addressing a matter which is in a sense restricted. It involves the cost proposal for the Board's -- for the selection of the Board's current contract for support in the area of dose reconstruction. At that time the only business will be that of considering the cost proposal that the Board has before it.

One piece of information for Board members on the mikes that you have near your chair. If you use the mike, there's a pressure pad. You have to hold that down, Board members, in order to use the mike. And you have to hold that down while you're speaking, is my understanding. That pressure pad I guess is at the base of the mike, near the middle. Okay?

The record can now show that Dr. Melius is -- has arrived and is joining the Board here shortly. We're glad you made it, Jim.

I'm now going to turn the chair over to Larry Elliott for a few introductory comments.

**MR. ELLIOTT:** Well, good morning, everyone. I too would like to welcome you all to Augusta and to Savannah River and the Savannah River site. Look forward to this meeting, the 21st meeting of this advisory body. On behalf of the Secretary of the Department and Dr. Howard, the director of NIOSH, we look forward to a productive meeting.

We also, I would make sure that you're aware, we have a public comment period tomorrow at 11:30 to 12:00, so we'll have public comment on both days. And we're hopeful that we'll have a good session in that regard and we hear -- we hear perceptions and comments from the -- from the public, so thank you.

**REVIEW AND APPROVAL OF DRAFT MINUTES, MEETING 19**

**DR. ZIEMER:** Thank you, Larry. The first item on our agenda involves the review and approval of the minutes for meeting 19. That was the meeting held in Las Vegas, Nevada on December 9th and 10th. Copies of those minutes were e-mailed to Board members earlier in the week. They are also in your packet. I don't know if all of the Board members -- it's a rather long packet -- if all the Board members have had a chance to go through these. I'm willing

to consider a request for deferral if you have not had an opportunity to look over the minutes yet. Is there anyone that wishes to defer action until tomorrow?

(No responses)

It appears not. Okay. I know that some who got theirs and got a chance to actually read them before the minutes feel so -- the meeting feel so good about it, they want to take action right away.

Let me ask then if there are any corrections or additions to the minutes. I'm looking for substantive corrections or additions. If you have typos and minor punctuation things, you can simply pass those on later, but any substantive corrections or additions, and we ask that you look particularly at things where you may yourself have been involved in the discussion and if you've not been recorded properly. Wanda Munn.

**MS. MUNN:** Actually it isn't substantive. It was simply something that was not clear to me when I read it. On page 5, the second sentence where it says Mark inquired into questioning options following the presentation. I wasn't sure -- my memory failed me. I didn't recall what that was and couldn't tell from reading it what the inquiry

really was.

**DR. ZIEMER:** This is page 5, executive summary?

**MS. MUNN:** Page 5, Board discussion, Wednesday, December 10, second sentence.

**DR. ZIEMER:** I see it, uh-huh.

**MS. MUNN:** I wasn't sure -- the meaning escaped me.

**MR. GRIFFON:** Yeah, it's unclear to me there, too, but I think the -- the thrust of it was that we were wondering if we could -- what we could discuss in the open meeting as opposed to in the executive session, I think that's where -- what we were talking about.

**MR. ELLIOTT:** I agree, and I think it's -- this is one sentence, and it -- the following sentence where Martha and I try to explain the restraints. I think they're tied together. They're probably a little bit nebulous in their meaning, but that's what we were trying to get at.

**DR. ZIEMER:** Can we clarify that --

**MR. GRIFFON:** If we just drop the word "options" from that sentence, just to say questioning -- you know, questioning following the presentation.

**DR. ZIEMER:** It would say Mr. Mark Griffon inquired into questioning following the presentation -- inquired into

questioning? That still sounds -- actually sounds a little strange to my ear, actually. What act-- Mark, clarify for us. What -- what was it you were asking there?

**MR. GRIFFON:** I was -- I was asking what we could ask SCA in the open meeting, as opposed to what we could not discuss in the open meeting.

**DR. ZIEMER:** Okay. How about Mark Griffon inquired about limitations on questions that could be raised following the presentation. How would that be? If the recorder was able to record what I said, we'll accept that, whatever it was. Mark Griffon inquired into -- or inquired about limitations on questions that could be raised following the presentation. Is that agreeable?

(No responses)

We'll take it by consent that that -- that that is acceptable.

Okay, others? No other changes?

(No responses)

Now a motion to accept the minutes with that change?

**DR. MELIUS:** So moved.

**MR. PRESLEY:** Second.

**DR. ZIEMER:** And seconded. All in favor of approval of

the minutes, say aye.

(Affirmative responses)

**DR. ZIEMER:** Any opposed, no?

(No responses)

**DR. ZIEMER:** Any abstentions? Roy, I'm sorry, I missed -- did you have a comment or...

**DR. DEHART:** Not at this point. I was going to ask a general question about minutes generally, not these particular minutes.

**DR. ZIEMER:** Okay. You may proceed.

**DR. DEHART:** I would find, I think, with the number of pages that we review, that at the end of the minutes, action items drawn from the minutes be listed.

**DR. ZIEMER:** You're asking for a summary -- just a summary page of action items?

**DR. DEHART:** That's correct. Thank you.

**DR. ZIEMER:** I think we can agree to do that, and we'll ask our recorder to help us pull those together. Thank you. Good point.

I would like to point out to the Board that for our closed sessions there are generated -- for the *Federal Register* actually -- what is called a summary. We're required to

get those back in to the *Federal Register* within two weeks of our closed session. Generally what happens is -- and these are very brief -- is that Cori generates those. They come to me for signature and then they appear in the *Federal Register*. They don't come back to the Board for action. I simply want to let you know that. The summary of those closed sessions simply reiterates when -- when we met, who was there and the subject of the closed session, and affirms that that is the only item that was discussed. So unless the Board wishes to take formal action on those, do you agree that the Chair can simply sign those and send them back? There's no detail, of course, on the content -- or the actual discussions.

(No responses)

Thank you. We're now ready to move to the Program Status Report. Martha DiMuzio is going to make the presentation today. Martha?

And you should have a handout on this, as well.

**PROGRAM STATUS REPORT**

**MS. DIMUZIO:** Good morning, everyone. I'm going to give you the program report for OCAS and what we've been doing since the last Board meeting we had in Las Vegas in

December.

Since that meeting we've received approximately -- well, for this year we've received approximately 216 requests from the Department of Labor. We are seeing a gradual decline in the responses that we have received. You can see there the number of cases that are AWE and the number of cases that are non-AWE. The number of cases in process is 13,550. That represents the numbers that are actually in OCAS's hands that are requiring some type of dose reconstruction.

Here's a graph that's showing by quarter -- fiscal year quarter the number of cases that we received from the Department of Labor. The 216 for the second quarter of FY '04, that represents just the month of January since that's when the quarter started, so as you can see, there has been a cyclical decline in the number of cases received.

To date, as of January 30th, we've requested 14,453 exposure requests to the Department of Energy, which represents 13,148 cases. So obviously if an individual worked at various sites, we would be sending multiple requests to the Department of Energy, to the appropriate

office. And to date we've received 23,000 responses. And again, that represents 12,000 cases.

The age of the outstanding requests greater than 60 days, 126; greater than 90 days, 156; 120, 97; and then greater than 150 days, 230.

This represents the eight largest sites that have requests, and I would like to make one update on -- for the Savannah River Site for greater than 60 days. We received a large bolus of responses earlier this week, so the number that's greater than 60 days has been reduced to 50, and the number greater than 150 days has been reduced to 11. And that's a result of information we received earlier this week, so that number has been significantly reduced.

We have been working with the Department of Energy on getting in the responses correctly and the type of information that we require to complete the dose reconstruction, and we send them monthly updates on each of the cases that we're still waiting for a response on. And we attend all major meetings with the Department of Energy when they're talking about their records and so forth, and we're really beginning to develop a really good

relationship with the Department of Energy and beginning to see more of the type of information that we need to complete the dose reconstruction on the first pass through of requesting information, so...

This is our CATI information. Again, we've completed case interviews for at least 10,830 -- excuse me, not completed, but we've conducted at least one interview for 10,830 cases, and summary reports sent to all claimants. The reason that number's higher is because you can have multiple claimants per case. Again, they're handling about 200 to 300 per week, and the CATI operation runs very well. They're very quick in conducting interviews and so forth, so this is a very good process that's been moving along very well.

Cases staged for dose reconstruction, that number represents a case where ORAU has sent a letter providing them a listing of potential dose reconstructionists who may be assigned to their case. And then the claimant is given the opportunity to either select someone or -- from that list.

DR -- DR's that are assigned, 679, those are actual cases that have actually been given to a dose reconstructionist

and they've started work on the dose reconstruction. 325 claims are currently with claimants. They've received a draft of the report and we're waiting the OCAS-1 from them. And final DR's that have been sent -- dose reconstructions that have been sent to the Department of Labor for adjudication is 1,502. And also that -- that 1,502, that represents a 50 percent increase from when we reported to you in December, so we are getting more and more out every day.

And this graph shows the numbers by month that we have submitted to the Department of Labor. As you can see, we're continuing each month to send more, and this should continue.

**DR. ZIEMER:** Martha, is -- could you go back on that slide? Is the last month on the right then January?

**MS. DIMUZIO:** Yes. I might be able to go back. Yes, so you go back -- the 284 was for January, the 241 was December, 211 November, 237 October.

This chart here represents the number of claims that -- the blue line represents the number of claims that we received from the Department of Labor. The pink line is the number of drafts that have been sent to claimants, and

the yellow is the finals that we have sent the Department of Labor. So you can see we're finally starting to address the backlog, and we are now sending out more dose reconstructions than requests that we're receiving. In the month of December we sent out 17 percent more claims to claimants than we received from the Department of Labor, and in January we sent out 44 percent more. So we are beginning to handle the backlog and get those issues resolved.

Phone calls, we continue to receive many phone calls from our claimants. We respond to those calls, both NIOSH and ORAU, and we also continue to receive e-mails from claimants, so we're using all of the communication methods available.

Recent accomplishments, we've appointed 167 physicians to the panels. That's an increase of eight appointments since we last met in December. We're continuing to recruit actively for additional physicians.

And again, as I said, for the months of December and January, more claims were forwarded to the Department of Labor for decision than claims received from the Department of Labor.

Additional site profile documents have been posted on our web site for review by claimants, and NIOSH -- in October we initiated a quarterly communication with our claimants. We send each claimant an update on their specific case, and we also provide them with a three-page activity report which gives them an update on what's happening within the program.

Like I said, our first communication was in October. From that communication we received phone calls from claimants asking questions about what was contained in the activity report, or questions about the information that was provided in a specific -- in their specific update. As a result of those questions, for the January mass mailing we were able to answer their questions, one of their questions being -- in the October report where it said have we received a response from the Department of Energy, it may say no, that we had not received a response, so they wanted to know what the ans-- they didn't understand the word "no", so they wanted us to explain what "no" was. So in our January mailing we had a topic of conversation, what "no" means, so that they could have an understanding.

As a result of the January mailing, we've received

additional questions about what does "pending" mean, so in the update that we send out in March we'll be telling them about what "pending" means and explaining that to them.

We've received many compliments from the claimants that they're getting this information, and so they're very happy about that. We've also had, you know, responses saying please don't send this to me again; I don't want that. And we're taking the steps necessary to, you know, accommodate their wishes.

So that's all I have. Does anyone have questions?

**DR. ZIEMER:** Okay, thank you. We'll start with Roy.

**DR. DEHART:** The web site for the site profiles, you may not be aware that DOL has just put together a CD that incorporates all site profiles that they currently have, and those will be mailed to each physician who's participating in the program.

**MS. DIMUZIO:** Oh, okay.

**DR. ZIEMER:** Thank you. Other comments? Yes, Jim?

**DR. MELIUS:** I would -- number of questions. First, it would be helpful for the slides, the handouts that we get, to make sure that the things are labeled, 'cause when we

-- on the page here all I have is bars and no axes, labels or anything and I may be able to see them now and remember them now, but when I look at this two months from now or something, I'll have no idea what I'm looking at. So I know it's -- it's tricky to do 'cause you want it to look good on the screen and it doesn't print out in black and white as well, but anyway, it would be helpful.

**MS. DIMUZIO:** Sure.

**DR. MELIUS:** Secondly, I think I've -- may have talked about this before, but on the DOE requests, it's clear that you're getting multiple responses for each request for information from -- from DOE and -- but I'm assuming that when you get back an aknowled-- I mean can you sort of describe that process so that we can understand what these statistics are? Are you getting back more than an acknowledgement from them when you say that you have a response? Is it actual information that's useful and then describe a little bit of why there'd be more than one response per person. Is that worked at different sites or is it adding additional information?

**MR. ELLIOTT:** It's a variety of those different circumstances. A person could have worked at more than

one site, so we request for all sites that they worked at so we get response in that regard. We can also get a response that says we're still looking and we count that as a response. We could get a response that says we don't believe we have any data at all. That's a response, as well, so that's counted in that number. We -- we -- as we -- as we go through and screen the responses we have, if there are data quality issues or if the information that was provided is not in the right format, we send another request back with more specific detail on what we need and why we need it again, and so there's another -- hopefully another response comes back that provides the right information. So there's a variety of reasons as to why that number is inflated more than just the single cases we've received.

**DR. MELIUS:** I know it's hard to summarize that complicated a process, but I think it's -- you know, what I believe and I -- that you have a process in place that keeps track of those that when you don't have the information, you know that. And I think it's important to make sure that what's being portrayed to us reflects that to some extent, particularly if -- if you're having

a site that just responds yeah, we got your request, and then you don't hear from them for a year, that we're not portraying as saying that they've been -- they've been responsive. And so, you know, if there's -- there's a way of sort of having some sort of a date on -- keeping track of if a site's not really giving you meaningful information and -- I assume from what I'm hearing that you're getting it, realizing that for individual cases there are going to be, you know, difficulties in getting complete information.

**DR. NETON:** I'd like to offer --

**DR. ZIEMER:** Jim Neton.

**DR. NETON:** (Off microphone) Jim Neton from NIOSH. I'd offer some -- a little clarification on what Larry said. It's rare that we do get a response (Inaudible) we got your request (Inaudible). Most of the additional response we've received are -- we ask for a number of different types of information -- internal dosimetry results, film badge TLD results, medical X-ray results -- and oftentime (sic) they don't come over in a package. I mean they come in different pieces (Inaudible) organization, so we may get two or three individual responses to one request

(Inaudible).

**DR. ZIEMER:** Thank you. Let's get Tony, then we'll come back. Tony?

**DR. ANDRADE:** I just wanted to mention that -- a couple of points. Number one is I certainly appreciate your concern, and it would probably be good to differentiate between responses that really have no data and those that -- that do send in pertinent data. However, two points for clarification and for just the general knowledge. By law in CFR 830, sites are supposed to make a reasonable effort to collect dose data from all previous employers. And I know that we certainly make a wholehearted effort to do that, and so that information is also collected. And as a matter of efficiency when we used to be doing this, we would send in several responses for several people at one time.

**DR. ZIEMER:** Well, does that count as one response, though? If it's several people at one time, you count those -- a response for each person.

**MS. DIMUZIO:** No, it counts as a response for each person. We load it up that way and it matches up to the claim number.

**DR. ZIEMER:** Back to Jim.

**DR. MELIUS:** And acknowledging it's a complicated situation, there may be situations where the initial response provides enough information to, you know -- that NIOSH doesn't need more, so -- you know, sort of -- may -- I don't -- some kind of a system telling you we -- you know, we really don't need to keep looking for that missing information, but -- but again, just so we're not in a situation where, you know, a lot of cases can't be dealt with because there's just no information or not adequate information. That --

Like to obviously congratulate you on several things. One, getting the -- the communication to the claimants. I think that's -- I think that will be helpful. Again, it's going to raise questions to -- that you have to answer, but I think that people usually appreciate knowing what's going on, even if, you know, it isn't -- they're going to be delay that -- has there been -- we had received a communication and -- about updates to the web site in terms of how you're going to track the status of the claims. And I know I sent in comments, I don't know if other people did, but I was just curious in terms of the implementation of that and particularly I -- again, my comment mainly

addressed the issue of can you have site information on there so people know the general status of how things are -- claims are being handled at Savannah River, for example.

**MR. ELLIOTT:** We are -- we have your comments and we appreciate those. Also solicited comments from DOL and DOE on this piece and we are working to revamp our web site. There's a number of new things that we are putting together to place on the web site. And it's not as -- you know, I would think it's just straightforward, let's just make it happen. But my IT folks tell me that there's a number of issues associated with putting that new process -- flow that you saw and making it work the way we want it to work and making sure the numbers are built and done in an accurate manner. So we're testing that piece right now, and before it goes on the web site we want to make sure it reports what we want it to report and we don't confuse people or give them misinformation. So I think in the next few weeks you're going to see a multiple number of changes on our web site and I think they'll be more informative than we've been in the past, and I hope they'll be well-received.

**DR. ZIEMER:** Let me insert a question here and then I'll

come back. My question is along the lines of manpower issues, and it may be that Dr. Toohey will have to help answer it, but now that you're at a place where you're sort of cranking out a goodly number of dose reconstructions and kind of getting ahead of the backlog, how are we doing manpower-wise in having dose reconstructionists available to actually handle the flow?

**MS. DIMUZIO:** Yeah, Dick, do you want to -- I mean -- I know approximately how many staff you have, but...

**DR. TOOHEY:** That's okay. That's why I come to these meetings.

Dick Toohey, ORAU. We have -- let's see, 20 full-time and three or four part-time external dose reconstructors, and we feel that's adequate. That -- that's going very well. We have about the -- half a dozen full-time and 20 part-time internal dose reconstructors. As I'm sure the health physicists on the Board are well aware, that's a rarer breed. And to be honest, right now that's where we're encountering a bit of a bottleneck. More of the claims are needing detailed internal dose reconstruction than we anticipated. We've developed some grouping methods which basically looks at do they actually have positive bioassay

results in their monitoring data, how -- any of these results exceeding the MDA, are there incident reports or things indicative of an intake or a wound or something like that. And as it's turning out, a higher fraction of the cases really need to be handled by experienced senior internal dosimetrists, and we're short on those people. So we've taken a two-pronged approach. One is to try to find more. And to be honest, I'm not optimistic we will -- can find a whole bunch more available. And the other way is continuing to develop some more graded approaches to doing internal dosimetry so that more of the cases can be adequately handled by less experienced internal dosimetrists.

We're also looking at some improvements in the IMBA software package and things like that. There are still some exposure circumstances where the program can take an inordinate amount of time to do a dose calculation, like three hours or something like that. And we're working with Tony James to resolve and improve some of those issues. But basically we're doing everything we can to get more internal dosimetry capability available.

**DR. MELIUS:** I'm getting to the end of my questions. In

-- again, I'd also like to congratulate Larry and the staff for the lines crossing in the right direction now. I think that is a, you know, significant achievement and I really think you -- and it's good. It's good for the overall program and for the claimants out there to know that we're starting to eat into the backlog.

I do think it would be helpful for us as a Board, and I also think for you in these meetings, to present some of your projections. Where -- where are things going, where do you think -- what will happen over the next quarter or so forth? And -- and where issues like the one that Dick Toohey just mentioned are coming up that may slow down certain cases, but -- 'cause I -- 'cause I think, if I understand the process and this data so far, you are -- you're sort of accelerating the rate at which you're doing dose reconstructions, so I think the line's going to keep going in a very positive direction. We don't know the claims coming in, obviously, but we certainly -- I think you can have some projection on where you're going, and I think that would be useful to present and show to us and so forth with that.

**MR. ELLIOTT:** Thank you for your thoughts and your

comments, and we're -- we're confident that the dose reconstructions that we have completed are done so with sound science and they are sufficiently accurate. And what we're working on right now is the timeliness aspect, and we are trying our best to ramp up and bring as much capacity to bear as we can on that particular aspect of finalizing dose reconstructions.

We're not, however, very good prognosticators. We -- our crystal ball is not as clear as we'd like it to be and we don't tend to do as good a job in forecasting as we would like. Obviously so 'cause we hoped we'd be -- we'd seen that line cross the blue line back in December or even November, but we'll take your comments to heart and see what we can -- we can project for you.

**DR. MELIUS:** Even if it's just a quarter or six months or something, I think -- where you feel confident -- more confident about the forecasting and its -- do.

**MR. ELLIOTT:** I think -- when I say "project", what we can talk about is issues like what Dick mentioned that we hadn't anticipated as clearly or as well, obstacles in our way toward success, and we surely need to communicate those to you so you understand what we're facing and -- and these

come up almost on a weekly basis, some little scenario that we hadn't anticipated that requires us to go back to the drawing board and figure out a way to work through it and -- or work around it.

**DR. ZIEMER:** Larry or Martha, could you also very briefly speak to manpower issues within NIOSH with respect to the flow and so on? How -- how are we doing there?

**MR. ELLIOTT:** Well, we have 41 full-time staff. We have not experienced any particular bottlenecks with regard to our work in reviewing and providing direction to ORAU. We have -- we're in the process of adding a health communication specialist to assist Chris Ellison because we have huge work to do in that regard. We realize that. And she's a one-person shop and certainly needs the additional help and support.

We are finishing up filling the last two health physicist positions that we've had open. We think we've got the final two candidates identified and we think they're very good, and one will add to our staff some internal dose experienced.

We have -- we feel we have an adequate public health advisor team. These are the folks that are the front line points

of communication with the claimants and handle the phone calls and they are the champions of the claimant. These are the folks that I -- I supervise directly and I ask them to be champions of the claimant, and I want them to identify ways that -- identify claims that need to be moved through, identify ways that we can improve processing of claims, and they're -- they're all the time busy speaking with health physicists trying to put a new claim under their noses and say can't we move this forward for this reason or that reason.

Right now I think -- I think we're adequately staffed and I don't see any need to try to request more at this point in time.

**DR. MELIUS:** Seeing Ted Katz in the audience, I have to ask this question, though. What is the status of the SEC regulation?

**MR. ELLIOTT:** Well, the status of the SEC rule is that we have addressed the public comments that we had been provided and redrafted the rule, and it is in review and clearance.

**DR. MELIUS:** I think that the -- I guess I -- I have concerns about -- and I know Larry can't be more precise

in giving us a forecast on that and I don't mean to ask him to do that. But I have some real concerns that this has gone on for so long and we as a Board have been very patient with this. We understand some of the difficulties involved. But at the same time I'm -- there are a lot of claimants out there that are very concerned about this. It -- we're about to enter, I -- we hope, into our review of the dose reconstructions. And without knowing what's going to be in the SEC rule, there's some limitations to what we can do in terms of dose reconstruction review. And I would like us as a Board to, you know, consider, you know, sending a letter to the Secretary asking that this be expedited as much as possible at this point in time. It's been a long time. It's a major part of the legislation. As I say, I think it's really -- the point where it is impacting what we as a Board are charged with doing from the original statute in terms of reviewing the individual dose reconstructions. So I don't know if anybody else has thoughts on that, but...

**DR. ZIEMER:** Any comments?

**DR. ANDRADE:** My only comment is that I'm as anxious as you are to see something out on the SEC. However, as you

recall, the bases for the SEC legislation is such that it really has nothing to do with DR's except for the fact that it has been proclaimed that DR's cannot be done. So I don't see the connectivity between the DR program as it is ongoing and -- and our ability to review that DR program.

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

**DR. DEHART:** I think, as many of you know, legislation is being proposed to go around and establish certain entities as special cohort sites. I think we'll see more of that if this legislation -- if this action doesn't take place very soon.

**DR. ZIEMER:** Jim?

**DR. MELIUS:** In response to Tony's comment -- and actually Larry raised the issues earlier. I disagree, I -- with what you said, Tony. I don't -- the test for the SEC in the legislation is sufficient accuracy and feasibility. And we are asking someone to review what NIOSH has done without knowing what the test will be of sufficient accuracy and feasibility, our -- our reviewer. And I think -- I find -- you know, I've said this at great length many times before, I don't see how you can do -- start the dose reconstruction process or go through all the claims

-- there are some claims obviously you can do without having some sort of a way of evaluating sufficient accuracy and feasibility, but at some point I think you hit the wall or you hit a questionable area where guidance in that area is needed. When we ask our contractor or the contractor to review individual dose reconstructions, at some point they're going to see the same issue. I mean it's -- I think it's integral to the legislation and -- and I think it becomes very problematic. Now do we defer in that case? I mean we don't know how long this issue's going to be out there. As Roy said, there's legislative issues involved now and so forth because of the delays. And I think us, you know, drafting -- sending a letter up just pointing out that there has been delay and it would be very helpful for this Board to do its activities to have that information. I think it'd be very appropriate right now.

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

**MR. GIBSON:** I concur with Dr. Melius's comments. I believe that the problem we're having with getting experienced health physicists for some of the more complicated data, just all of these issues seem to fit hand-in-hand and I believe that the third issue that ties

it all together would be the SEC rule. So you know, I see no harm in raising our concern to the Secretary that we need this -- this rule finalized.

**DR. ZIEMER:** Thank you. Any other comments relating to that issue? Jim.

**DR. MELIUS:** Maybe try to get this addressed, I will make a motion that the Board communicate with the Secretary our concerns about the long delays in finalizing the SEC rule and how we feel that it is important that this be finalized in order for us to carry out our functions.

**DR. ZIEMER:** Okay. A motion has been made --

**MR. ESPINOSA:** Second.

**DR. ZIEMER:** -- and seconded. I'm going to ask the mover and seconder if they would be willing to postpone action on this motion till the afternoon session so that we can go through the presentations here. And also I'd like to ask, when does Henry arrive?

**DR. MELIUS:** Henry I believe arrives late tonight. If you think this will help, if you want to put off to this afternoon, that's fine with me -- or tomorrow. But I'd be willing to try to draft some specific language that --

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

**DR. MELIUS:** -- work with other people that might -- that might be helpful to --

**DR. ZIEMER:** -- that would be the -- one of the reasons for delaying this so that we can agree on what the language should be and exactly how to proceed on that. If this is going to go to the Secretary, I would want to make sure that the language was carefully crafted.

By consent, we will table this motion. I'm saying by consent 'cause we're not -- as no one seems to be objecting and we won't even vote on tabling, which itself requires a vote, but we'll agree to remove it from the table later in the meeting, either this afternoon or tomorrow.

Are there other general questions for Martha?

(No responses)

Thank you very much, Martha. Now I'd like to call on Pete Turcic from Department of Labor to give us a status report on the program from their perspective.

**STATUS AND OUTREACH - DEPARTMENT OF LABOR**

**MR. TURCIC:** Thank you. It's a pleasure to be here again and to give you a status update of the Department of Labor program -- portion of the program. And based on some questions that the Board had requested, I'll try to also

update you on where we are with our outreach efforts. Just briefly going over the claims status, the number and types of claims as of January 29th, we've received over 50,000 claims. Of that, 35,000 are claims for cancer; beryllium sensitivity, 2,252; 2,700 -- little bit over 2,700 for chronic beryllium disease; almost 1,000 -- 977 silicosis; and RECA, over 5,000; and then claims for non-covered conditions, we received -- about 25,000 of the claims were for conditions not covered by Part B.

The status of the cases that we have, those 50,000 claims, there's a little bit over 38-- that represents a little bit over 38,000 cases, with cases pending at NIOSH a little bit -- and these numbers fluctuate and, you know, they're not going to match one-for-one with what, you know, NIOSH gave because of time frames and things like that -- 13,900. Cases pending a final decision, that means there's a recommended decision and it's between the stage of a recommended and final decision, 1,873. Cases that we have final decisions on is 26,000 -- over 26,000. And cases pending action in our district office, which -- case development and so forth, 1,131.

As of the 29th of January our final decisions, we've issued

final decisions to approve benefits in over 11,000 claims -- or -- yeah, 11,000 claims and to deny benefits in about 15,000. Recommended decisions, 11,800 recommended decisions to approve benefits, 17,551 to deny benefits. 15,300 -- little bit over that -- cases referred to NIOSH for dose reconstruction. We've issued over 10,000 payments now and over $742 million. And our medical benefits, that's starting to go up pretty rapidly now, about $25 million in medical benefits.

Our initial decisions -- and what we call initial decision is either a recommended decision or a referral to NIOSH, it's a -- it's the point at which Department of Labor has made a decision, an initial decision that the claimant has a -- has covered employment and a covered disease. Initial decisions, recommended decisions in 29,000 -- over 29,000 claims or 22,500 cases, and so from the initial decisions that we've -- from the cases that we've received since the beginning of the program, about -- initial decisions have been issued in 97 percent of all those cases.

Final decisions, again, we're final decisions in 26,000 claims or 20-- about 21,000 cases, and that accounts for

about 54 percent of the cases that we've received since the inception of the program on July 31st, 2001. The final decisions, looking at that, right now -- and this is starting to change, naturally -- our denials -- for the final decisions that we've denied, but nine -- over 9,000 of the denials at this point are for non-covered conditions; 2,400 were that the employee was not covered; 728 that the survivors were not eligible; 103 that the condition was not related to employment -- and those would be things like individuals that may be filing a cancer claim at a beryllium vendor, you know, that it's -- it is a cancer, but cancer is not covered for beryllium vendors; 2,000 where the medical information was not sufficient -- and I think that's an important -- very important point there, that if you look at it, of the 15,000 cases -- we hear a lot about how, you know, the lack of medical records. Of the 50,000 cases -- 50,000 claims, only 2,000 have been denied because the individual could not establish the medical condition -- you know, showing that they had a covered medical condition. And this is rapidly increasing, we're at now 700 where the cancer was not related or the POC was less than 50 percent.

Just some -- some questions have been raised about our final adjudication branch, and just to give you some information relative to that, we have been requested and held and have completed 380 hearings. And of the 26,000 cases that have final decisions, almost 1,600 have been remanded by our final adjudication branch.

The processing -- one of our standards that we use is that we -- we set standards that our claims -- if it's a beryllium vendor, an AWE or DOE subcontractor, that an initial decision be made within 180 days and if it's a DOE or RECA -- DOE facility or RECA, that that initial decision be made within 120. Just to show you, in FY 2003 the average time for the beryllium and AWE claims was 183 and a half days. For this -- we worked off our backlog last year, so that's -- you know, that -- that inflated those numbers. There were some old cases in there. Average time for 2004 is that 99.1 days we issue a recommended decision. An average time again for a DOE facility is down from 148 down to 73 days.

The status of the cases that we've gotten back from NIOSH, of the 1,403 as of this time period, we're showing that 1,314 had completed dose reconstruction, 89 did not

require completed dose reconstruction -- could be anything. There was a lot of CLL cases originally sent to NIOSH. Those came back, so there's -- that's the numbers that are in that 89. Cases that we have recommended decisions that have come back with dose reconstructions, 409 to accept benefits and 862 to deny benefits. The final decisions, those that went on to the final decision, with 357 to accept and pay benefits and 384 to deny benefits.

There was some question about Special Exposure Cohort and what our experience has been there. Total cases from a Special -- the three -- I mean the four Special Exposure Cohorts, 3,032 cases and we paid 2,608 of those. 2,772 cases from Special Exposure Cohorts have been denied. The reasons, 138 was the employee worked less than the 250 working days at the three gaseous diffusion plants. Or then 2,594 were that the employee either claimed a non-covered condition and then we -- 16 were denied because we received a dose reconstruction back from NIOSH that had a -- resulted in a probability of causation less than 50 percent, and then another 24 because the survivor was not eligible.

There was some question on our efforts in -- in outreach, and we're -- we have a focus -- we're trying to focus a lot of attention in the next two years on outreach, and some of the -- some of the tools that we've used is our web site, press releases, local outreach, a lot of efforts with Congressional delegations, traveling resource centers. We're putting a big focus and have been working very closely with a number of labor unions, and that has been -- that has really just paid off and we're getting great cooperation and we're getting claims in areas that we were not getting claims from before. And then we also have a major effort in media outreach.

Just to look at some of the areas and what we're trying to focus on from an outreach standpoint, if you look at our -- this is our Jacksonville office, the major -- with the major sites, and we have some of the -- the major DOE sites, the number of cases, along with what we initially had from Department of Energy in the program as an estimate of the number of workers. And looking at those and -- to give you some idea, you know, at -- at the Oak Ridge, you know, with a -- if we're looking at -- this doesn't -- this doesn't include the construction folks, you're looking at

an estimated worker population of about 60,000. We've gotten 4,800 claims received. Again, at K-25 with an estimated number of 51,000, we have 4,600, 4,700 claims. Savannah River, 33,000; we have 40-- little bit over 4,000 claims from Savannah River, and so forth. Our largest percentage is Paducah, and one of the things that we're looking at and trying to analyze is what worked so well in our outreach effort at Paducah versus some of the -- some of the other sites.

Cleveland, again, here is the major DOE sites. Our Cleveland district office kind of covers the rust belt area, has the lion's share of the AWEs and beryllium vendors. These are just the DOE sites and you can see the percentages are -- are very low and they are even lower when we look at AWEs and beryllium vendors.

Denver, again, the major DOE sites, with Rocky Flats showing about a 16 percent of what -- you know, of the expected population.

And Seattle, again, just briefly -- the one site that we are really focusing on that we don't seem to be able to get a handle on is the Hanford site. With it being so large, we have relatively few claims from Hanford. So

we've -- we have a pilot project that we are working on with PACE to try to, you know, make some inroads there. We have ten resource centers that we operate jointly with the Department of Energy. We'll be opening another one in the Bay area in California, and this just shows the regions. They're regional centers and the regions that they operate in.

From the beginning, we've -- we've had, you know, some 575 town hall meetings about the Act, and we've conducted, you know, 29 traveling resource centers. Give you some idea, in 2001 the areas -- Amarillo, Simi Valley; Buffalo, New York. For 2002 these are the areas that we had the traveling resource centers. We found that this is a very effective method. We'll go into an area -- when we go into an area for a week or two at a time, we're able to get a lot of good press, and that -- that seems very helpful when you can just see, you know, when we target specific sites that we do start receiving claims from those areas. And in 2003. So far this year we've been into Pleasanton, California and San Diego.

We have -- as I was saying, we have a major effort in outreach going on. Our goals are to inform as many

potential claimants as possible about the compensation, about the requirements of the Act, how to file a claim, and to provide whatever assistance is necessary in -- in filing those claims.

And our strategy is to try to maximize the claimant contact and using the resources of our national office staff, our district office and our resource centers. We have a -- we're targeting specific potential claimant populations based on analysis that we're doing. For example, we're putting a big push -- for several reasons -- in the area of our beryllium vendors, particularly subcontractors. We have virtually no -- very few claims from subcontractors. They are covered. And from beryllium vendors, so we're trying to put a focus on that. We're also going to be focusing in the area of the AWEs. Our AWEs, we're trying to put a big focus on outreach for the AWEs and we're trying to provide improved outreach materials, you know, to reach these targeted populations. We're trying to expand the participation of our stakeholder groups. And again, we've gotten great cooperation with the labor unions, and we're working very hard in that area to try -- we've also gotten great

cooperation from, you know, many of the corporate verifiers from the AWEs and getting us the information and contacts to -- to find potential claimants.

Some of the -- some of the analysis that we're doing -- we're trying to look at each individual site and do an analysis and some research to find potential claimants. Some demographic studies, one of the things that we looked at which was very interesting that we've -- we've done the Hanford site and now we're doing some of the other sites. What we looked at was based on the mortality studies that were conducted at Hanford, for example. We went back and looked at the state where the death certificates came from, and it was very interesting. We found that there were more death certificates from those former workers at Hanford in California, Florida was a surprise to us, Utah was a surprise, and Texas than there was from the state of Washington. So you know, there was more death certificates in -- from those states than -- than those -- than the state of Washington.

Some of the other demographics we're trying to look at, we're -- we're looking at our claims, where they're coming from, particularly survivors versus employees. And we're

trying to also tie in with the former worker programs to make as many contacts as possible. And then we have some -- we're looking at a marketing strategy -- we're developing a marketing strategy to try to get into some of these retirement locations where you're trying to pick out a few people, you know -- you know, that may have worked in this program out of, you know, many, many people in retirement areas.

And with that, I would take any questions that you might have.

**DR. ZIEMER:** Thank you, Pete. Who wants to begin questioning? Roy and then Jim.

**DR. DEHART:** In December there was some discussion about the medical portion of the payment to the claimant who had been found eligible. Basically I was -- if I understood correctly, there was difficulty in getting those payments through. Quite a sum of money has now been paid, as you're reporting. Are you using a third-party administrator? Are you requiring the claimant to make the payment up front and then be -- you would reimburse? How's the procedure operating?

**MR. TURCIC:** Okay. We -- we do -- we use a third party

payer, we always have, and the third party payer will pay directly to the medical providers. It's a simple task of getting the medical providers, you know, signed into the program, and we will make the payment directly to the medical provider. I think where some of the issue came from is tended to be many of the people who, on an annual basis, travel to either National Jewish or somewhere like that for the beryllium testing, and ORISE, when it was part of the -- when they were part of the DOE screening program, they paid up front for the medical -- I mean for the airfare and all that. What we have instituted and we have procedures in place that when -- when the claimant is authorized for that, the information is -- all that they need is sent to them with a pre-- FedEx package that they get it back to us and we have been making those payments in like three days. Within three days our payments are being made. So it is a change, but you know, there is a -- there's a change in that we don't make -- you know, it's a compensation program, unlike, you know, a screening program, and so we have not been making the appointments for the claimants and we don't pre-pay, you know, their airfare and things like that, if they're...

**DR. DEHART:** My other question deals with the statistics as you've reported them. Does that include the Worker Comp filing?

**MR. TURCIC:** No, that's -- this is only Subpart B. That does not include Subpart D.

**DR. MELIUS:** Following up on the medical information, has there been an increase in re-- in requests for reimbursement on the cancer side, also?

**MR. TURCIC:** Yeah, it's -- it's -- everything seems to be going up. We've done a lot of outreach in that -- in that area, and what we've found there was a number of claimants, even though they were receiving medical -- you know, received benefits, they -- and we are -- by law, we are first payer -- they would still maybe have their insurance company pay their medical bills. And we've also entered into an agreement with the State of Ohio because especially, particularly with the beryllium folks, there's a number of joint claimants, and so we now have ways to cross-match with the state of Ohio to ensure that, you know, we're the ones that are paying the medical bills as opposed to the state of Ohio.

**DR. MELIUS:** 'Cause I would think that one of the problems

with the cancer is that you're eligible from the time you apply. The process takes a while, and meanwhile you're having your regular insurer handle the bills. So getting people to -- informing them about the retrospective ability to collect it -- and do you do that as part -- like at the time when people do file, is there communication with them telling them, you know, save your bills, you know --

**MR. TURCIC:** Yes.

**DR. MELIUS:** -- even though you send them someplace else, you can, you know, get -- 'cause there --

**MR. TURCIC:** Yeah, there is, there's contact and then when they receive the benefits, they receive a packet of information and -- and again, we've also tried to do as much outreach to the providers that if they were paid by somebody else that we could reimburse that -- that payer. But it's tough to get -- you know, it's -- it's very tough.

**DR. MELIUS:** Separate question. In terms of the -- I think it was about 2,000 claims that you said had been turned down, or 2,400 'cause they were not eligible. To what extent are you having problems verifying employment and -- if -- I mean some of them would be turned down 'cause

they -- they don't meet the requirement or they actually -- you know, there's a record that they really didn't work there. But what about people that -- where there's problems verifying -- particularly among subcontractors and so forth.

**MR. TURCIC:** Yeah, subcontractors are difficult. One of the things that we've just done there is that we have gone in -- entered into a contract with the Center to Protect Workers Rights and they have access to a lot of other information for subcontractors that -- you know, such as dispatch records and other -- but you're absolutely right, the subcontractors are a -- they're a -- they're a difficult situation. But the vast majority of those that were denied because of employment really -- I -- probably half of them, maybe -- maybe a little less than half of those were claiming employment at sites that aren't covered.

**DR. ZIEMER:** Okay. Gen Roessler.

**DR. ROESSLER:** I think I'm talking about the same figure as Jim is. On the final decisions and claims, the total that have been turned down or the final decision denied, there's so many, 9,000 out of about 15,000, that are

non-covered conditions. And I'm trying to figure out why that's so high.

**MR. TURCIC:** People in -- in certain areas there seem to be a belief, and we try to explain to people, they were either filing claims with no condition at all or filing claims for things like heart disease or other toxic illnesses probably is more appropriate under, you know, Subpart D of the program. It's just -- you know, if someone wants to file, they have a right to file. What we do and the way we process that is if they're not at least claiming a covered condition, we -- in our first developmental letter we will ask them and, you know, we'll explain to them what are the covered conditions under -- under the Act, and we give them the opportunity and then we deny the claim.

**DR. ROESSLER:** So do you think it's misunderstanding or they're just hoping that it will go through?

**MR. TURCIC:** There was -- there was some misunderstanding, but there was also some areas where it was -- you know, there were groups that were telling people to file. They wanted to up the numbers maybe so that, you know, you could say here we're being denied from Part B. So it was a mix.

**DR. ROESSLER:** It seems that a number like that portrays a lot of negative feelings about the program.

**MR. TURCIC:** Yeah, but we're forced -- you know, if an individual wants to file a claim, our -- if they go -- and a large percentage of our claims go through our resource centers, and the resource center staffs are very good at explaining to people, you know, when they come in and they're filing a claim for a condition that's not covered. However, they're instructed, because they're entitled to have, you know, the whole adjudication process, that if they insist on filing under Part B that they go ahead and take the claim.

**DR. ZIEMER:** Richard Espinosa.

**MR. ESPINOSA:** I know in Los Alamos there's a lot of people that have filed just for the simple fact of getting it on record. My question is, though, is under what reasons are the survivors not eligible?

**MR. TURCIC:** It -- the survivor issue now, most of the non-eligible would be things like maybe they weren't married for a year prior to the death of the worker. We have a lot of survivor issues where, you know, you may have -- there could be -- they can't demonstrate that they are

a child of the -- of the worker, things like that.

**DR. ZIEMER:** Jim Melius.

**DR. MELIUS:** Well, first of all, I think -- really appreciate your -- the outreach program and the effort that the -- the agency is making in -- in this overall program. One thought that came to mind -- maybe this has been tried -- but one way of reaching some of the retirees is through the pension programs, mailers and so forth to them --

**MR. TURCIC:** Yeah.

**DR. MELIUS:** -- and I think a concentrated effort there may be able to -- I mean both the construction and other tradespeople do move after retirement and --

**MR. TURCIC:** Yeah, we -- we welcome that. Sometimes it's hard because of privacy issues to get, you know, the administrators of those funds to allow us -- I mean we don't -- we don't need the names. You know, we'll give them the material that they could stuff the envelope. Yeah, that is in fact one of -- direct mailings have been our most successful method of outreach. And if anybody has any contacts or ideas, you know, we -- we appreciate them all.

**DR. ZIEMER:** Charles Owens.

**MR. OWENS:** I'm aware of the efforts that the Department

is making at Hanford. Do you have a -- do you have a phased approach that you're going to do in regard to the outreach, and if you do, could you provide that approach to us, too?

**MR. TURCIC:** Yeah, we -- I sure will. What we -- what we're trying to do is we have a long-range plan and I'll get a copy -- you know, I'll get that to Larry and he can get it to the Board, and then we're -- you know, we have a quarterly plan. We try to stay -- you know, focusing in certain areas. Like I said, we just completed our plan for the Cleveland office and where we're going to focus in Cleveland is Fernald and Mound because they are sites that are closing. And then the beryllium vendors, so that's where we're focusing in, you know, this -- this upcoming quarter. But we'll get that -- we'll get that plan to Larry and he can share it with the Board.

**MR. OWENS:** Yeah, I think that -- you know, we've been very involved -- PACE has --

**MR. TURCIC:** Yeah.

**MR. OWENS:** -- in ensuring that workers who've been under-represented from a number standpoint are contacted. And I know there are some very good folks out at Hanford, and I'm hopeful that your efforts will be successful.

**MR. TURCIC:** Yeah. We'll be out there next week.

**DR. ZIEMER:** Robert Presley.

**MR. PRESLEY:** Pete, I know that we get a lot of complaints. I want to pass on a good comment. A person at Oak Ridge came to me last week that had gone through the beryllium program. She was very complimentary about how well she was treated --

**MR. TURCIC:** Good.

**MR. PRESLEY:** -- the fairness of the people that she worked with on your program, and she was very complimentary and she wanted me to pass on thanks.

**MR. TURCIC:** Thank you.

**DR. ZIEMER:** Thank you. Larry has a comment, then we'll go to Rich.

**MR. ELLIOTT:** Pete, on your slide on the Special Exposure Cohort, this is the slide that appears right before your outreach set of slides, you talk about the total number of cases denied. I just wanted to make sure that everybody's aware here that in the total approved cases there's a couple of cases that we have done dose reconstructions on and sent back that were approved.

**MR. TURCIC:** Absolutely.

**MR. ELLIOTT:** These are skin cancer cases.

**MR. TURCIC:** Exactly.

**DR. ZIEMER:** Thank you. Richard?

**MR. ESPINOSA:** Yeah, as far as outreach, I know pretty much all the local unions have newsletters that go out on a monthly basis, and I would imagine that all the internationals have magazines that go out on a monthly basis to reach a lot of the people.

**MR. TURCIC:** We've found that what works the best is the local unions and -- 'cause a lot of times they'll have, you know -- they'll have the contact list that, you know, the internationals don't. So we -- we try whenever we can to also get the -- and we've done a number of direct mailings, you know, with the local unions -- and are willing to do that any time we can.

**DR. ZIEMER:** Pete, I was impressed by the remarkable reduction in initial claims processing time for this fiscal year. But it also at the same time raised a question. For example, on the AWEs you've gone from 183 days to 99, but since we're only four months or so into the fiscal year, how -- how do you account -- there can be no claims 180 days old this year anyway, so --

**MR. TURCIC:** Yeah -- yeah, there can.

**DR. ZIEMER:** How --

**MR. TURCIC:** Let me explain what the num-- where the number --

**DR. ZIEMER:** So I'm really asking how you count them.

**MR. TURCIC:** Yeah, I'm sorry. That's a good point. It's -- we count it when it is processed, no matter when it came in. So whatever quarter --

**DR. ZIEMER:** So the completed processing --

**MR. TURCIC:** It's -- yeah --

**DR. ZIEMER:** -- so far this --

**MR. TURCIC:** Yeah, so -- so -- and all the claims, you know, on the average, the claims that reach that -- that level of processing started, on the average, 99 days prior to that.

**DR. ZIEMER:** Gotcha. So it really is comparing completed claims to completed claims.

**MR. TURCIC:** Yeah, and that has been the trend really for about the last three quarters. It was the beginning -- the beginning of FY 2003 we had a effort to work off our backlog, and so we came up with a plan for our district offices to focus on those claims. We worked off that

backlog, which -- you know, 'cause we started out with something like, you know, 20,000 claims on day one. And when those got worked off, then that added to the average time in the beginning of that year.

**DR. ZIEMER:** Thank you, Pete, for the very informative presentation.

The Chair is going to declare a 10-minute comfort break before our next speaker, and so let's recess till five after 11:00.

(Whereupon, a recess was taken.)

**SITE PROFILE STATUS**

**DR. ZIEMER:** We will come back to order. We're going to have a session now dealing with site profile status. Jim Neton will be the presenter from NIOSH. Jim, you have the floor.

**DR. NETON:** Thank you, Dr. Ziemer. Good morning. It's my pleasure to present to you an update on the status of our site profiles. It's an area I think we've made some fairly significant progress in a number of efforts, and I've just outlined here the three subtopics that I'd like to discuss during my presentation. That is, one, where are we with the site profiles, progress-wise. What have

we done since the last Board meeting.

Also to talk a little bit about the status of the worker input effort. At the October meeting in St. Louis the Board requested that NIOSH draft a plan related to developing worker input or obtaining worker input on the site profiles.

And thirdly, I'd like to go off in a little bit of a different direction, talk about examples of dose reconstructions using what's -- what we call complex-wide technical basis documents. I think this came up at the Board meeting in Las Vegas, and I thought -- I think the Board was interested in hearing a presentation -- an example of one of those dose reconstructions, so I'm prepared to discuss that in some detail this morning, as well.

Just as a reminder -- you've seen this slide I think a couple of times, but I just want to reiterate that -- what a site profile is. They're a limited-scope document specific for a site. They are essentially a road map to be used by dose reconstructors that contain site-specific information -- TLD measurement detection limits, exchange frequencies, that sort of stuff. And what it does is help

standardize interpretation of data. As Dr. Toohey mentioned earlier this morning, we have a number of dose reconstructors working on this project in various parts of the country, so they need some sort of standardized documentation to refer to when they are doing these dose reconstructions so that we have some consistency in our approach. Again, basically used as a handbook. And as important, they are dynamic documents. We do our best effort to obtain and retrieve all possible sources of information that we can. However, we cannot predict that something won't come out of the woodwork in one of these data capture efforts or a claimant might provide something, so we are committed to reviewing these things on an as-needed basis and updating them as new information becomes available that may change the dose reconstruction effort for a particular site.

As you recall, there were 15 DOE facilities being worked on in parallel by ORAU. This is a fairly huge effort, a large number of people working on this, a number of good HPs out there. The 15 were -- represent a combination of the biggest sites -- you know, the ones where we have a lot of claims, also, but also some of the sites where we

have information that was readily available and we could move forward with them. If we complete these 15 DOE facilities, we'll have documents that address about 77 percent of the claimants. So you know, with 15 DOE site profiles done, that will allow us -- at least theoretically -- to move forward on processing claims for almost 80 percent of the claims.

Where we're at right now is over -- if you'll recall, a site profile for the major DOE sites is a six-section document. They're called Technical Basis Documents, so six Technical Basis Documents make up a site profile. ORAU has completed 85 percent of the individual sections, or they're under review. So essentially what I'm saying is they're either in draft form or approved and completed. So the major work has been done on 85 percent of these chapters. I think that's a pretty good start. I've got a slide after this that'll show it a little more graphically.

On the complex-wide documents we've actually developed a few documents to help us move some claims through the process, even if we don't have a site profile. I believe the Department of Energy complex-wide profile or --

profile was discussed at the Las Vegas meeting, and I'll get into that a little later. It's a little bit of a different flavor document. It's not specific to the site, but they use certain maximizing assumptions that we can use for specific blocks of claimants. There are two complex-wide documents out there now. One is the complex-wide document that addresses Department of Energy facilities, and we also have a complex-wide document that addresses Atomic Weapons Employers.

Okay, this little graph just displays where we are. If you notice, there's sections 2 through 6 labeled here. I didn't include section one. Those are typically executive summary type sections. They're not really subject to delays based on availability of data and that sort of thing. They kind of naturally come along for the ride after these five major sections are completed. But the important thing to point out on this slide are the green dots. The green dots indicate that the -- that chapter is either approved and out there on our web site or currently in the hands of OCAS undergoing comment resolution -- review and comment resolution. So you can see three, four, five -- six of them -- all but six -- nine

of those sections are in our hands or out there and approved. And of the ones that are -- the ones that are green, 24 of those sections actually are already out there on our web site, so about a third of them are actually already out there and published -- or soon to be published. They may have just been released in the last couple of days. The blue squares represent the ones that are actually drafted and in ORAU review. So we've got a number of them that are just about ready to come over to OCAS for review. But the important thing is the data capture efforts, the collection, the writing has been done. They are in the process of being refined.

And the red triangles represent that the draft is not complete yet, not in ORAU internal review. However, since I developed this slide a couple of days ago, two of the red dots have now become blue. This one is now internal ORAU review, that one is the Los Alamos environmental dose chapter, and the X-10 internal dose chapter is in ORAU review. So the only ones remaining with a red triangle right now is the X-10 external dosimetry chapter.

So a lot of progress has been made. I think you recall -- you know, we were hoping to get these all completed by

the end of the calendar year this last year. We're pretty close. We're a little bit off and there's been some reasons for delays, but we're not too far off the mark. Okay, what's the site profile status for the AWEs. There are of course a lot more of those. There are several hundred plus AWEs out there. We have completed at least some of them -- Bethlehem Steel, Blockson Chemical, Huntington Pilot Plant, Mallinckrodt. We have out on our web site, although I will say that some of these have sections that are marked "reserved", and by reserved, that means that there is some issue that is preventing us from completing that particular section. It could -- that could come from a num-- for a number of different reasons, but we still publish them with the idea that claims that can be done, even though those sections are still reserved, we'll move them out. And in fact we have done that for a number of these facilities.

The AWE -- I mentioned that we have this complex-wide TBD for uranium facilities, and I'll discuss that after I'm done with this part of this presentation. We have two new ones that just came in, Aliquippa Forge and the Tennessee Valley Authority, and they are in our hands right now and

currently being reviewed.

There's a large number of AWE profiles that are currently being worked on by ORAU. I believe there's somewhere in the vicinity of 24 different ones that are being looked at right now. There's about 24 that are being looked at and have actual scheduled completion dates.

There is a point of diminishing returns, though, when you work on these AWE site profiles. Many of these sites have small numbers of people, so we are currently undergoing deliberation as to how best to handle a lot of the remainder of small sites. It may well be that we end up having addenda placed on the back of some of the ones that are already completed because the processes were very similar. Just with some minor modifications we could accommodate the other facilities.

I just briefly want to talk about the status of the site profile rollouts with the worker input effort that we've put in place since the October Board meeting. We have a worker input plan drafted. It's currently undergoing review, but it does establish a worker outreach group. We've tasked ORAU with heading up the effort for us. Some of you know Bill Murray that works for ORAU now is heading

up that effort in their shop, along with Vern McDougal, who's a subcontractor to ORAU. So we have the plan drafted, and it provides a framework for obtaining worker input. We are encouraging workers to provide input to the e-mail sites -- addresses that we've established for each of these documents. There are individual e-mail addresses that a person could mail into and provide written comments. We're also encouraging input prior to the release, when possible. Of course we're moving these things fast and furious because we're trying to get claims processed in a timely manner. But where possible, we're encouraging input before the release. And of course after the release we -- in cases now we're going around the sites and having meetings with union representatives. Public briefings are planned when necessary. There are some sites that may not have organized labor representatives, some of these AWEs for example, or stakeholders, survivors may require some briefing, so we are open to having public briefings as necessary.

**DR. ZIEMER:** Jim, could I interrupt here?

**DR. NETON:** Sure.

**DR. ZIEMER:** It's safe to assume that the SRS meeting was

last November rather than scheduled?

**DR. NETON:** Sorry, yes.

**DR. ZIEMER:** Okay. Thank you.

**DR. NETON:** Yeah, my mistake. Appreciate the input. And we have adopted a format of taking minutes at these meetings and -- with the sign-in sheets at the meetings, making them available to participants so that they can review what the salient points were discussed at these meetings and have a record for them. And also we hope to develop a list from these sign-in sheets of contacts for future -- future discussions, as necessary.

As Dr. Ziemer pointed out, the meetings are ongoing. We met at SRS in late November -- or early November. And Hanford, we were at the -- there on January 13th and 14th with -- had two meetings, one with the metal trades and one with the construction trades. Both of those meetings I will say I think were very productive for us. At the SRS briefing we had a -- some very good verbal input from the workers. We heard some interesting things, and as a result of that, we are committed to looking at the site profile for Savannah River to address the unique needs and exposure conditions of the construction workers.

At Hanford we also had some verbal feedback that was useful to us, and we are looking at revising some sections, as well, from that meeting.

The ones down the pike are Portsmouth, Mound and Oak Ridge, and they're being scheduled -- currently in the process of being scheduled.

**MR. GRIFFON:** Jim, are these minutes available on the web site at all or --

**DR. NETON:** Yeah, they will be. We did not do that at the Savannah River meeting, and then after we -- you know, in hindsight we decided that was -- probably would have been better to do and as they come available we'll certainly have them on our web site.

Okay, I want to spend a little bit of the remainder of my time talking about these two complex-wide efficiency documents and giving you an example of dose reconstruction for each flavor. The first one I'll talk about is a DOE complex-wide, and really it's a -- it's based on a number of different -- and I'm going to throw another term out at you, a technical information bulletin. I wouldn't get too hung up on the nomenclature, but these technical information bulletins are sort of small versions of

technical basis documents. I don't know how else to describe it, but they're more even focused than a site pro-- a profile -- a technical basis document talks about a major chunk of the site. These things talk about specific processes.

For example, technical information bulletin 002 talks about maximum internal dose for certain DOE claims; 008 talks about how to interpret external dose measurements, and so forth. So there's one, two, three -- four different technical basis documents or technical information bulletins that are used for the DOE complex-wide approach. The summary of the approach is to take advantage of some of the claims where we have better monitoring programs. If we limit the applicability to more recent employment, and specifically after 1970 time frame at DOE facilities, the radiation protection programs were at least somewhat more mature than they were in the very early days of operations in the late forties and fifties. There were some evidence of active air monitoring programs, bioassay programs, that sort of thing. And so we could take advantage of that.

We can also apply these maximizing factors where instead

of having a number of different site profiles for all these sites, we could take, for example, the highest detection limit for any site in 1975 and use that as the missed dose for the worker. So we go through the whole complex and use the maximum assumptions by default, and then apply that to the worker, knowing that they're more than likely above what the worker had been exposed to.

In a similar fashion we'd use the maximum credible undetected intake. What is the largest intake, given that there were some RAD protection controls and processes in place that could have occurred and not been detected. And as usual, to be claimant-favorable, these things would choose parameters that maximize probability of causation. Examples of that are things such as claimant-favorable solubility classes. If you're calculating a dose to the gallbladder, you would assume that it was soluble uranium, so it was absorbed from the lung and deposited maximally in that organ.

Okay. Just to go over a little -- a single example, and I tried to pick something which is typical, kind of mid-range of this approach. Here's an example of a claimant or an Energy employee who worked somewhere in the

Oak Ridge reservation as a security guard for 16 years and he worked from the late 1970s through the early nineties. Subsequently developed prostate cancer, which was diagnosed two years after end of his employment, and he was 63 years old at that time.

So we requested the information from the Department of Energy from the Oak Ridge reservation and we received a reported DOE dose for his entire 16-year period for external exposure of 84 millirem.

The individual was monitored, though, every quarter, and obviously most of those quarters came back with a zero dose, no detectable dose. So what we did was we reconstructed the person's dose assuming that all 70 dosimeter readings that were taken for the person were equal to the detection limit that's in the profile -- or in the document -- not necessarily the detection limit for the Oak Ridge reservation, but for the highest one of the DOE sites that we've evaluated. So doing so, 70 dosimeter exchanges times detection limit ended up assigning 2,840 millirem external dose to the prostate, just based on a missed dose calculation using an upper limit for the detection limit.

Okay, in the internal dose area, the worker had no evidence of urinalysis bioassay at all, but there was one non-detectable in vivo exam, which was below the detection limit of the measurement system. So the complex-wide approach would assume that the worker inhaled -- had a hypothetical intake of a mixture of 28 separate radionuclides that were likely to be present on DOE facilities during these time period. So there was an acute inhalation intake of 28 radionuclides that were equal to ten percent of the maximum permissible body burden at that time. In doing that, it was -- the estimate -- the overestimate or the dose was 11,923 millirem to the prostate gland.

I will say that when we do these, we take into account any existing bioassay data that we've received, such that the predicted intake must be above the value of the bioassay levels, so you'll never assign a dose lower than what the bioassay would predict. You're always going to be on the high side, the curve would be on the top of it.

So the results of this dose reconstruction -- did I miss a slide? Yeah.

Okay, occupational medical dose. Of course we're

including that in our dose reconstructions, so we assume that there was an annual medical X-ray for this worker for each year of employment, whether or not we actually had any evidence of that. We would just automatically assume that at the most he would have had an annual medical X-ray. We would have no evidence that there was any more frequent than that, let's put it that way. And we would assign the highest dose received by any organ from that X-ray other than skin. So what I mean by that is an X-ray is taken with a collimated beam -- a collimated beam. Other organs that are not in the field of view would be irradiated. In this case we would have taken the lung dose as the highest dose and assigned it, and that ended up assigning 1.4 rem -- 1,411 millirem to the prostate gland from the X-rays -- the hypothetical medical X-ray.

So the results of this are that the total assigned dose to prostate was 14,922 millirem versus the record that was provided by Department of Energy for his occupational monitoring of 84 millirem, which resulted in a probability of causation of 10.4 percent at the 99 percent credibility level. I always -- it's sort of interesting to me to just keep track. The probability of causation at the 50th

percentile in this particular case is one percent, given even these very extreme -- we believe -- overestimates for this particular case.

So that's an example of what we do with these AWE -- or the DOE complex-wide. I'd like to now talk about what we do in the AWE area. It's a little different.

There's a technical basis for estimating maximum plausible doses to workers at AWE facilities that's out on our web site, as well, and it includes an internal dose evaluation protocol that covers all the major modes of exposure. That would be internal, both inhalation and ingestion; external exposure, and residual contamination being present at this facility.

The approach here -- most of the -- this approach for complex-wide only is applicable to Atomic Weapons Employer facilities that handled natural uranium. A lot of the facilities handled natural uranium -- hang on, I think I have a number here. About 100 of the AWE facilities handled only natural uranium, and a large number of those -- more than 70 percent -- operated less than five years. So you've got a situation with a natural uranium exposure, similar processes or maximized -- processes that you could

maximize, and you're actually only covering five years of exposure, and then any residual contamination from that exposure up to the point of diagnosis.

So in looking at a number of the AWEs that were out there, and in particular the ones in the early years, the seven that were evaluated early on, it was decided that if we assumed a constant internal exposure to 100 times the maximum allowable air concentration during the entire period of operation, we would overestimate the internal exposures for these workers. What we mean by that is we would assign -- and many of these operations only happened for like a six-month period, two days a week, six months, something like that. We assumed for the entire year that the person received 100 times the maximum allowable air concentration, eight hours a day, five days a week, 52 weeks a year. That covers the internal exposure.

And the external exposure is modeled by -- it turns out that there were maximum-size cylinders that were handled at these facilities, and so it was actually a Monte Carlo model to model the external exposure coming off of a big block of uranium metal, essentially. And so that was modeled both as a cylindrical and a rectangular ingots,

and I believe the rectangular one came off higher, so we ended up using that one. There's not much difference between these two. So the worker was also assumed then to have been exposed external at a distance of one foot from this uranium metal for the same time period, the entire year, eight hours a day, five days a week.

We also made provisions in this document for external exposure from contaminated surfaces. If you generate this huge amount of air concentration, there's a certain settling that happens that one can calculate with a certain terminal settling velocity of the particles that will accumulate on the surfaces. We assumed no removal of that material, and then calculated, using standard models, the external exposure from a person walking around all these hypothetically-contaminated surfaces.

And then we also -- there's a model in here for ingestion of contamination on those surfaces. There's certain assumptions for transfer factors, settling into coffee cups, that sort of thing. So we tried to do a -- covering all the bases here with some fairly maximized assumptions to see how we could use this for these claimants.

As I mentioned, it was restricted to uranium only, and it

does exclude dose reconstructions for the lungs, skin, breast, eyes and tissues. It just won't work for those. Obviously for lung cancer, if you're breathing this type of a air concentrations, it's just not going to work. Okay, let me just briefly go over one case. This is a person who worked at an AWE that was located in Pennsylvania. He was employed as a millwright from the mid-fifties through the late seventies. The DOE operation only occurred in one year during that employment. And in fact, this is one of those facilities where it was for six months, and they actually only worked two days per month -- or they were contracted to work two days per month.

We assumed for this particular dose reconstruction, though, that the person worked the entire year, eight hours a day, five days a week, 52 weeks, breathing that 100 times the maximum air concentration. That's pretty -- that's fairly typical of how we would process these claims. The person did have -- was diagnosed with colon cancer one year after the end of his employment at the age of 54.

In the external dose area -- we have no external dose measurements for this facility at all, but as I mentioned

before, there was a Monte Carlo simulation given these large blocks of uranium -- natural uranium present in the facility. What would be the continuous exposure for one year at one foot from the uranium metal itself -- basically that's what I said. If we do this calculation, we would assign 4,100 millirem to the colon from exposures from working right next to this derby for the entire year. The residual radioactivity model, which is walking around these theoretically-contaminated surfaces for the entire year, adds another 1,032 millirem. And -- oh, this is from -- this is from the contaminated surfaces, 43 millirem. This is from residual -- ingestion of residual radioactivity.

I think these are somewhat different than your slides. I apologize. I'll make sure that we get copies of this out. These numbers are a little higher. What I neglected when I was pulling these off the dose reconstruction is there's two classes of gamma exposure, 30 to 250 keV and greater than 250. I inadvertently only pulled up one column, so that's why these numbers are higher. I apologize for that. I'm glad I caught this looking it over last night. So at any rate, we have these three modes of exposure that

we've covered for external.
In the internal dose area, no bioassay results were available for this worker. Again we assumed this breathing of 100 times the MAC for the entire year. We used the claimant-favorable solubility class, which means that, you know, all the activity would have been absorbed -- or the more rapid clearance from the lung through the GI tract and absorption. If you do the calculations -- it's always kind of interesting to me to put this sort of on a mass scale -- we would have assumed that the person inhaled 4.7 grams of natural uranium during that year, which is quite a bit of uranium, mass-wise, to inhale. And again we included the dose from residual contamination. Doing that, we ended up with 5,870 -- that should be millirem -- boy -- to the colon. I need to fix these, I'm sorry.
Medical dose, we assume one annual medical X-ray during the year of the contract. The highest dose, again, received by any organ other than skin, and that ended up assigning 95 millirem to the colon.
So when you add all that up -- I'll get to my last slide -- the total dose to colon was 5,870 millirem for the

internal exposure pathway, 5,270 from external, which resulted in a probability of causation of almost 18 percent at the 99 percent credibility level. Again, I like to look at the 50 just to see the spread between these two numbers, and it was three and a half percent at the 50th percentile. I believe that's all I have to say. I'd be happy to answer any questions.

**DR. ZIEMER:** Okay, I've got Tony and then Gen.

**DR. ANDRADE:** (Off microphone) I'm curious about why --

**THE COURT REPORTER:** Dr. Andrade...

**DR. ANDRADE:** Sorry about that. I was curious as to why some of these all-ranging site profiles, especially if you're dealing with natural uranium, did not include your radon exposures or radon intakes. If you're going to be dealing with that, you know, and people work, even for a long period of time, it may not add significantly to the POC, but nevertheless, it perhaps would give more credibility to the AWE-wide profiles.

**DR. NETON:** That's a good question. I think -- I failed to communicate to you, this is for natural uranium only and does not apply to facilities that processed uranium ore that may have radium-226 in the stream. So if you

receive natural uranium, you just can't grow in radon in that decay chain in any quantity that would make any difference in the dose calculation.

**DR. ANDRADE:** So this is for processed uranium.

**DR. NETON:** Exactly.

**DR. ANDRADE:** You're not dealing with ores at all.

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

**DR. ANDRADE:** And when you say "natural", it is processed naturally.

**DR. NETON:** It is processed uranium, already refined, in either powder or metallic form of some type. We did allow for a 100-day decay so that the protoactinium 234-M beta would grow in and you'd optimize that exposure, but radium's been taken out of this natural uranium already. Sorry for the confusion on that.

**DR. ANDRADE:** Thank you.

**DR. ROESSLER:** Jim, I want to I guess just comment on the claimant-friendly aspect of some of this. I was particularly struck when you were talking about the DOE site occupational medical dose. Now aren't most of those for the lung or the chest -- they're chest X-rays, aren't they?

**DR. NETON:** Correct.

**DR. ROESSLER:** So you assumed -- or what you assume is that the primary beam includes the prostate --

**DR. NETON:** Correct.

**DR. ROESSLER:** -- in that example, which --

**DR. ZIEMER:** And no collimation.

**DR. ROESSLER:** -- yeah, and no collimation. To me, that's an example of being extremely claimant-friendly or an example of very poor medical procedures. I just wanted to make the comment.

**DR. NETON:** I agree with you. The bottom line is that we don't have any information about the processes, and if we can -- we feel very comfortable that the exposures are certainly less than this. They assume no filtration at all on these beams and open collimation. We -- there's a pretty -- Ron Cathryn* did a very good job working out the defaults for these X-ray exposures. I think it's pretty solid science.

**DR. ZIEMER:** Jim Melius.

**DR. MELIUS:** I appreciate the commitment to doing a -- I don't know what to call it, a site profile outreach plan, but I was curious when that will be sort of public. When

will we know about it and -- beyond the sites you've -- you've listed there, and I believe, if I understood you correctly, you mentioned doing pre-publication meetings at -- at a number of other sites. But could you sort of fill in a little bit on the time -- time frame, at least when we will know when something's going to happen and what sites you will visit, what ones you'll do public meetings out, to the extent that you can predict that ahead of time?

**DR. NETON:** I'm not prepared to address any more than what I discussed with the where we're at with the reach-out program with the individual sites. But we certainly -- I think the plan itself is going to be approved and in place within -- I'll let Larry help me -- a week or two? I mean it's -- it's drafted, it's --

**MR. ELLIOTT:** It's very imminent, yes. It'll be on the web site very soon. I think we also have a tentative date for INEEL visitation, too, that wasn't on your slide.

**DR. NETON:** There was, yeah.

**MR. ELLIOTT:** That's in April, I believe.

**DR. NETON:** April. But we will get the plan out there, and then as the schedule is developed we'll make sure that it's out there with the plan so that people know where we

are.

**DR. MELIUS:** That was what I was specifically asking. I wasn't asking you to give me the plan.

**DR. NETON:** Okay.

**DR. MELIUS:** Okay?

**DR. NETON:** Okay, that's fine.

**DR. MELIUS:** Secondly, at the last couple of meetings we've raised the issue of conflict of interest among the people conducting the site profiles under -- under contract. And if I understood correctly from the last meeting, Larry or Jim, somebody was working on a plan to address that and I want -- again, like have an update on that.

**DR. NETON:** Again, we heard the comments. We took it very seriously. We've had ORAU go back and take a look at their conflict of interest plan and there is a revised draft out there -- it is being internally reviewed right now -- that, again, we should be able to have out very soon. It's not finalized yet, but there is a plan to address some of the Board's concerns.

**DR. MELIUS:** On this one I'm a little bit more concerned about the timetable for that because you seem to be moving

so rapidly with these and assigning -- if I understood you correctly, assigning new ones or subcontract, whatever you call it, new ones. And I'm assuming they're being subcontracted under the old plan. We've had several examples of at least what I consider to be very disturbing assignments under the old site profile contracting, and I guess -- when you say soon, I guess if you could be a little bit more specific, I might feel more comfortable with it. But you know, if it's going to drag on again, I think -- and we continue to assign under the old rules, I think we're just compounding what's already a serious credibility issue.

**DR. NETON:** Yeah. It's difficult for me to predict. I know it's been drafted and it's being internally reviewed. I can't give you a date on that. Dick may want to address the other issue, though, about people who are working --

**DR. ZIEMER:** Dick Toohey?

**DR. NETON:** -- on the plan.

**DR. TOOHEY:** Dick Toohey, ORAU. Let me just comment that subcontractor assignments for the next round are being made under our new proposed rules, so we are assuming OCAS will approve those. So your concern that we're making new

assignments based on the old rules is not the case.

**DR. ZIEMER:** Thank you. Let's see, Mark, you have a comment?

**MR. GRIFFON:** Yeah, just looking at the matrix that you presented, Jim, I had a question. The one dot I didn't see on there was which -- which of the DOE site profiles is -- are ready, completely -- all sections completed and ready so that the Advisory Board and their contractor can start --

**DR. NETON:** Good question.

**MR. GRIFFON:** -- to review --

**DR. NETON:** I meant to inform you of that. The Savannah River Site of course has been done for some time, and Hanford is fully complete, as well, at this time. Those are the only two that we have fully completed DOE site profiles on. However, there are a number that have two, three sections done that could be -- could be reviewed, although the total picture is not there. I think I said -- I think there's 24 individual chapters that have been drafted or Technical Basis Documents.

**MR. GRIFFON:** And also with the site profiles, I'm just thinking in terms of review, there's a lot of support

documentation or references listed. Are those kept in an administrative record for the site profile or are they available electronically --

**DR. NETON:** All the documents I've discussed here or any of our site profiles are on our web site. All the ones I mentioned today are out there, available to the public.

**MR. GRIFFON:** Maybe I -- the ref-- even the references listed in a site profile, that's what I --

**DR. NETON:** Oh, the references in the site profile themselves? They're not included, but most of them -- it'd be difficult -- I mean some of these reference -- some pretty voluminous documents, so it's a -- sort of where do you stop? You reference references of references. I mean -- so we -- we do have them and we can make them available to the dose reconstruction contract-- the reviewer, if that's where you're heading with that.

**MR. ELLIOTT:** The references are not on our web site. As Jim says, they're voluminous and they are available upon request. And we have provided them, in a number of cases, to the public upon request. And certainly your contractor's going to be able to access them as they desire. We have them on a special drive on one of our

servers and so they'll have that access.

**MR. GRIFFON:** So you have most of that stuff electronically. I'm just -- I'm not saying on the web site. I'm saying available for the review contractor or for --

**MR. ELLIOTT:** Yeah.

**MR. GRIFFON:** -- the Board so that it'd be easily accessible --

**DR. NETON:** We can make it available electronically.

**DR. ZIEMER:** Jim Melius.

**DR. MELIUS:** Specific question and then a -- sort of a follow-up comment. The question first. Last time -- I think we actually -- last two meetings, I believe, I may be wrong -- we've heard from Richard Miller with some concerns about the site profile for Blockson, and I think we've heard sort of his -- his concerns about that, and I believe at the last meeting I requested, maybe somebody else did, that we get briefed on that so we'd have an understanding -- it came up sort of obliquely in some of the question here about sort of natural uranium exposures and so forth. And I guess I'm asking are we going to hear about that? I would at least like to understand what the

issue is, if it's a legal issue or if it's a, you know, policy issue that -- request or a technical issue.

**DR. NETON:** All I can say on the Blockson issue is that we -- the radon section remains reserved on our web site. It is not completed yet, and we are going -- internally deliberating how to handle radon and Blockson at this point. I can't really say any more than that.

**DR. MELIUS:** I know I'm ask-- okay. Well, that's more (off microphone) (Inaudible) -- than I recalled, so that's --

**DR. ZIEMER:** At the last meeting I think the issue was discussed to some extent, and had to do with the definition of what was -- what was the site in this case and it involved the radon exposures of a portion of the site. I gather that internally that's still being addressed and reviewed and -- is there any more that can be said today or no?

**DR. MELIUS:** I'm not looking for more then, if you can't say it, but -- and I think I've used up my three wishes in terms of scheduling, but if we could -- if it is -- when it's ready and can be presented, I would like to hear it presented.

**DR. NETON:** I'd be more than happy to do that.

**DR. MELIUS:** And I think that raises a bigger question that comes up with some of these site-wide documents that you're doing that I think we as a Board need to look at. And I think it applies more to this issue of individual dose reconstruction review. But when we did the initial set of dose reconstruction regulations, we indicated that if there were -- and I may not have the language right, but if there were policy issues or things that would change how NIOSH would do -- conduct dose reconstructions, sort of fill in further details, that there was a process put in place where those would be announced in the *Federal Register* and then reviewed, comments reviewed by the Board, also, or presented to the Board in some way -- and I may have the details of that wrong.

I think we also are now entering into this process where we are looking at individual dose reconstructions, and then -- and then in between those two -- and I -- I don't personally see where any of the documents you talked about today represent, you know, a major change. I think they're pretty straightforward technical guidance. But we ought to think about what -- where the line is in some of these places in terms of -- and what is the most

efficient way of looking at -- for us to do the individual dose reconstruction reviews in a way that -- I mean do we just do individual dose reconstructions till we run across one of these documents, in which case then it has to be reviewed, or is it more efficient to do it in some other way. And then at what point does -- does the decisions that you're making, the technical decisions sort of reach more of a policy issue that -- that ought to get more -- more complete public review. And whether we do that as part of our discussions or at some later point, but I think it's something -- it'd be better if we could think it through ahead of time rather than having an issue come up where -- if it -- if a large issue comes up through an individual dose reconstruction, I don't think that serves everybody very well 'cause undoubtedly that may have, you know affected a lot of other cases and then if -- if we're debating or having questions about a -- some sort of a technical policy that you've set in terms of dose reconstruction, then -- through an individual -- through a single case, then I think that's not the best approach and most efficient nor the most fair to the claimants. And if we could think about some criteria for that. And also

to get a little better idea of where you're going with these types of documents and seeing, you know, what's the spectrum from the original regulations to various kinds of guidelines you develop down to these sort of technical reference documents that are in place, and maybe that would help us decide it. And maybe it's not an issue yet, or maybe it won't be, but I would like to avoid that becoming a major issue.

**DR. ZIEMER:** Thank you. And actually these kind of issues cut both ways. I think Dr. Roessler was hinting at it that it's -- it could also be when does an assumption go beyond becoming claimant-friendly to becoming -- ridiculous? Some of the assumptions are -- push the envelope, I think. They're certainly claimant-friendly. They make some assumptions that clearly go well beyond that, I would -- in my mind. It's hard to know -- it may be hard to say well, you can't rule out the possibility, for example, that even though work was only done two days a week, that somebody might not have had -- worked longer than that. So it's hard to draw those lines, I realize.

But insofar as these kinds of things drive the process, I think you're in essence asking to make sure that the Board

is aware of these. Insofar as they represent perhaps a policy change, we need to be on top of that. I think they keep with the policy. It's hard -- it's hard to separate the application of the policy from the assumptions that are built into the policy, I suppose.

Okay. Mike?

**MR. GIBSON:** But on the other hand, Paul, you know, some of these assumptions are just that, they're assumptions, and it's admittedly a limited document. And so -- on the other hand, there could be a lot of missed dose for people that legitimately deserve it.

**DR. ZIEMER:** Yeah, understood, and certainly they are taking worst-case scenarios. And I'm not suggesting at this point that -- that they change that. It's certainly -- has -- in most cases appears to me has been a -- really a worst-case scenario.

Other comments before our lunch break?

(No responses)

Okay, there appear to be none. Thank you again, Jim, for a very informative presentation.

We're now ready for the lunch break. We will reconvene at 1:30. Thank you very much.

(Whereupon, a luncheon recess was taken.)

**RESEARCH ISSUES WORKGROUP REPORT**

**DR. ZIEMER:** We're now back in session. Our first topic for the afternoon session is a report on the research issues workgroup. Dr. Melius has headed up that workgroup. They've had a teleconference meeting recently, and Jim, if you'll bring us up-to-date and...

**DR. MELIUS:** The research -- IREP and other scientific issue workgroup, I think is our official title, that had another meeting this week. The meeting was Henry -- Henry Anderson, myself and Russ Henshaw. Leon was caught on an airplane and I believe Paul, you were -- though not an official member of the group, you were going to sit in and you were caught in travel status, also, under that. And then subsequent to that meeting, I had some e-mail correspondence with Larry to -- and with Russ to update some of these issues, and I will refer you to them in a second for -- for some of this.

The -- if -- to refresh your memories -- 'cause I had to refresh mine -- the last report from the IREP and scientific issues workgroup was about a year ago. And we -- at that time we presented a report that included two

-- two things. One was a recommendation for a set of procedures for how we would deal with scientific issues that would -- and other change -- significant changes to IREP and so forth that would come up and -- this was a policy the Board did adopt. It was a fairly flexible policy, depending on the extent of the change and depending on how NIOSH had worked to come up with a document, but it would involve some sort of a peer review or through a workgroup or a scientific meeting -- there were lots of different avenues. And then a presentation to the Board with all that information in a way that we could then make a endorsement of that change, if -- if appropriate that... At that report a year ago we also presented a number of IREP and other health-related scientific issues that we recommended be something that get priority in terms of being addressed. And we ended up with a list of five issues. We put them into first and second priorities. I don't think their priority is as important for my presentation today, but we had gone through that and as a group adopted those.

And so what I will do is direct my report back to you based on that list because it -- that and I'll maybe add another

-- couple of other items to it in terms of just updating you.

Our first priority was the issue of how to deal with occupational exposures, that these were exposures in the workplace and the fact that a lot of the scientific data that was being used to develop IREP were derived from non-occupational exposures that -- and whether that -- there should be adjustment or something for that, taking -- that -- that deals with a number of technical issues, healthy worker effect, some changes in the dose rate and so forth on that.

After -- subsequent to our meeting last -- a year ago when we discussed this, we also had an update from NIOSH on where they stand with their studies, and -- 'cause they have underway a number of occupational cohort studies that -- and I think -- at least our discussion after that, although I don't think we ever formally talked about this, was that, you know, there was just a lot of work underway and NIOSH was addressing this issue, but it was more of a longer-term research issue. And I think the only conclusion we'd come or rec-- that and my discussions with Larry is that it -- at some point we ought to be updated on where NIOSH is with

their work, and particularly focused on this issue, and maybe at that time generate some more discussion of to what extent we need to deal with occupational exposures in the context of the IREP model and what would be next steps. And maybe there's nothing that needs to be done even then, but that would be I think the appropriate time for that discussion.

Second issue was age at first exposure that we -- we discussed as issue that'd been brought up. And NIOSH has been wrestling with that issue, also, and -- do that, and -- ask you to address this so I don't -- distracted, Larry -- and is think -- thinking of various approaches and let me let Larry address that since he's the one doing it.

**MR. ELLIOTT:** This is on age at exposure --

**DR. MELIUS:** Age at exposure --

**MR. ELLIOTT:** -- workshop, and we are working with the Health Energy-Related Research Branch, HERB, in NIOSH to put together this workshop. We are in deliberation about how to go about that and where we're going to out-source that to -- which contract we would employ that under. Basically the approach that HERB has proposed is that a set of experts would be convened in a workshop setting,

and they would use some pre-developed datasets to come up with a standard methodology of analysis for issues surrounding age at exposure and how to go about this. The problem here is that there's a number of approaches that have been used by different epidemiologists, different biostatisticians, on evaluating age at exposure. And there are limitations and there are advantages to each -- each of those different approaches. And so using a standardized dataset and gaining consensus across some experts we think makes a lot of sense. That would enable OCAS to use a consensus approach methodology in examining age at exposure. It would also enable the HERB researchers to examine age at exposure within their various study designs using a standardized approach. Time line, I can't give you a time line. We're hoping that we can get this put together and a workshop held this year. We want to -- we have -- in OCAS we have money dedicated to support this for this year. We're working with HERB to see where we can find some additional resources and how we can best go about doing this. But it's our intent to get this on a fast track as quickly as possible because we do believe that it has considerable benefit and merit

to compensation, as well as to research.

**DR. MELIUS:** And I think, again, that procedurally sort of fits in with the way we talked about approaching these -- these issues and would allow them to come back with a report or, you know, an update for us, and maybe even a recommendation at some point.

The third issue was -- we classified as sort of the rare cancer issues, and grouping of different types of cancer. And there's really not much to update on that, other than there is some funding, we believe, in the omnibus spending package that was just passed, I think within the last few days, that would allow some further analysis by NIOSH on the chronic lymphocytic leukemia issue, and maybe help expedite addressing that issue. And I don't know, Larry, if you found anything more out in the last 24 hours about that. I think -- is all you know this huge appropriates for all the agen-- many of the agencies, I can't remember how many are included, has just been passed finally and there's some language issues and so forth. And there's a while for somebody to wade through it and get the language down so you can even look at it.

**MR. ELLIOTT:** I haven't seen the language. I've talked

with David Utterback -- who's here today -- a little bit about it, so we know it passed. We have to take stock of what it says and how the earmark is couched.

Attendant to that, though, Russ Henshaw is working on a listing of -- a frequency, if you will, of the cancers that we have in our claimant -- claim population, looking at various types of cancer -- primaries and -- and what we can say about that, as well, how many -- how many of those truly rare, rare, rare type of cancers do we see and what do we need to do in light of those. So he is coming up with that and we plan to have something to present to the Board in a very short time.

**DR. ZIEMER:** Can you tell us a little more about the thrust of the funding? What's the intent there in the bill that you referred to? Is that for studies or --

**DR. MELIUS:** That is for studies, yes. My understanding -- at least the language I've seen earlier, and I haven't seen final language, was it would allow -- NIOSH is doing -- well, maybe we should ask --

**MR. ELLIOTT:** Maybe Dave Utterback could come up and speak to that. I haven't seen the language myself, but originally we understood it to be dedicated to -- money

to be dedicated to CLL, examining CLL.

**DR. UTTERBACK:** David Utterback, I'm with NIOSH, Health-related Energy Research Branch, and -- I mean I can't cite the language verbatim, but the way that it does read is that there is $7 and a half million from the amount of money allocated to DOE for public health activities, to be given to NIOSH to investigate, through epidemiology studies and other activities, the relationship between chronic lymphocytic leukemia and radiation.

**DR. ZIEMER:** Thank you.

**DR. MELIUS:** I would also add -- I was going to put this at the end but Larry raised it -- Russ has been working on a -- I don't know what to call it, but it would be an analysis of the claims information, the claims information database that would allow -- to address issues like frequency of cancers, frequency of sites and so forth. And I think this has been talked about at a previous meeting, but it would allow some better information, particularly in addressing these types of more general issues that would be I think useful not only for the program, but also for the Board in thinking about how to prioritize or address some of these issues in the future.

And there's been a lot of progress on that and I think, as Larry said, we'll be hearing about it shortly. The fourth area that was the issue of smoking and how to adjust for smoking -- that, and -- actually when I -- when we did this conference call on Tuesday, NIOSH was still waiting from (sic) an analysis to come in from Pierce, and by the time we -- the next day, it had come in -- or had just received the report, if I understand right, and --

**MR. ELLIOTT:** It does help to have you apply a little pressure so that we can turn that pressure over and our colleagues at NCI complied, so...

**DR. MELIUS:** It was soft pressure. I just asked Russ, well, when do you think it might come in? He said I don't know, I'll check with Larry, and today I got a note from Larry saying it was in, so it's good from that. And I think, in all fairness to NIOSH, they need to review the report and then I think there are some steps that can be taken, you know, relatively soon to at least think of ways that the smoking issue can be addressed. And Russ, if you want to elaborate, you're...

**MR. HENSHAW:** I just want to say -- is this on? I can't tell from -- yeah. We have something from NCI. We

haven't really had a -- we just got it -- well, Tuesday, I believe -- Monday or Tuesday. We haven't had a chance to really look at it very carefully, so there's a possibility, maybe a probability, we'll need to go back and get some additional data to understand the few pages of information we have so far.

**DR. MELIUS:** Epidemiologists always have an odd view of time and so forth -- trouble predicting when something will get done or complete. And it's never complete, always got to have more analysis.

The final issue really is related to the first issue, which is the issue of how to address other occupational exposures that might take place, particularly within the DOE sites. And I think that's really part and parcel of the first issue, the occupational cohorts that are being looked at. And so when we get an update from HERB, I think we'll be able to ask more questions about that.

The final thing I wanted to just mention is that the update to BEIR is underway and I don't think we're expecting anything very soon on that. But that will clearly have a -- could have a large impact on -- terms of possible changes that might need to be made to IREP or something

from the analysis and reporting that's underway there, that's at least a year away, as I recall, maybe even longer before we see that. You remember the --

**MR. ELLIOTT:** My understanding from one of the members of the BEIR committee was that the report was due to surface in public last November, and we haven't seen that yet. So I had a call in to Eula Bingham to find out where it's at and what the holdup is, and I haven't got a comment back. But I don't believe it's a year away. I think it's closer than -- than maybe that, that we think -- should be here soon, I hope.

**DR. ZIEMER:** Now I believe that report is dependent upon official issuance by RERF of the new risk coefficients. Is that correct?

**DR. MELIUS:** I believe so, yeah. That's my understanding.

**DR. ZIEMER:** I have heard, unofficially, that those risk coefficients are not likely to change very much. I don't know if any others have heard rumors, and certainly the record shouldn't show that to be definitive in any way, but my understanding is that the changes in the dosimetry -- which goes back to the Japanese dosimetry -- have been,

for the most part, rather small changes and hence the risk coefficients, though they will change, will not change by great amounts. But it still remains to be seen what the impact will be on -- eventually on IREP and we want to certainly be tracking that.

**MR. ELLIOTT:** I certainly agree. That's similar to what I've heard. We were also anxious to see what the report would say, though, about occupational studies and their effect or non-effect on risk --

**DR. ZIEMER:** Right.

**MR. ELLIOTT:** -- estimates, so I think that's our focus on this report. That's where we want to see it come in.

**DR. ZIEMER:** That may be of greater importance, actually, than the coefficients, which may not change very much. Could I also ask, on the smoking issue, once you've digested that information, is there a plan to report -- maybe at the next meeting -- what those findings were? Or what -- what do we expect to get from NCI on the smoking issue?

**MR. ELLIOTT:** What we -- what we're talking about in receipt from NCI is basically the Pierce analysis data that was done to support their modifications on smoking and lung

cancer. And what Russ alluded to was that we've got four or five pages of really what looks to us like a SAS* printout with no data dictionary and no explanation and no interpretation, and so that's what we're after right now. It would be our intent that we analyze that bit of information and come back to the Board with a proposal on the impact on the NIOSH-IREP cancer risk models for lung cancer and what we should do in that regard, what changes or non-changes should be made. And so we would present that to the Board. Of course we would have that peer-reviewed and vetted and then brought to the -- those comments and the resolution that we provide to those comments brought to the Board, as well.

**DR. MELIUS:** And that's my report.

**DR. ZIEMER:** Okay. Thank you, Jim. Let's see if there are additional questions relating to the report of the research group.

(No responses)

It appears that there are not, and there's no specific recommendation beyond these general things that we're looking forward to.

**DR. MELIUS:** Correct. Yeah, it's -- I think it's more of

an information update at this point in time.

**BOARD DISCUSSION/WORKING SESSION**

**DR. ZIEMER:** Thank you very much. If you would look at your agenda and make sure that you have the correct version of the agenda -- which I didn't have. But the correct version of the agenda now for our next item -- except for (off microphone) the break, which (Inaudible) since we're a little ahead of schedule -- there's a Board working session for dose reconstruction review process --

**THE COURT REPORTER:** His mike's gone.

**DR. ZIEMER:** -- is what you should have. Does everyone have that version of the agenda? And the reason I call that to your attention is because the earlier version showed the item as being Sanford Cohen & Associates as the next item, where in fact that has been --

**THE COURT REPORTER:** It's in and out.

**DR. ZIEMER:** -- that has been scheduled for tomorrow at 9:00, Board discussion/working session on Stanford Cohen & Associates with respect to the Board support for dose reconstructions. So our focus at this moment will be on the dose reconstruction review process. And we had set aside time on this I think from our last meeting to do any

follow-up on that item, and I'm trying to recall, Mark -- and I'll ask if you can help me out on this -- where did we stand as far as the working group's recommendations were concerned after the end of the last session? I'll put you on the spot here a little bit.

**MR. GRIFFON:** Yeah, I know. I thought this was on the schedule for tomorrow, actually. You know, I'm not sure where we left off. We had a draft procedure for our review process, but beyond that, I don't know where the working group left off or if you...

**MR. ELLIOTT:** I, too, am at a little bit of a loss here. I think -- maybe we could recap to -- to the point of -- as to where we're at right now. We -- you -- we haven't announced yet, but we have -- you have awarded two of your tasks, and that's what you will be able to talk to Sanford Cohen & Associates tomorrow about. Tasks two and four have been awarded and they can start work under -- under those tasks. So you might want to think about those two tasks and whatever questions of clarification you have for your contractor or anticipating what questions they might have of you.

The other two tasks, one and three, are -- are not awarded.

Those are still in the negotiation process. Those are what you're going to discuss in closed session tomorrow, so you're -- you're limited in what you can discuss in open session about those. You could discuss -- you know, we've still I think been wrestling with how you're going to come up with your selection of cases in a stratified -- representative or stratified random sample. What are the variables -- we would ask you what are the variables you want to target for your selection of those cases. We have bantered around this idea of a subcommittee or not subcommittee. I think you've come to grips with that. You want the whole Board to be involved, but you might still think about -- you know, as you proceed here, do you really -- is that the way you want to go. You know, there's some work here to be done as far as identifying cases for review when that task three is awarded, and assigning who's to review those cases and what that process really looks like. So I mean I'm just trying to throw out ideas for topics for discussion here for this afternoon and perhaps tomorrow. And I'm certainly not -- want to lead you in one way or the other here, but these are things that kind of we have questions in our mind about how -- how do --

how do we go about doing these reviews. We're still -- we're still wrestling with what your approach and your process is going to be and how we will attend to making sure that we protect the privacy of individual claimants, how -- what your report is going to look like at the end of your review, you know. We're still awaiting to hear your thoughts on that, so those are just my thoughts off the top of my head.

**DR. ZIEMER:** Thank you, Larry. And tomorrow during the official session with SC&A -- that is, during the morning session -- we will have a chance for them to ask questions and for us to ask questions pertaining specifically to task two and four, which have been awarded. That is -- and John Monroe (sic) and Joe Fitzgerald I understand will both be here from SC&A and there will be an opportunity for them to seek clarification on those tasks and for us to ask them questions and discuss those in more detail.

Okay. Now Jim and then Wanda.

**DR. MELIUS:** Well, one question they might ask us tomorrow is what site profiles do they want us to review, so I think, you know, sort of meaty issue is going to be how do we select those to get them underway -- get those reviews underway,

but -- and I was thinking that in a more general sense the way of approaching this is to think -- much as some of the examples Larry just used is to think about what are the different activities that are involved here. How do we as a Board want to handle them. How do we want to select the site profiles, then the individual cases. We've still got work to do on that. How are we going to interact with the contractor. Is that going to be done -- you know, the contractor has questions, who do they call, how do we get clarification on that. There's some issues that I think we have to be -- be careful both from the contracting point of view, but also in terms of the credibility of the process and making sure that's taken care of. And I think we just need to work through those and decide what's the best way to do that and are we going to need a subcommittee to do that, how much guidance do we give the subcommittee, do we do it as a committee -- the whole committee for -- for each of those. And then try to categorize them and come up with a timetable for dealing with them.

**DR. ZIEMER:** Okay. Wanda?

**MS. MUNN:** I hate to admit this, but I no longer remember what tasks two and four were. I remember what one and

three were because -- for obvious reasons, but not having brought previous notes with me, I'm at a loss. Will someone please refresh my memory?

**MR. ELLIOTT:** Well, I'll try to do that, and I'm certain that Mark will correct me in any way that I might err here. Task two is to review site profiles, and task four is to develop a database, a data management system for you all. Remember, task four was to design that, develop that, put that into place. And I think that involves, you know, tracking the cases that are assigned, when they were assigned, who's working on them, what the findings were, perhaps even -- you know, database management aspect of -- of how many site profiles have been examined within, you know, task two, as well as under task three where we -- you're looking at individual completed dose reconstructions. So you know, I think there's a lot to be talked about under task four. It may seem apparently obvious what has to be done, but I think you need to probably talk through that.

**DR. ZIEMER:** Task -- task two more specifically was --

**UNIDENTIFIED:** (Off microphone) Paul, (Inaudible) the mike.

**DR. ZIEMER:** Sorry. Task two was to prepare a site profile review procedure, not to do site profile reviews.

**MR. GRIFFON:** The task was to develop the methodology and also to do the reviews of I think ten to 12 DOE sites and two to four AWEs, so it involved both.

**DR. ZIEMER:** Oh, yeah, you're right. You're right. The first step was the procedures, and then ten to 12 DOE sites and two to four AWEs. So it may -- it may be that the actual determination of selecting the sites, we can start to be talking about that, but we have to have a -- we also need to know what the procedure is that the contractor will use, and we've asked them to do that as a first step in the process.

**MR. GRIFFON:** I was just going to say, I wondered if we have a copy of the procedure for processing individual dose reconstruction reviews, the one that we voted on and approved. I have it on the computer here, but I don't have a hard copy. The reason I say that is a lot of the bullets right at the front end of this procedure -- maybe we didn't flesh out everything, but we at least identified several of these issues that Larry and Jim have brought up that maybe we just need to run through again and clarify how

it's really going to work now that we know a little more of what the contractor's proposed, et cetera.

**MR. ELLIOTT:** I don't know if Cori brought that particular document along for reference, but we can certainly I think get it printed if we can get it off your laptop. We could put it up on the screen. Let me find Cori and we'll see if...

(Pause)

**DR. MELIUS:** While we're asking for what information's available, that -- I don't know if Martha or somebody has with them the award for tasks two and four that would lay out the timetable we -- 'cause -- gave the contractor because I think -- we're going to have to know that timetable on those tasks in order to sort of figure out meeting schedules and how -- when they're going to get feedback and so forth, so...

**MS. DIMUZIO:** I don't -- I have them upstairs in the room, so I'll go upstairs and get a copy of that and I can bring it down.

**DR. MELIUS:** You actually make copies for the Board?

**MS. DIMUZIO:** Yeah. Yeah.

**DR. MELIUS:** Would it be best to take a short break or

something, get some of this stuff copied?

**DR. ZIEMER:** Yeah, let's -- let's take ten. Uh-huh, that's fine.

(Whereupon, a recess was taken.)

**DR. ZIEMER:** I have a technical instruction for the Board and for myself. We've been instructed that when you're holding down the push button on your mike, be sure to hold it in the center or push it in the center and hold that steadily. Don't rock to the right or to the left 'cause it cuts the mike in and out.

Now Cori is distributing the document that came from the working group on procedure for processing individual dose reconstruction reviews. Task two, which we had been talking about, on site profiles -- task two has as a first item, prepare a site profile review procedure, and that's a deliverable one month after the authorization to proceed. So we're -- we're actually two weeks into that, aren't we, John?

**DR. MAURO:** One day.

**DR. ZIEMER:** Oh, you didn't get your authorization as fast as I thought you --

**DR. MAURO:** Just got the authorization yesterday.

**DR. ZIEMER:** Okay. I was thinking you'd be ready to report on the -- just kidding.

Okay, he's -- but the clock is ticking on that one. The issue of selection -- well, there will be an issue we want to talk about with regard to that. That procedure will be ready in one month. Then we have the issue of who then looks and reviews and approves that procedure and how the Board wishes to do that. Then the selection of the sites to be reviewed, and it may be that the Board would like to identify some criteria. I mean we have a number of sites -- we saw the matrix earlier today -- that are close to being ready for review. Some are already completed. But given that list, even after it's all completed, how do we decide which ones to review. And you might want to identify some criteria. For example, one criteria might be a site that has generated a large number of dose reconstruction cases. Or we might say let's look at the top five sites as a kickoff, or something like that, in terms of cases. So think about criteria of that sort that we could use so that selection of the site is not just based on gut feeling -- I like one site better than another -- but some sort of objective criteria on which to make

those decisions.

Now let's open the floor -- Jim, your flag is up. You have a point to make?

**DR. MELIUS:** (Off microphone) (Inaudible).

**DR. ZIEMER:** Oh, okay. Since -- the document that was distributed is focused mainly on the individual dose reconstructions, and since the task that's been awarded already has to do with the site reviews, I wonder if it wouldn't be more appropriate for the moment for us to talk about the site review issue since that's already been awarded and the clock is ticking. So could we talk a little bit about the process for reviewing and approving the procedures that are generated by the contractor? Who has some input on that or discussion or ideas or recommendations or questions?

**DR. MELIUS:** I have a question. And it's been answered before, but I've forgotten, I'll admit that. Is can we delegate approval to a workgroup for an issue like this, that we would get back a -- you know, a procedure, whatever, from -- from the contractor for the site profile reviews, can we delegate approval of that to a workgroup?

**DR. ZIEMER:** I think that question of delegating authority

to act on behalf of the Board was answered last time. My recollection is it can be delegated to a subcommittee, but the subcommittee -- you can't delegate something till the subcommittee is in place and exists. And the appointment and approval of a subcommittee goes through a process with the Agency.

**DR. MELIUS:** I'm aware of that answer, but was that the answer on the workgroup?

**MS. HOMER:** No. Excuse me, I'll interrupt, but --

**DR. ZIEMER:** No, I think the workgroup cannot act on behalf of the -- is that correct, Cori?

**MS. HOMER:** That's correct, we -- we really don't want to get into the habit of providing written delegation for a workgroup or a subcommittee to act on behalf. We can do so for a subcommittee, but I really -- although there's no specific guidance saying no, I really hesitate to say that we should do that or can do that. It's a practice we don't want to get into. It's not something that the Board would have to spend a lot of time on, you know, approving or reviewing something provided -- you know, a product or recommendations provided by a workgroup. Are we talking about something lengthy or time-consuming?

**DR. MELIUS:** No, we're talking about -- I'm just trying to work out the timetable for dealing with this. We're going to have -- presumably have a report from the contractor in -- beginning of March sometime. We don't have another meeting scheduled until April. That will -- what we receive from the contractor, as I understand it, is a -- their proposed procedure for doing site profile reviews.

**MS. HOMER:** Uh-huh.

**DR. MELIUS:** I believe the way, and I don't have the document in front of me, but I believe that it presumes that once that is approved, then -- then they would -- we would be able to assign them site profiles to review, but they couldn't really start that process until it's approved. So if -- and we don't have time to set up a subcommittee between -- and get a subcommittee approved in the next 30 days, I don't believe, if --

**MS. HOMER:** It's possible.

**DR. MELIUS:** Well, we'd have to have the charter agreed to at this meeting, so that's one option. And -- or we have to deal with the issue of a workgroup or we either -- we either wait till the next meeting.

**MS. HOMER:** Well, we're not -- we don't have to charter -- specifically charter a subcommittee. We just need to prepare an establishment memo, which is a two-page document.

**DR. ZIEMER:** This -- a procedure of the type we're talking -- that is, the procedure that comes from the contractor -- I believe the Board could address in a conference call situation because if -- if a subcommittee's going to act on behalf of the Board, don't they still have to go through that same process, Cori?

**MS. HOMER:** Yes. Yes, they do.

**DR. ZIEMER:** In terms of being announced and so on?

**MS. HOMER:** It does. Everything that happens for a subcommittee must take place under the same FACA guidelines as a full committee.

**DR. MELIUS:** And so -- that's fine, what I was trying to get to was --

**DR. ZIEMER:** So they would have to announce it, anyway, in the *Register* and so on.

**DR. MELIUS:** I think our option is to do it as a conference call, you know, given time for review and so forth, then we probably should think about maybe our criteria for

reviewing it, but all's (inaudible) is then be ready to go with the next step, which is going to be the selection of the site profiles. Now that could also be done in the conference call if we worked out a -- you know, we may want to work out a procedure and we may not be able to score that or, you know, do the selection here with the information we have, but then be able to do it by that time of that conference call.

**DR. ZIEMER:** I would imagine that we could in fact identify the sites yet today or tomorrow, because we would know what the basis was going to be. I don't think that would be dependent on the review procedure, per se. That's my -- Roy, then Mark.

**DR. DEHART:** To begin with, I don't want to see a subcommittee taking the action on behalf of the Board and -- with this being our initial product under our contract. I think we all should actively review that, and my recommendation would be a panel or a workgroup to do the initial review, prepare a summary -- point summary, and that each of us be responsible for reviewing the proposal -- the solution. And then conference call to resolve any issues or questions.

**MR. GRIFFON:** That's actually very close to -- I mean that's what I was going to say is maybe we could set up a workgroup to deal with, you know, reviewing drafts with the contractor and come to the conference call with a proposal from the contractor, and then have the full Board vote on, you know, the method for reviewing the site profiles, the final product. But have a workgroup, and that gives -- the workgroup would have the flexibility to have some conference calls, if need be, with the contractor.

The only question I raise in that process is if -- if the contractor, in working on this, has questions or needs clarifications, I don't know who can respond to those on behalf of the Board or...

**DR. ZIEMER:** I want to make sure that the Board is not expecting to develop the procedures. That's the contractor's job. I don't think we need a workgroup to take the contractor's proposal and redo it. What we need is the Board to react to the contractor's proposal, and if they have comments, the contractor can -- if this is an open call, the contractor can be there, can hear the comments and we either approve it or we say go back and

take these comments into consideration. I don't -- I don't see us having a working group that sits down and says this is what it ought to look like. That's the contractor's job.

**DR. MELIUS:** But I think we need to answer Mark's other question there 'cause I think that's more what -- at least what I was -- felt that he was driving at was this issue of what if the contractor seeks clarification this -- in dealing with this contract before the meeting or in terms of what is presented --

**DR. ZIEMER:** Oh, I'm sorry.

**DR. MELIUS:** -- to the Board. Yeah.

**DR. ZIEMER:** You mean before they submit --

**DR. MELIUS:** Before they -- the con-- before they submit and the con-- and the question come -- and -- or -- and then we have to deal with the issue of afterwards, you know, how do we -- what -- what if we say well, the procedure needs to be revised and submitted. I think we can -- could delegate -- so that would be at our conference call meeting. Do we -- we let the workgroup -- if we delegate that to the workgroup, or more appropriate we would -- may be more appropriate to delegate that to the Chairman to

review --

**DR. ZIEMER:** It appears that --

**DR. MELIUS:** -- (Inaudible) we have to schedule another conference call, I guess.

**DR. ZIEMER:** It appears that a workgroup, if it did make comments, could not officially do so on behalf of the Board.

**MR. ELLIOTT:** That is correct.

**DR. ZIEMER:** They could make individual -- they could reflect individual views, but it would not be the view of the Board, necessarily, and therefore the contractor would have -- be in a difficult place of having to make a change that somebody recommended that maybe the Board didn't like.

**DR. MELIUS:** Again, what about this clarification issue? If not, I think we then need to at least schedule a couple of conference calls just on a contingency basis to make sure that, you know, we're not delaying things because just -- you know -- again, suppose we get in the conference call, there's a -- we say part A of your procedure we don't like, we think it should be changed and so forth. Then do we need another conference call to approve what they

resubmit? I mean --

**DR. ZIEMER:** It's problematical, depending on the nature of the changes. If they're minor and everybody agrees that if they make a certain group of changes, they can proceed, that would be one thing. If we said no, we want to see it again -- I mean that would be the Board's call at that time. The issue of clarification -- I don't know how we address that from a legal point of view. I can't speak on behalf of the Board. The staff can't. But if there's a question on, you know, what does -- what does something say, we can probably provide that kind of clarification. You have a solution there, Larry?

**MR. ELLIOTT:** I don't know if I have a solution, but I do have to speak to some procurement ground rules here so that everybody's operating out of the same hymnal. One procurement ground rule would be that for the Board to interact with its contractor, there needs to be some designated or delegated point of contact, and maybe Martha can speak to this. Maybe there are ways that that can be done in, you know, like a change order fashion where it's written -- written direction is given to the Board. What we want to avoid and what is a distinct procurement

ground -- ground rule here is that individual members of the Board can't be giving direction to the contractor, because that's when we get into an unauthorized procurement, the contractor gets confused about what the desire of the Board is, and you don't want to be providing direct-- what could be interpreted as direction. So even a point of clarification might fall under that. So I don't know if Martha can help me out here or if there are change order procedures we could employ here or -- or what. But this is a knotty issue here that you're wrestling with.

**MS. DIMUZIO:** I think there are probably a couple of different options that you have. You could look at sort of doing a two-tiered approach to a conference call where the Board meets first, discusses what changes they think need to be completed, and then a half-hour, 45 minutes later the contractor comes into the conversation on the conference call and -- and you discuss it and -- and you resolve it that way, and sort of that approach because I think it's very important that the Board has to -- and I'm sure it would -- but with the contractor it has to speak with one voice so that in a meeting where the -- in conference call or a meeting where the Board and the

contractor's there, we don't want to be giving them mixed messages, even with, you know, just comments that happen through -- through the conference call or whatever. So I think it would be important that -- that the Board, you know, consider sort of some type of a two-tiered approach. But you have to -- you know, Larry's right, you do have to be cognizant that we can't provide specific direction to the -- to -- to the contractor. Excuse me, one individual cannot provide specific direction to the contractor 'cause we could just be getting into a phase where they might be thinking that, you know, John Smith of the Board said to do it this way and Jane Doe of the Board said to do it this way and, you know -- and how do we resolve this issue. So I think it -- it is important that you guys resolve how you're going to resolve issues. I mean there's not a whole lot, from a procurement standpoint, that I can tell you other than it has to be with one voice, and clear direction and understanding has to be given to the contractor on what they're supposed to do. And they have to clearly understand to whom they are receiving direction from, you know, and -- and that, you know -- and when there are questions and, you know, that

kind of stuff, how do we handle that, you know, I'm not -- I'm not 100 percent positive, I'll tell you that right now. I mean I think it's an issue.

**DR. ZIEMER:** Well, I'd like to ask this question, and it may have ramifications beyond this particular issue, but on something like this where procedures are being developed -- the task order's been awarded -- are the procedures not okay for development in the open forum, or does that require a closed session such as we had with the cost proposal?

**MR. ELLIOTT:** No, that --

**DR. ZIEMER:** There's no proprietary information at that point, is there?

**MR. ELLIOTT:** I think perhaps the way Martha introduced that, with the Board talking and discussing it and then bringing the contractor in, might have led you to believe that you have a closed session issue here. You don't have a closed session issue. The tasks have been awarded. You know, the money's set aside for those tasks, you know, based upon the award, so we're not talking a closed session. We're talking in open session.

Another ground rule. A working group cannot be delegated

authority to take action on the Board, so keep that in mind. An individual, the Chair of the Board -- I think -- could be delegated that authority. You could tell your Chair, handle these kinds of situations on behalf of the Board. A subcommittee can have that delegated authority, as well.

**DR. ZIEMER:** Well, as far -- as far as the open discussion thing is -- for example, it seems to me that we could have that open discussion, whether it be face-to-face or on the phone, and the contractor could hear what disagreements there are. It's only what -- the final decision that we agree to that becomes binding. I mean it's like any open meeting here. We may disagree on what to do or how to proceed, and that's all in the public forum, it's -- but if we finally agree to a procedure and say okay, this -- and we vote on it, if necessary, then the -- then the contractor knows what's been approved. So I -- I would -- when I was hearing you say meet and talk first and then have the contractor, it sounded like -- more like a closed meeting.

**MS. DIMUZIO:** No, I'm sorry. No, I just meant that, for clarification, when you were speaking with the -- with the contractor that you would -- you would know what procedures

you wanted or you would know what changes that you wanted to -- to give to the contractor and therefore you could --

**DR. ZIEMER:** No, but what I'm --

**MS. DIMUZIO:** -- provide that to them.

**DR. ZIEMER:** -- saying is we may not know that till we talk and the contractor --

**MS. DIMUZIO:** That's true, too.

**DR. ZIEMER:** -- then will be there to hear those debates, as will members of the public.

**MS. DIMUZIO:** Uh-huh.

**DR. ZIEMER:** Thank you.

**MR. ELLIOTT:** That is correct. Can I -- this procedure for processing individual dose reconstruction reviews that's been handed out, has that been approved? I mean has the Board taken action on this? Is this still a draft or is this --

**DR. ZIEMER:** No --

**MR. ELLIOTT:** You have -- I thought you had approved this.

**DR. ZIEMER:** We approved -- we approved all the procedures two or three meetings ago. I believe we did.

**DR. MELIUS:** Can I make a recommendation before we get more

confused?

**DR. ZIEMER:** To make what a recommendation?

**DR. MELIUS:** For processing this first part of task order two. I think what we need to do is to schedule a conference call of the committee roughly a month from now that would do the -- do our review. We need to discuss our comments on what the contractor submits to us, either resolve at that meeting -- I think we need, as a contingency, to have a follow-up conference call, say two weeks later or a week later, that -- that would allow us to -- in case it's needed if they need to resubmit something to the Board that is of such a scope that we feel it cannot be delegated to the -- you know, the Chair to review. And I think that would take care of -- of this issue as to -- I don't think we need a separate workgroup to deal with it, though. I think we should ask that the members of the original workgroup who are the ones I think we may end up relying on -- on for advice here and for -- within the Board 'cause they've been -- talked a lot more about this than some of the other -- others of us have. You know, just -- you know, pay special attention and, you know, we'll be looking to them during the committee --

**DR. ZIEMER:** Well --

**DR. MELIUS:** -- or conference call to -- for that, but -- but I think we just keep it to one sub-- one meeting of the Board conference call, with a follow-up one scheduled, if needed.

**DR. ZIEMER:** That makes a lot of sense and I think is the direction we were heading. Whether or not a second meeting is needed, we need to look at a timetable. For example, the -- the proposed procedure from the contractor will be ready in one month. That would get distributed -- as I see it, would get distributed to the Board members. We would have -- we would want a few days to look that over, and so roughly five weeks from now you would want to have a conference call meeting. And then we would look at the calendar again and say now does -- if we -- if we have another two weeks after that or whatever -- I mean if we go back to the contractor and say we want changes, you've got to give them another couple of weeks, and then we get it back and then we look at it again. And now we're getting very close to our next meeting, so we have to look at that, as well.

**DR. MELIUS:** But I think if that happened within -- I think

our meeting's the middle -- end of April?

**UNIDENTIFIED:** That's correct.

**DR. MELIUS:** Correct? So if -- again, beginning of March for the first meeting, two weeks later would take us to the middle of March. That'd still give a one-month lead time, so I -- I think that's -- it's worth gaining the month, if -- if possible. It may be that when we talk to the contractor more they may, you know, have -- give us a better sense of the timetable. They've had a whole day to think about it now and look at the task, but -- but in sense then -- and make sure that that's realistic for both the original -- and then I think, you know, we'd be ready to go.

**DR. ZIEMER:** I don't know if you're making a formal motion, but let's get Mark's comment here and then we'll come back.

**MR. GRIFFON:** I guess -- not to harp on this workgroup notion, but I -- I mean the way I envisioned this was -- was that the workgroup could assist the contractor in triaging the procedure before submittal to the full Board on the conference call. I mean I was hoping that that would -- could expedite the process because I think there is some interpretation in this task -- not that we'd be

making any -- the working group wouldn't be making any final decisions on behalf of the Board, but it might -- I mean I can just see a case where we can end up with two or three conference calls just to get this methodology through, and that's my only concern.

Then -- then the other notion I guess to keep in the back of our minds is that if we -- we had the notion on the individual reviews -- I know we're not talking about that right now, but we had the notion of -- of Board members working with the contractor, and I'm just wondering how that's going to fit into this -- these new -- these procurement issues. If we're working on a group of cases and there's three Board members assigned to work on those cases, we can't speak on behalf of the entire Board, so -- I guess that's something I'm -- want to understand better.

**DR. ZIEMER:** Let's maybe come back to that and address this first one. Jim?

**DR. MELIUS:** Go at it first, then you can correct me. Yeah, I'd be a little leery, based on what we heard now about the -- us -- possible problems from a workgroup talking to the contractor before the first meeting. I

think the onus is on us, though, as a committee -- individual members -- is to -- is to be ready with good comments, you know, to do a good review and really work hard to come up with a set of consensus comments that the -- that, should we want changes in the procedure, that the contractor can work with and address, you know, that's agreed. We can't sort of say well, just change this, we don't like it. I think we have to -- and I think we have the leeway to be able to do this. It's -- it's not what the other -- secret process we've been -- been going through.

**MR. ELLIOTT:** Yeah, this --

**DR. MELIUS:** So there's more --

**MR. ELLIOTT:** -- is not a procurement process.

**DR. MELIUS:** -- room for interaction on that conference call, and we just have to be sure that we're -- that we're together with what -- you know, pay attention to it so that we get a good -- have a good call, give good comments to them. If changes are needed, those can be addressed, and so that when we come to that second conference call we're saying oh, yeah, by the way, you know, that -- and -- and I just think that trying to do anything -- to sort anything

else between -- in terms of contact in that process I think is potentially dangerous.

**MR. ELLIOTT:** No correction, I just would support that. I'm very concerned about a working group working with the contractor to try to come up with the procedure, the process, because I can envision that there are going to be questions raised about well, how do you want to do this, what's the approach you want to -- you know, questions of clarification that then become well, the working group's providing advice and direction, essentially. Whatever they say in response to those questions is on behalf of the Board, and we can't go there.

As far as the individual dose reconstruction reviews and a member of this body working with your contractor, I think you've got to come to grips with a very well-defined structure of that process so that you avoid this situation. You're not going to sit there as one member of this advisory body working with two members of your contracting staff and tell them we want to go off in this direction, which has not been couched and a consensus approval gained from the body.

**DR. ZIEMER:** The suggestion is to have a conference call

meeting in -- shortly after a month from now, and set some time aside a couple of weeks later, if needed, for a follow-up. Is -- is there any objection to proceeding on that basis? Because if there's none, we want to look at some dates right away. Are there any that think that there should be some other path to follow on this? Here's your opportunity to suggest an alternative.

(No responses)

If not, let's -- I'm going to take it by consent that we agree that we should proceed on that basis. Today is February 5 and the month for the contractor basically ends or is over March 5 then 'cause they just got their go-ahead one day ago. So if you allow a little time for review, you could look at the end of the week of the 8th or the beginning of the week of the 15th of March. How many days do you want to allow? We need a little time for transmission and distribution. How about March 15th? It's a Monday.

**DR. MELIUS:** (Off microphone) (Inaudible) the contractor (Inaudible) they're going to be (Inaudible) time or maybe a little early or going to push the deadline?

**DR. ZIEMER:** Probably not going to want to say, but we're

going to assume they're going to be on time. Right?

**DR. MELIUS:** (Off microphone) (Inaudible)

**DR. ZIEMER:** 11th?

**MR. PRESLEY:** Is that going to give us time to get it out? Got to allow two days to FedEx to get it to us and a couple of days to read it.

**DR. ZIEMER:** Would it be electronic or...

**MR. PRESLEY:** Electronic?

**MR. ELLIOTT:** We will do both. We'll try to make both happen. I am -- I'm -- we'll talk to the contractor tomorrow, make sure we get it in electronic format so we don't have to try to convert it, and we can produce it to you in both formats.

**DR. ZIEMER:** Which means you would have it in your hands presumably by the 8th, and you'd have several days to look at it. The 11th? Did you say 11th was bad? We're on March 11th. Is that bad? Any conflicts March 11th?

**MR. ESPINOSA:** It's not so much the day as much as it is the time for me, so...

**DR. ZIEMER:** 6:00 o'clock in the morning, Eastern Standard Time.

**MR. ESPINOSA:** (Inaudible)

**DR. ZIEMER:** No, how about early afternoon on the east coast? Or late morning east coast? Okay. How about 1:00 p.m. on the 11th?

**MS. HOMER:** How much time? How much time?

**UNIDENTIFIED:** (Off microphone) Give it two hours?

**DR. ZIEMER:** Two hours.

**MS. HOMER:** Okay.

**DR. ZIEMER:** (Off microphone) Okay, that's what we'll shoot for. Then we want to (Inaudible) task four -- task --

**DR. MELIUS:** (Off microphone) I get to (Inaudible) FedEx (Inaudible).

**DR. ZIEMER:** -- task two proposal, task 2-A or two whatever-it-is, site profile review procedure. And then how about a follow-up meeting the week of -- how about March -- or April 1st? That would actually be three weeks later. That would allow -- would allow two weeks for the contractor plus a little time for us -- or the week of the 29th of March.

**DR. ROESSLER:** (Off microphone) (Inaudible)

**DR. ZIEMER:** Gen Roessler has a question first.

**DR. ROESSLER:** Did we decide the contractor -- I guess it's

a public meeting, the contractor can listen in on the --

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

**DR. ROESSLER:** So out of --

**DR. ZIEMER:** -- and members of the public can, as well.

**DR. ROESSLER:** Out of courtesy, should we check to see if they're available on these dates, or one of them are available on the dates, also, when we have these calls? They're working for us. I think we should find out.

**DR. ZIEMER:** John will make somebody available. Right?

**DR. MAURO:** We'll be there.

**DR. ZIEMER:** They'll be there. March 1st okay -- April 1st -- April 1st.

**MS. HOMER:** What time?

**DR. ZIEMER:** 1:00 o'clock again, same thing?

**MS. HOMER:** 1:00 o'clock?

**DR. ZIEMER:** Okay.

**MS. HOMER:** Two hours?

**DR. ZIEMER:** Now I would hope that that second call would not require two hours. We can set it aside, but assuming that the -- if there were significant changes and the contractor's responsive to them, we should have a pretty -- pretty sound document by then and just take a formal

approval.

**DR. MELIUS:** And we can hope that it's not needed at all.

**DR. ZIEMER:** Yes, but we'll set the time aside in case we need it. Is that agreeable to everyone? Okay, we will hope that Henry has those times available, as well. Okay, so that takes care of when and who approves the task two kickoff. Do you want to now -- let me ask if the Board is ready to discuss some criteria related to selection of this first group of sites that might be reviewed? And we don't necessarily have to identify, for example, ten of them at this time, but we might want to think about identifying the first batch. Roy?

**DR. DEHART:** Before we leave this specific topic, would it be wise to get a consensus as to who can represent the Board for clarification on part of the contractor?

**DR. ZIEMER:** That would probably be wise, and I -- I guess when we say clarification, I'm not sure -- could somebody clarify what we mean by clarification?

**DR. MELIUS:** Cori will clarify the clarification.

**DR. ZIEMER:** Thank you.

**MS. HOMER:** Well, no, I won't clarify that, but I want to remind you that no group or Board can take action for --

or no group or subcommittee can take action for the Board under any circumstances unless there's very specific written authority, even if it's clarification.

**DR. DEHART:** That's why I brought this up.

**MS. HOMER:** Okay.

**DR. DEHART:** Clarification would be if the contractor had a question on something within the statement of work as they've started pursuing trying to lay out the -- the work effort and they need someone to talk to. Who do they call and who would represent the Board in that conversation?

**DR. ZIEMER:** And in connection with that, does there need to be an Agency person also available or present at that time?

**MR. ELLIOTT:** Yes -- yes, there would, and I think what we're talking about here is delegation of authority, if you will. And we would also like to know what the Board's pleasure would be with regard to payment of vouchers that come in. Do you want to delegate that to -- to like, you know, Martha to do without having to come back to the Board and get a Board approval on, you know, paying out on a voucher. So these are delegations of authority that -- that you do need to establish.

**DR. ZIEMER:** I wonder if I could ask -- and perhaps staff can help us with this at some point, Martha or others -- am I making all that noise?

**UNIDENTIFIED:** Yes.

**DR. ZIEMER:** Okay. And that is, on things like payment of vouchers, perhaps -- perhaps you could identify those kind of sort of mechanical things for which we are responsible -- not necessarily today, but -- and for which the Board could clearly say we will delegate this on our behalf and require some kind of reporting back on where the budget is and so on. If we could identify what those things are and maybe at that point we could approve some kind of process. Clearly the Board does not want to get to -- have a meeting every time we act on paying a -- an invoice. I think that's the case. Jim.

**DR. MELIUS:** What I was going to say is yeah, I think we ought to get a list of those circumstances, but that -- I think the only times it would be -- at least I can think of that -- where would be questions is when it's contingent on receipt of a satisfactory product, when have we approved it so therefore it's released to, you know, NIOSH. I think -- I know -- I don't know what the financial -- other

financial things are on the document -- in the contract, but to the extent that they're contingent on acceptance by the Board, then I think that's where we need to have a clear procedure to sign off --

**DR. ZIEMER:** Well, I think that could be spelled out in what I'm talking about here because clearly there will be regular billing of time and effort against the contract by the contractor, I assume, on some basis -- monthly or as work proceeds. And if that requires some kind of blanket approval or specification of who signs off on it, we need to know what that is and who does it.

**DR. MELIUS:** Also just speaking to the immediate issue here with this task, I think -- the contractor has an opportunity tomorrow to ask us questions about this, so hopefully those -- everything will get clarified tomorrow and then I think we go to our next meeting and not -- 'cause otherwise I think this delegation gets pretty awkward -- do that. At the next meeting we can then, you know, do a formal motion that -- say there's some minor changes that -- either directing the contractor to do it with these minor changes or, you know, contingent on those being submitted and approved by -- you know, reviewed by -- by

Paul. I think that's probably the most direct way of -- of doing it, but I think we can do -- make it a very specific delegation at the time of that conference call, and we -- what we have to do is remember to do that.

**DR. ZIEMER:** The question that was raised, though, on clarification, who does clarification, I don't know that we've answered that, really, for -- for this -- for the next four weeks or however long it is. I know that on the task order bidding process, the Agency has a person on deck that is available to respond to questions of clarification because that arose. Right? The contractor says what does this mean; I'm bidding on this, what does this phrase ask me to do?

**MR. ELLIOTT:** And let me speak to that so that everybody -- everybody understands what we did there. Yes, there were some questions that came back through the procurement office to us about what does this particular piece mean or what -- how can I better understand that, and we tried to craft a response. But we didn't give that response up until we had Dr. Ziemer's approval on it. So that -- we weren't working in a vacuum without the Board -- some -- some insight from the Board, so we used Dr. Ziemer as the

Chair, and these were things that we felt -- and I hope you agree, Dr. Ziemer, were not issues that needed to be brought before the whole body. They were simple points of clarification that we thought our answer would enlighten the contractor and we had your approval to provide that information back to the contractor.

**DR. MELIUS:** I would think that for this proc-- you know, this activity that we're underway now that we'd follow the same process. And if it gets beyond that, then I think it almost behooves us that it has to go to the full Board, under the current circumstances. And I mean it's a very awkward situation because we're reviewing NIOSH, NIOSH doesn't want to be in the process of making decisions about this review, and we've also got the FACA and procurement thing to balance out. And I think we just -- you know, err on the side of being careful, but again, I think -- you know, this -- most -- clarification, if it takes place, should take place tomorrow when we talk to the contractor. And if not, if it's something significant, it's going to have to wait till the next meeting and hopefully that won't take place.

**MR. ELLIOTT:** The distinction I'd like to make here,

though, is that what we were doing as I just described it was under the closed session type of process. Okay? It wasn't going to be done in the public venue anyway. What we're talking about now, though, where you're dealing with a specific task and points of clarification, questions about how to proceed from your contractor, I don't want to be in that situation where I'm crafting a response and getting somebody's reaction to it. I think that response needs to be crafted by somebody this Board designates.

**DR. MELIUS:** And when that comes up, I think -- and if we have to formalize this, we should -- is that we'd say you go -- you go to the Chair. For this particular activity, you'd go to the Chair. But I think in terms of the public transparency of that process, that we would then expect Paul to report back at the conference call, look, during this process the -- you know, I was, you know, asked these questions. This is what I told them. And then the Board knows, the public knows and -- and I think, you know, we're within, you know, the spirit and -- and probably the actual, you know, regulations regarding the -- this process.

**DR. ZIEMER:** It may be, for example, that there are very

simple clarifications needed that have nothing to do with policy or actually how things are going to proceed, but something needs clarification -- something as simple as do I provide this in Word or WordPerfect? That doesn't -- very simple. So there's a sense in which either the Chair or the NIOSH staff person, if it's Jim or Larry, has to make a judgment as to the significance of what's being asked and whether or not the answer can be given without Board input. And as you say, hopefully we'll make whatever clarifications are needed at the session tomorrow afternoon when the folks are here with us.

Okay. Other comments before we move on? Tony, yeah.

**DR. ANDRADE:** I think it'd be very helpful to have, as Jim suggested, a list of those activities -- general activities, items -- administrative type actions that we should be able to delegate to other offices within NIOSH without any further Board action -- for example, the approval of invoices -- and/or such that we can begin discussion on when the Board should be looking at -- and I'm not sure if these timetables exist; I've forgotten, as well -- as to when products are due. And based on those products, whether or not the Board should approve the work.

But not until we have that list in front of us can we start to intelligently make decisions about those sorts of things. Now I'm sure there are simple things that we can take care of by tomorrow if NIOSH staff would be willing to put that list together.

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

(No responses)

Now the other item I was suggesting we proceed with is the issue of selection of sites for the initial group of reviews. Now there are a number of large sites, and if you looked at the -- our suggestion of -- or our -- our statement of work was that we would do ten or 12 DOE sites and several -- I think it was up to four of the AWEs. The ten to 12 DOE sites -- I think intuitively most of us said well, that's the ten big sites or something like that, but it may not be all of the sites on the list. I forget how many were on that list that we had -- 15? So there needs to be some kind of reason for not doing some of these, at least during the first year. We may eventually do more later, but I think it would be useful if we could identify some objective criteria on which to make the decision so that we're not doing it just based on our warm fuzzy feeling

about some particular sites. And I wonder if any of you have suggested criteria that might be used for that purpose. I will suggest some if no one else does, but -- open the floor for that. I had already suggested one that might be a possibility and that was the number of cases -- DR cases generated by a site. Jim, Wanda? Wanda's first.

**MS. MUNN:** I was very interested in seeing the figures that Jim gave to us earlier today with respect to the percentage of claims received as opposed to worker population. It seems to me that those figures may be one of the criteria that we may want to consider when we're thinking about which sites we want to look at and which ones we do not. It appears that it might be wise for us to look at a couple of the sites with the larger percentage of claims to worker personnel, and that we would similarly want to look at a couple of the very lowest and fill in in between. Those -- those percentages probably tell a story of their own, and whether the site profiles are a key part of that story I don't think we can tell unless we decide that we want to look at both ends of that spectrum.

**MR. ELLIOTT:** Wanda, I think the percentages you're

referring to were in Pete Turcic's presentation, and those are not -- not clearly related to the number of cases we have in dose reconstruction, but I have a report here that, if you want to know how many cases we have and how many we've completed for a given site, I can share that with you upon your request.

**MS. MUNN:** (Off microphone) (Inaudible)

**DR. ZIEMER:** Okay, thank you. Jim and then Michael.

**DR. MELIUS:** It might be helpful if we had that information, Larry and -- I mean not right now or tomorrow morning or whenever we want to talk about this. Also, with some input from Jim Neton as to how complete these site profiles are. I haven't gone through what's on -- comprehensively what's on the web site, but there are reserved sections and so forth that -- that we may want to think about in terms of scheduling issues that -- that they're partially done now but you know that within three months or whatever that -- that major sections will be completed and may be more appropriate at that point in time. And I think if we also had that list arrayed we could also think about the diversity of processes at those sites that we -- and just as -- you know, for example, do we need

to do both Portsmouth and Paducah or -- or, you know, uranium -- uranium enrichment -- how alike are some of these sites and -- and so forth in terms of some of the issues that might be encountered there on a site profile. So I think if we arrayed that -- again, it's going to come down to -- I don't think we can have completely objective criteria, but I think if we had that type of information arrayed in front of us, then we could make a selection. And we may tier it. You know, these are the first three or five or whatever and then, you know, defer choosing some others or delay -- delay some at some point in time. But I think if we had that it would be a pretty straightforward process. And I think we could probably do the same with the AWE sites or AEC sites, also.

**MR. GIBSON:** I pretty much agree with Jim's comments. I just wanted to add that I think it would be important to look at some of the sites that had a very diverse operation and had a very diverse amount of isotopes on site to determine the adequacy of the site profile.

**MR. OWENS:** I think it's important, particularly in regard to the SEC sites, that we consider those sites that are not SEC status currently and the number of workers who have

worked at those particular sites versus the number of claims that have been filed at those sites. I think that if we review the procedures based on that, that might aid the credibility of the program overall from the standpoint of the under-represented numbers of workers who have filed in those areas.

**DR. ANDRADE:** Actually I had two suggestions. This morning, after one of the presentations, I was sort of surprised at the number of claims denied from SEC sites, and some explanations were given. Nevertheless, I think that it would be interesting to look at one or more of those sites, especially with the high turn-down rate.

And my other idea, which purely addresses my health physics curiosity, would be to look at a site which we're looking at heavy external dose, and also another site with a fairly healthy amount of work in which one could potentially have received or there are records to show that there were -- that there were significant intakes. I think -- those would be my suggestions.

**DR. DEHART:** I don't know all the sites specifically, but I'm sure there are some sites that have rather unique energy levels or sources that's not common among the other

sites and I would like to add that to the list so we'd be sure to pick up the unusual.

**DR. ZIEMER:** Sites with unusual nuclides or sources of radiation?

**DR. DEHART:** Sources of radiation. Specific different kinds of isotopes that are unique to a facility, for example.

**MS. MUNN:** I was writing down what other people were saying and thinking about how I might go about that myself, and I wound up with five different bullets which I thought perhaps we might be able to put into a matrix of some sort to get a good cross-section. Those five bullets I had were number of claims or workers; the type of activity, which would include internal or external dose and different types of sources; years of operation; geographic distribution; and SEC sites. If we were to place those specific -- consider those as being basic items that we wanted to assure were included, then we could make some decisions about how many might fit one or more of those categories.

**DR. ZIEMER:** Jim?

**DR. MELIUS:** I would modify that slightly and say I think

we should look at both the number of workers potentially there -- I think is what Leon was getting at a little bit -- as well as the number of claims that have come in so far, 'cause that would sort of give us a sense of both what NIOSH's immediate priorities are, which are going to -- you know, what's covering the most cases with the site profiles, as well as down the road.

**MS. MUNN:** (Off microphone) (Inaudible)

**DR. MELIUS:** I thought you said (Off microphone) (Inaudible).

**MS. MUNN:** (Off microphone) (Inaudible)

**DR. MELIUS:** I wanted both.

**DR. ZIEMER:** Tony, you have another comment? Actually there have been -- about a dozen different criteria have been suggested here, and there are sites that -- any given site probably meets a number of those criteria. We would need to -- we would -- we would need to determine which of these criteria are the important ones. You could probably make a case for most any site, based on one or more of these criteria. But the whole point is I think that when we're ready to select sites -- and I'm going to suggest that we might want to wait till tomorrow to

actually do that 'cause you need to think about this -- but one would then couch the selection in terms of some of these criteria. I'm not sure that it's worth trying to say one of these criteria is any more important than the other. They're probably all important in their own way. But at the point at which we're ready to make that selection, it seems to me that with the selection we have a rationale that couches or expresses why that site was selected, perhaps in terms of one or more of these, as opposed to simply saying I like that site better or I used to work there or whatever it might be.

**DR. ROESSLER:** This might be a dangerous suggestion, but another approach would be, since we have -- since we could include most of the sites that are on the list, maybe we should look at it from the point of view of eliminating a site because it overlaps with another site or because -- for some reason. Would it be easier to approach it that way?

**DR. ZIEMER:** I don't know.

**DR. MELIUS:** I think we might need a little bit of both and, you know, not to avoid some of the overlap but -- do that. Can we delegate -- and since Larry has the numbers,

Larry have one of his staff people do -- give us a listing that we can -- both as a handout and as a power point tomorrow that would list the sites with some of these numbers involved and maybe some of these other characteristics, but more importantly just the numbers so that we have an array --

**DR. ZIEMER:** Or at least the ones that they have readily available -- numbers of case --

**DR. MELIUS:** Right.

**DR. ZIEMER:** -- numbers of workers at the site --

**DR. MELIUS:** Right.

**DR. ZIEMER:** -- percentages of cases submitted. They'd certainly know which have mainly external/internal --

**DR. MELIUS:** Yeah, I think we --

**DR. ZIEMER:** -- which are the broad sites as far as diversity of operation.

**DR. MELIUS:** Yeah, and long -- and then maybe status of the site profile. If we don't have a site profile, it's hard to review it, so -- that -- and if we could have that for -- for tomorrow morning for discussion, I think we can then talk -- go through some of these other criteria and make an initial selection and --

**DR. ZIEMER:** Is it feasible to at least get that for the 15 sites on the chart -- or the two groups of... I think much of that you already have.

**MR. ELLIOTT:** It's very feasible. I could just read it to you right now and you could write it down. The feasibility comes into play as to what we have scheduled for this evening and rest time for staff to get through the night, I guess. But we certainly have, in Jim Neton's presentation, this one slide that shows you the top 15. I can present to you the number of claims that we have in our hands for those 15 and how many we have worked through.

**DR. MELIUS:** Well, whatever is feasible to do, if you could get that organized, either into a quick briefing and we'll write it down tomorrow morning, or into an overhead and handout, that's -- that's fine, also. But I think just so we're all working from the same numbers and the same list of sites, then I think we can go from there and -- I'm not trying to keep you up too late.

**DR. ZIEMER:** We can do that in our work session tomorrow and just all do it at the same time. That's good. Rich, you have another comment?

**MR. ESPINOSA:** Yeah, I do. Along with the percentage on

-- on all these sites, I'd also like to see it done by district, you know, the Denver -- one out of each one, not maybe three out of the same district, like Jacksonville.

**DR. ZIEMER:** Get some national spread on these is what you're saying.

**MR. GRIFFON:** Geographic, yeah.

**MR. PRESLEY:** Geographic spread.

**DR. ZIEMER:** Good point, yeah.

**MR. PRESLEY:** Paul, something else you might want to ask to be put in there is whether a national lab, production area or a gaseous diffusion plant.

**DR. ZIEMER:** Thank you. National lab, a production facility or a gaseous diffusion.

**MR. PRESLEY:** Gaseous diffusion.

**DR. ZIEMER:** Okay, very good. We still have a little time. Maybe if we have the data, we should go ahead and do some jotting-down now. Do we have it or not?

**DR. MELIUS:** Can I make one more -- I hope it's a practical suggestion -- possible. But there's the one -- that one power point slide in Jim Neton's that listed all the sites for the site profiles and the documents and the stars and so forth. If you could blow that up, you know, into a --

so it's printed out in a single page, that would be a pretty good list to work off of and then we can write in the numbers tomorrow.

**DR. ZIEMER:** Is that do-able, Jim, or...

**DR. MELIUS:** And that also has some idea of what the status is of the -- that presents the status of the site profiles.

**DR. NETON:** (Off microphone) (Inaudible)

**DR. ZIEMER:** We have a little tiny thing we can barely read. Yeah, that -- that's -- Jim, is slide five of your presentation I think is the one you're referring to. Right?

**MR. GRIFFON:** Can you -- can you read down the number of claims now, by site, or is that -- why don't -- let's just do it now and get the numbers down.

**DR. ZIEMER:** What is it you're going to read?

**MR. ELLIOTT:** I'm going to read for Fernald and for all subsequent sites on the slide that Jim had of site profiles for the top 15 DOEs -- sites, the number of claims that we have current --

**DR. MELIUS:** (Off microphone) (Inaudible)

**MR. ELLIOTT:** Well, we have 443 claims for Fernald; we've finished 51.

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

**MR. ELLIOTT:** (Off microphone) I'd have to go through these. They're not in (Inaudible).

**DR. DEHART:** If we're going to do that, let Jim put the slide up and then we can figure out where it goes on this chart.

**DR. ZIEMER:** Yeah, Jim, can you (Inaudible) that slide?

**MR. ESPINOSA:** Or could we have somebody type it in or... Paul, can we get somebody to type that in up on the screen?

**UNIDENTIFIED:** (Off microphone) Can you put your slide --

**DR. ZIEMER:** Yeah, can you pull that slide up, Jim, slide number --

**DR. NETON:** (Off microphone) (Inaudible)

**DR. ZIEMER:** -- slide number five, or not?

**DR. NETON:** What I would propose is a slight modification of the slide where I could -- if you recall, I had green dots for just whether it was finalized or in OCAS review. I would suggest that I would make it a little more detailed and put in the ones that have actually been approved that are out on our web site.

**MR. PRESLEY:** Yes.

**DR. NETON:** That's not a problem.

**MR. PRESLEY:** Larry, are you going to take these in the order they are?

**MR. ELLIOTT:** I was planning to.

**DR. MELIUS:** The thing I think we need to talk about is for tasks one and three, which we'll deal with in closed session. But someone needs to take a look at the task order for those and the schedule for that 'cause depending on our decisions tomorrow there may be deliverables for those that come due within that next two-month time period and -- and, you know -- and for the work that's contingent on that, and I think we need to figure out how that's -- might -- how that might fit into the schedule and if this -- may be as simple as just defer -- deferring that to the conference call, also, but that may be a little bit -- again, the schedule --

**DR. ZIEMER:** I don't think we'll know till we talk tomorrow, though, because recall that last time we changed some deliverable dates.

**DR. MELIUS:** Yeah, I just get a little concerned that -- this sort of mix of closed session and open issues, and I agree with you, it's -- till we -- made some decisions, we don't know, but at least we ought to be thinking about

it so we can talk that if this is what needs to be done and -- and what's the contingency schedule 'cause presumably if it's something -- a task is awarded, then there'll be some time for NIOSH to process it, so what will that time frame be. Maybe it's something -- the second conference call becomes something we have to do something at.

**DR. ZIEMER:** Okay, here's the chart. Fernald is the first one, 443 claims.

**MR. ELLIOTT:** In-house and 51 completed. And when I say completed, these are the -- over to DOL for decisions.

**DR. NETON:** I'd just like to point out that there is no site profile completed for Fernald at this time. Those are in house -- many of those chapters are in house for review, but those must have been completed under the DOE complex-wide technical bulletin I talked about this morning, just so the Board's aware of that.

**MR. ELLIOTT:** Hanford -- Hanford would be 1,631 claims, 64 completed. INEEL, 566 claims, 26 completed. The IOP is Iowa Ordnance Plant, 554 claims, zero completed. Mound, 273 claims in house and --

**DR. ZIEMER:** Whoa, whoa, whoa, you skipped --

**MR. ELLIOTT:** On, LANL, I'm sorry --

**DR. ZIEMER:** K-25.

**MR. ELLIOTT:** Okay, well, let me give you Mound -- I'm on Ohio, so let me give you Mound, 273 in house and 18 completed.

Let me go back to Tennessee and get K-25. K-25, 972 and 30 completed.

Los Alamos, 551, nine completed. Mound, 273, 18 completed. Nevada Test Site, 868 claims, 21 completed. And you can make any comment about this while I'm searching. I mean there's several comments you might want to make about some of these -- like you did on the first one, you know --

**DR. NETON:** I need to -- I need to fill out these circles tonight with some little finer detail. I can do that.

**DR. MELIUS:** (Off microphone) Might you also put some of these numbers into a slide and give us (Inaudible)?

**DR. NETON:** (Off microphone) Well, I was hoping one of our people were taking these down, but (Inaudible) -- I'll get the numbers and I'll (Inaudible). I'll put them on a slide.

**MR. ELLIOTT:** Paducah, 732, ten completed. Pantex, 279

-- or excuse me, 297, eight completed. Portsmouth Gaseous Diffusion Plant -- is that next? Yeah. Okay, that's 314 and 12 completed. Rocky Flats, 807 and 26 completed. Savannah River Site, 1,965 claims, 515 completed. Oak Ridge National Laboratory, X-10, 997 claims, 2-- I think it's 25 completed. And Y-12, 1,989 claims, 120 completed. You want to go into AWEs?

**DR. ZIEMER:** Can you give us the ones on that next slide, Bethlehem, Blockson, so on?

**DR. NETON:** You want that next slide for AWEs?

**DR. ZIEMER:** Yes.

**MR. ELLIOTT:** Bethlehem Steel, 494 claims, 448 completed. Blockson Chemical, 107 claims, 49 completed. Huntington Pilot Plant, 63 claims, 23 completed. Mallinckrodt Chemical Company -- and this is on Destrehan Street -- 163 claims, 24 completed, so that does not include the other Mallinckrodt sites. That's only Destrehan Street. While we're there, though, Weldon Spring plant, 129 claims, seven completed. Aliquippa Forge, 21 claims, three completed.

I can't report on -- my report is not generated so that I can easily provide you numbers on complex-wide uranium

facilities. That's a large number of different sites. Nor can you -- I don't think I've got anything here for Tennessee Valley Authority. I don't believe we've done any.

**DR. ZIEMER:** Jim, when you provide your slide tomorrow, will that then indicate the status of the -- the reviews on the --

**DR. NETON:** I can break it down into whether -- whether the green means that it's actually approved and available for review now or --

**DR. ZIEMER:** Yeah, that's what I'm asking.

**DR. NETON:** (Off microphone) -- under -- under (Inaudible).

**DR. MELIUS:** Some idea whether it's comprehensive or complete. There aren't large sections that are reserved that would -- that you're working on that --

**DR. NETON:** Right, I think --

**DR. MELIUS:** I don't think we want our contractor to review something that's half done. I mean and -- or where there's large, important things that are going to affect a lot of claims completed. Now if it's something that affects a small number or whatever, it's not an important issue, then

I think that's different.

**DR. NETON:** (Off microphone) My gut feeling, there are very few that have large, gaping holes. An exception may be residual contamination in AWEs we haven't figured out yet (Inaudible). I hope I can fit it all in one slide. I mean this is already kind of crowded and (Inaudible). I might try to break it into two.

**DR. ZIEMER:** Okay. We will return to this topic then tomorrow as part of our work session. Now we're going to adjourn here momentarily. I do want to ask Jim if you would provide a straw man wording on your proposed motion for tomorrow concerning a letter to the Secretary, and that'll give us an opportunity then to do some wordsmithing, if necessary. Okay?

Any other comments before we recess? We're going to recess until 7:00 p.m., at which time we'll reconvene for the public comment session of our meeting.

**DR. MELIUS:** Just one more thing just to reiterate for tomorrow morning if Martha or somebody could provide for us what any other scheduled tasks should -- scheduled products or deliverables, should tasks one and three get awarded in the near future so that we can figure that --

**DR. ZIEMER:** Or at least if there's some items that we need to take action on right away, then --

**DR. MELIUS:** (Off microphone) (Inaudible).

**DR. ZIEMER:** Right, thank you. Then we'll recess until 7:00 o'clock this evening. Thank you.

(Inaudible) this room and you should be able to leave things here if you need to.

(Whereupon, a recess was taken to 7:00 p.m.)

**INTRODUCTION**

(7:00 p.m.)

**DR. ZIEMER:** Good evening, everyone. This session this evening is the public comment period portion of the 21st meeting of the Advisory Board on Radiation and Worker Health. I'd like to remind you, if you haven't already done so, to please register your attendance with us tonight. There's a book at the back table. Most of you I think have already registered. If you neglected to do that or missed it, please do so so we have a record of your attendance with us here tonight.

My name is Paul Ziemer and I serve as Chairman of the Advisory Board on Radiation and Worker Health. I would like to spend a few minutes here at the beginning,

particularly for the benefit of a number of visitors who we have -- and we do welcome, particularly those from the Savannah River Site that are with us here this evening. I'd like to take just a few minutes and familiarize you with the role of the Advisory Board with respect to the larger program, the Energy Employees Occupational Illness Compensation Program. And then we will have an opportunity for -- primarily for public comment, hearing from you.

We do actually ask that if you wish to make public comment, you also sign up to do so. Some of you have already done that. If you do want to make public comment and have not already signed up to do so, Cori in the back has the sign-up sheet for public comment. The reason we ask you to sign up is simply so we have an idea of how many wish to comment and whether or not we need to restrict or apportion the time accordingly.

But let me begin then and take just a few minutes to talk a little bit about the role of this Advisory Board. I already indicated this is our 21st meeting. This Board has been meeting regularly for the past two years, actually, which means that we meet nearly every month.

And one of the questions is what do we do. And I want to familiarize you with that so that when you make your public comment, what you say might be helpful to us in carrying out our role and our function. Jim, if you'll advance the slide there.

First of all, to remind you that the program of which we are a part involves a number of groups. There are a number of Federal agencies involved with this, and I'm not going to discuss their roles -- Department of Labor, Health and Human Services -- particularly NIOSH or National Institutes for Occupational Safety and Health, Secretary of Energy or Department of Energy, and the Attorney General. Those individuals and their agencies all have various roles that are defined by the legislation that brought this program into existence.

In addition to those Federal agencies then, this Advisory Board exists. This Board was appointed by the President under authority that is spelled out in the legislation. Could we have the next slide?

The Advisory Board is specified as consisting of no more than 20 members appointed by the President, who also designates the Chair of the committee. Now in reality,

the committee does not have 20 members. The White House has appointed just a dozen of us, plus there is a Federal official, and I'm going to introduce those folks in just a moment.

The Executive Memorandum that spells out the operation of this Advisory Board also specifies that the membership should include affected workers and their representatives, and representatives of the science and -- or scientific and medical communities, as well.

So with that as a little bit of background, let me introduce the members of the Board. I'm going to put their names here on the screen -- Jim, if you'll give us the next slide -- and I will identify to you the various members of the Board. The slide also contains a phrase or two giving you a little idea of what their background -- indeed, we have quite a cross-section of people.

I've introduced myself as Chair, Paul Ziemer. Our Federal official, who serves as our -- essentially our Executive on this committee -- is the Director of the Office of Compensation Analysis and Support for NIOSH and that's Larry Elliott. Larry, make a motion here -- no applause, please.

**MR. ELLIOTT:** (Indicating)

**DR. ZIEMER:** Then absent this evening, and he'll be joining us tomorrow, we believe, is Dr. Henry Anderson, who's a medical officer from the State of Wisconsin. Antonio, or Tony, Andrade from Los Alamos over here.

**DR. ANDRADE:** (Indicating)

**DR. ZIEMER:** Roy DeHart, Dr. DeHart is from the State of Tennessee, so glad to have Roy on the committee.

**DR. DEHART:** (Indicating)

**DR. ZIEMER:** And then Richard Espinosa.

**MR. ESPINOSA:** (Indicating)

**DR. ZIEMER:** Richard is from the Los Alamos National Laboratory. And then continuing, Michael Gibson, with Babcock and Wilcox* in Ohio.

**MR. GIBSON:** (Indicating)

**DR. ZIEMER:** Mark Griffon is an entrepreneur, has his own consulting firm.

**MR. GRIFFON:** (Indicating)

**DR. ZIEMER:** Dr. James Melius, who is from New York and involved with the New York State Labor's Health and Safety Trust Fund.

**DR. MELIUS:** (Indicating)

**DR. ZIEMER:** Wanda Munn, a retired nuclear engineer from the Richland, Washington area near the Hanford site.

**MS. MUNN:** (Indicating)

**DR. ZIEMER:** Charles Owens, who's with U.S. Enrichment Corporation in Paducah.

**MR. OWENS:** (Indicating)

**DR. ZIEMER:** Robert Presley, retired from the Oak Ridge facilities, an engineer.

**MR. PRESLEY:** (Indicating)

**DR. ZIEMER:** And then Dr. Gen Roessler, a retired professor, previously of Florida and now living in the warm state of Minnesota.

**DR. ROESSLER:** (Indicating)

**DR. ZIEMER:** So that is the advisory committee. Could we have the last slide?

The role of the Advisory Board is three-fold, and this is also spelled out. One is that the Board is specified as being responsible for commenting and assessing what is being done, specifically by the NIOSH group, in terms of the rule-making that has occurred dealing with how one goes about determining probability of causation. The exact words from the legislation are specified here on the slide,

but basically that is a role that the Board is required to carry out.

The Board is also required to advi-- and this advice goes to the Secretary of Health and Human Services -- to advise the Secretary on the validity and quality of the dose reconstruction efforts. And that's an ongoing process. In fact, the Board is in the process of -- of using a contractor to help it in -- help "it", the Board -- in carrying out this responsibility in evaluating the dose reconstructions that are being done by NIOSH and its contractor.

And then finally, at the request of the Secretary, the Board is to advise the Secretary on whether or not there is a class of DOE employees for whom it is not feasible to estimate dose and whether or not there's a likelihood that such individuals may have health endangerment due to their exposures to radiation. That then is related to what's called the Special Exposure Cohort.

The Board does not -- does not -- carry out the dose reconstructions individually. We do not process the cases, the claims that are made. We do not in fact deal with individual claims, but rather the evaluation and the

review and the examination of the process by which these things are going on.

So in terms of the public comment, I need to tell you that we are not here at this meeting and our other meetings specifically in the role of a question/answer type of session. We do like to get public comment so that we understand what things look like out there. And even though we -- we do not deal and cannot in the public forum deal with people's individual cases, we're glad to -- if you want to share something about a case you may be involved in, we're glad to hear that insofar as it helps us understand how things are going, how people are -- how cases are being handled; are there things in the system that need to be looked at.

And so as we open it for public comment tonight, again, the Board is not here necessarily to answer questions you might have on your case or a case you might be involved in. In fact, we can't do that in a public forum. We are here to listen. If you have concerns about the process or observations or things of that sort that will help us as we move forward, that -- that's the sort of thing we would like to hear. So you are free to tell us what you

wish. And as I say, it's a -- it's a comment period as opposed to a Q and A, question and answer, period. We're primarily here to listen.

If you do have specific issues that may need to be raised with the Agencies -- Department of Labor, Department of Health and Human Services -- those can be brought to them and your answers to those kinds of questions could be individually handled by staff later, or we can relay them on.

Now let me -- with those sort of preliminary comments, I'm going to open the floor, and those that do have comments to make, we do ask you to approach the mike here. A public transcript is kept of these proceedings so our public recorder here needs to be able to hear through is phones what you are saying. So --

Oh, one other thing. Before we do that, it's been requested that we find out who is here tonight, and so I'm going to move into the audience here. This is not "What's My Line" or -- but I'm going to start passing the mike around here. Just introdu-- tell us who you are, if you represent a -- some -- some of the people are I know Feds and represent agencies. You can -- if you're willing to

admit it -- tell what agency you're with. But otherwise, identify yourself and where you're from. Don't take too -- this is not the public comment period.

**MR. NESVET:** Hi --

**DR. ZIEMER:** And you can pass it on down.

**MR. NESVET:** -- I'm Jeff Nesvet. I'm the Associate Solicitor for Federal Employees and Energy Workers Compensation at the Office of Solicitor for the Department of Labor.

**MR. NAIMON:** David Naimon with the Department of Health and Human Services.

**MS. HOMOKI-TITUS:** Liz Titus with the Department of Health and Human Services.

**MR. BEATTY:** My name is Ray Beatty. I'm a representative from the Fernald Atomic Trades and Labor Council, here as a representative from Fernald, Ohio.

**MR. CALLOWAY:** I'm Allen Calloway, vice president of the Fernald Council.

**MR. ROWE:** Gordon Rowe, construction electrician from 1579 in Augusta, Georgia.

**MR. ROCQUE:** Dennis Rocque, construction electrician, IBEW 1579 here in Augusta and also secretary/treasurer of

Augusta building and trades.

**MR. JERNIGAN:** Charles Jernigan, manager for the Augusta building and trades medical screening program in Augusta, Georgia.

**MR. BEARD:** Morris Beard, construction electrician, Augusta, Georgia; Local 1579 and training director for the CSRA electrical JATC, also with the Augusta building trades.

**MR. KATZ:** Ted Katz, and I work -- I work for NIOSH.

**MR. WARREN:** Bob Warren. I'm a lawyer from Black Mountain, North Carolina.

**MR. MILLER:** Steve Miller, assistant business manager for the IBEW.

**MR. HUTCHISON:** Johnny Hutchison, IBEW electricians organizer for local union 1579.

**DR. MAURO:** John Mauro. I'm a health physicist with Sanford Cohen & Associates.

**MR. ROESSLER:** I'm Chuck Roessler. I'm an interested health physicist.

**MS. TOOHEY:** Beverly Toohey, Oak Ridge, Tennessee.

**DR. TOOHEY:** Dick Toohey, Oak Ridge Associated Universities. I'm the project director for the dose

reconstruction contract with NIOSH.

**MS. HOMOKI:** Zee Homoki, Aiken, South Carolina.

**MR. HOMOKI:** Steve Homoki, Aiken, South Carolina.

**MS. WASHINGTON:** Grace Washington, North Augusta.

**MR. TURCIC:** Pete Turcic. I'm the director of the Energy Employees Compensation for the Department of Labor.

**MS. MILLER:** I'm Kay Miller. I'm a previous employee with DOE, Savannah River Site.

**MS. GANTZ:** Julie Gantz from Augusta, and I'm a former employee of Westinghouse, Savannah River Site.

**DR. UTTERBACK:** I'm David Utterback. I'm with NIOSH in Cincinnati, Ohio.

**MR. MILLER:** I'm Richard Miller with the Government Accountability Project and I am not with the government.

**MR. HILLS:** I'm Warren Hills, Sr., president of the Georgia/South Carolina district council, business manager for the laborers local 1137 here in Augusta, secretary/treasurer for the South Carolina building trades.

**MR. MORGAN:** I am Benyoel Morgan, president of local 527 of transport workers union.

**MR. WILLIAMS:** Larry Williams, U.S. Department of Labor,

from Jacksonville, Florida.

**MR. LAWSON:** Howard Lawson, Y-12 plant, electrician and also the atomic trades and labor council, health and safety representative. And also the representative for X-10.

**MR. ANFIELD:** My name's Isaiah Anfield. I'm a former employee at duPont and I'm a member of local 1137, general mason's local union, and I have a personal injury.

**MS. DIMUZIO:** I'm Martha DeMuzio. I'm from NIOSH.

**MS. MAIER:** Hilda Maier, Nuclear Test Personnel Program.

**MS. DAVIS:** I'm Allison Davis with NIOSH.

**MR. FRANSON:** I'm Bill Franson. I'm the district director for the Jacksonville district office, U.S. Department of Labor.

**MR. KOTSCH:** I'm Jeff Kotsch, the health physicist with the DOL energy program.

**MR. HENSHAW:** Hi, I'm Russ Henshaw. I'm an epidemiologist with NIOSH in Cincinnati.

**DR. HOFFMAN:** I'm Owen Hoffman. I'm president of SENES Oak Ridge, Incorporated. We're the consulting firm that has developed the Interactive RadioEpidemiological Program that calculates probability of causation.

**DR. NETON:** I'm Jim Neton. I'm with NIOSH in Cincinnati.

**DR. ZIEMER:** Cori?

**MS. HOMER:** I'm Cori Homer and I'm with NIOSH Atlanta.

**DR. ZIEMER:** Okay. Thank you very much. We appreciate everyone being here.

**PUBLIC COMMENT**

We're going to begin with Dennis -- is it Rocque? Just Rocque, R-o-c-q-u-e, Rocque. Okay. I'm going to put the mike up here, Dennis, if you'd come on forward.

**MR. ROCQUE:** Good evening, Mr. Chairman, and members of the committee. I bring you greetings of welcome to Augusta on behalf of T.S. Yarborough, business manager of local 1579 and International Brotherhood of Electrical Workers, and also the president of Augusta building and construction trades council. I apologize for Mr. Yarborough's absence, as he is at home recuperating from surgery.

My name is Dennis Rocque, and I'm the organizer from local 1579 of the International Brotherhood of Electrical Workers and also secretary/treasurer of the Augusta building and construction trades council. It is in this capacity that I am here tonight. Our case is also on behalf of the South Carolina building and construction

trades council. It is my understanding that this Board is responsible for reviewing the dose reconstruction program that is part of the radiation compensation program. I wish to thank you for your cooperation and your commitment at the request of national building and trades for, first, holding meetings near DOE sites, and secondly for having this session in the evening, which enables workers and their survivors to come and ask questions or express their concerns.

Mr. Chairman, not only does the national building and construction trades have a stake in this program, we in Augusta have a very big stake. There have been 37,000 construction workers at Savannah River Site with potential radiation exposure. We're not here asking for charity. We're here asking you for justice, the justice working men and women so adamantly deserve. We don't just want a program, we want one that is fair and consistent and timely. This can only be achieved by making special considerations for construction workers. Let's not kid ourselves. We all know the individual dose reconstruction program does not work for construction workers.

Look at the life of our members. They are employed intermittently. They are on and off the site. They work for subcontractors, and when they are on the site they work all over the place. No two construction workers are alike in what they do.

We know through experience at SRS. Our members had experiences with very high exposures that were not properly monitored. Radiation monitoring and dose recording was not systematic or accurate. Construction workers didn't recall details of their employment on the site, or can't recall, and the survivors can't be expected to do this, either. Look at what SRS is. As you know, people were drilled -- it was drilled in workers' heads that you didn't talk about what you did out there. On top of that, we have dangerous work, and you don't want to go home and tell your families what you do every day and have them worry for eight, ten, 12 hours a day.

Construction workers -- it's a tough life, as you know, and for these reasons we think that our members and survivors need much more assistance with the claims they process. They need someone who understands construction to give that assistance. They're either elderly workers

with cancer or their survivors. Either way, they are mostly old and frail.

Mr. Chairman, it is for these reasons we think construction workers should be included in the special cohort, which is a special section of the law that covers workers with radiation exposure but lack adequate monitoring records. The program is taking too long. Over 15,000 claims have been filed and less than 1,500 completed after three years. It is unbelievable, inconceivable that DOE has burdened these members with the long slow process of just providing -- or just proving employment. We know for a fact that DOE has medical, dose and security records that go back to 1951. DOE should have to produce that information.

Mr. Chairman, our members have stopped filing claims because they don't believe in or trust the program. To get them to file claims, they need to know that the program is for them and the program is real.

Again, Mr. Chairman, we ask you for justice. We ask you to put our members in a special cohort, and I thank you for listening. Thank you for your time.

**DR. ZIEMER:** Thank you very much, Mr. Rocque. We generally allow the Board members, if they wish, to ask

any questions, and if you're agreeable -- they may not have any, but if they do, give them the opportunity to ask anything of Mr. Rocque at this point. Yes, Richard Espinosa.

**MR. ESPINOSA:** On the SRS site, about how many building and constructors work on the site on a day-to-day basis?

**MR. ROCQUE:** Well, I mean it -- today, I don't -- I don't know. I don't have the exact figures today because they're laying off -- 700, 800.

**MR. ESPINOSA:** Okay, what about --

**MR. ROCQUE:** We have had as many in the early eighties as just 1,200 electricians out there alone, so I mean it -- 2,000, 3,000, 4,000.

**MR. ESPINOSA:** What about with IBEW?

**MR. ROCQUE:** With IBEW today we have probably somewhere in the vicinity of about 200.

**UNIDENTIFIED:** (Inaudible)

**DR. ZIEMER:** Yes, you'll need to approach a mike, sir. Identify yourself for the record, please, again.

**MR. ANFIELD:** My name is Isaiah Anfield and I'm a former employee of E.I.DuPont back in the eighties, and at the present right now I have a medical problem and I just want

to know what -- I mean what y'all doing, going to wait on me to die or what? That's all I got to say.

**DR. ZIEMER:** Okay. Thank you. Other comments or questions? Yes, Jim.

**DR. MELIUS:** You're familiar with the screening program --

**MR. ROCQUE:** Yes, sir.

**DR. MELIUS:** -- here for that? And is the kind of history and the information that comes from that program, is that something you think could be useful in providing a better description of your work out there and activities?

**MR. ROCQUE:** I think that it would be, yes.

**DR. MELIUS:** I know it's real hard to, you know, figure out what you did and what people -- where they worked and so forth out there --

**MR. ROCQUE:** Right.

**DR. MELIUS:** -- and NIOSH is -- sort of has to do one interview for everybody, and -- and if we could get something more focused, and I'm just wondering if that -- that kind of a -- tools they've developed and the questionnaires or something you think better gets at what kind of work you did and what, you know, your members were

exposed to.

**MR. ROCQUE:** I mean it could be helpful, but you know, from my experience, I worked out there for 12 years, and I couldn't tell you every place that I worked, every area. I couldn't tell you every test that I performed. And you know, when you get up there and -- 60 years old, 65 years old, you -- you certainly don't remember. And like I said, even -- when these folks are dead and gone, you have families that won't even know what they did out there, you know. It was just a mystery. All they know is you -- my daddy worked at the bomb plant. My mother worked at the bomb plant. That's -- nobody talks about it. So you know, even -- even with that, can you go back and reconstruct -- trying to say, it may be helpful, but I doubt it.

**DR. MELIUS:** Thank you.

**DR. ZIEMER:** Thank you very much, Dennis, we appreciate your --

**MR. ROCQUE:** Thank you, Mr. Chairman.

**DR. ZIEMER:** -- input to the Board. Now I have no other names on my list, and I don't -- I know that you don't want me to sit here and tell my favorite attorney jokes and so

on, so I'm just going to open the floor and ask, even if you didn't sign up, you now have an opportunity to -- to say anything you wish.

**UNIDENTIFIED:** (Inaudible)

**DR. ZIEMER:** Again, we do need to have you use the mike in order to be able to record this, so if you don't mind, you'll need to identify for the record who you are.

**MR. JERNIGAN:** I'm Charles Jernigan. I manage the screening program for the building and construction trade here in Augusta. And just to comment on your question as to whether it would be helpful or not, we've been doing these screenings for about five years now, and we struggle through these interviews trying to help people remember, and it is a -- a young guy can come in, he remembers what he did two years ago or five years ago. But like Mr. Rocque said, a lot of these people are getting up in age and a lot of them are 75, 80 years old. And to ask them what they did in 1951, it's a mystery to them.

Those interviews can be helpful because we do an in-depth interview, and we really do all we can to help them remember. And they do remember more than what they think they can, once we get to talking to them. But it is very

hard to get those people to remember where they worked, even the years. Sometimes they're four, five years off from when they think they work out there. But as a general rule, we do get some good information in those interviews that probably would be helpful to you.

**DR. MELIUS:** Can I just ask you a follow-up question? Have you ever, as part of that program, done any work looking at employment records or, you know, other exposure information records that might -- does that help any more or is that just --

**MR. JERNIGAN:** We don't have access to any records.

**DR. MELIUS:** Okay.

**MR. JERNIGAN:** All we get is what the individual can remember. And if he has anything personally that he wants to bring in with him, now we look at that. But as far as having access to records from DOE or from the plant, we have no access to that. We have to pretty much rely on what he -- he can remember.

**DR. ZIEMER:** Any other follow-up -- yes, Richard, please.

**MR. ESPINOSA:** I know within my local union -- it's not a question, it's more of a comment. Within my local union dealing with the retirees throughout the sheet metal

workers, as well as building trades, you know, my -- the retirees with my local can tell me how to build an ogee offset just out of memory, but they can't remember the areas, the facilities and the people that they worked with. And I imagine that's the same thing that's going on --

**MR. JERNIGAN:** It's a very big problem, and especially when you get into, in your case, survivors having to get involved in placing claims. Like Mr. Dennis said -- Mr. Rocque said, years ago they were not allowed to even talk to their families about what they did on that plant. Even people come in today to go through the screening process, they want to know if we have permission for them to talk to us. And they never told anybody where they worked. They just knew they -- families just knew they worked at Savannah River Site, so unless -- I don't know, you'd have to have a crystal ball with those people to figure out where -- where those people worked. And from my experience with DOE and Savannah River Site, you get very little help from out there.

**DR. MELIUS:** Just along the same lines, when you use various -- I don't know exactly what you use. I know I've helped with the -- when they set up the Fernald program

in terms of sort of pictures and buildings and -- from the past to help people remember where they might have worked or where a project took place. Have you used that, and also have you -- to what extent have you tried to piece together what happened in a particular job out there that -- you know, from fellow workers or from what information people have that at least --

**MR. JERNIGAN:** We go through a process, like we do have overviews of every area out there that has all the buildings on it. We have maps on the wall which we walk them through and -- and you ask them questions like do you remember if the building was above ground or below ground, was it a tall building or a short building. You know, you go through a pretty lengthy process of trying to help them remember anything they can -- do you remember your foreman's name, do you remember anything about the people you worked for. We -- we train our interviewers to really do an in-depth interrogation with these people, and we start off with maps and pictures. And sometimes you get very little.

**DR. ZIEMER:** Thank you very much. Again we have another comment here.

**MR. ROWE:** I'm Gordon Rowe, construction electrician out of Augusta, Georgia. I worked at the Savannah River plant for approximately 15 years. As construction workers, we were moved about to various areas wherever they needed help, wherever there was a need for workers at a certain time, depending on what areas were building up or revamping and what-not. We were told to go into various buildings and what-not. There was -- lot of times we were -- there was no markings. We would dress out, go into various areas -- radiation exposure areas, but there was no markings as to what we were exposed to or anything like that. And a lot of times we worked in areas that the maintenance people -- the production workers, we helped them out. There was areas that they didn't -- didn't have worker for -- workers enough to do it or for various reasons, we were loaned out to production doing work that they were supposed to do. We as workers just went in and did our jobs. Then when we -- when I came down and went through this screening program, I was asked about various chemicals, all kind of situations and products that I had never heard of before, had -- had there been -- my point is, if Savannah River Plant had pointed out the exposure or the things that were

harmful to construction workers, they would have been more careful and therefore would have probably -- the health conditions would have been better in the long run.

**DR. ZIEMER:** Okay, thank you. Follow-up questions?

**DR. MELIUS:** Just one quick question. When you were working alongside production workers, were -- were there situations where they were being monitored, they had film badges or whatever, and were you monitored in those -- those situations?

**MR. ROWE:** Yeah, we were given -- whenever we had to dress out and go into a -- a danger or radiation -- where there was radiation, we were given commonly a radiation monitor, a pencil badge, as we normally called it. And -- but we had to turn it in when we left the plant site and then we'd pick it up, and at times there -- we found out that these monitors were not always accurate, you did not always get the same monitor, and when you turned it in -- in short, there was -- there was room for a lot of mistakes. And I personally have seen reports where at the end of -- you get a quarterly report as to how many rems of radiation exposures you had, and I personally have seen reports where a man that worked in a radiation area lot of times during

the month would have the same exposure record as the man that never went into radiation, that worked in the tool room on the outside of the buildings and what-not. So as construction workers, we were doubtful about whether records were accurate or not.

**DR. MELIUS:** Thank you.

**MR. ROWE:** Okay.

**DR. ZIEMER:** Okay, thank you very much. Are there others who wish to make comments?

**MS. GANTZ:** Hello, I'm Julie Gantz. I worked out at Savannah River Site approximately four and a half years. I was clerical. The office -- the last office that I worked in backed up to a fab lab where they were constantly melting stuff. There was no retaining wall. Myself and two other women and my boss all came down with cancer. My boss has since died, two years ago. You know, we were always told we were safe, but we weren't. There were -- we always had to monitor out when we left the building, and a lot of times those monitors would go off and tell you, you know, that a part of your body was contaminated. And we were always told if -- if the monitor went off, to go back around and if it gave you the all clear sign, you

were free to go. Or health protection would stick their head out and say oh, the monitors aren't working right today; go on and go, you're fine. You never knew what was going on out there. It was always a need-to-know basis, and if you didn't need to know it, you did not know it, so...

**DR. ZIEMER:** Thank you very much. Again, follow-up question -- here's one, if you --

**MR. GIBSON:** Did the company do any additional monitoring on you like they did the production workers?

**MS. GANTZ:** No. And also in the area that I worked in, they had -- the way the hallway was shaped, it was kind of like a U-shape with labs in the middle of the hallway, and I could stand and talk to a lab worker who was fully dressed out, and all there was was a door in between us with a glass window. She was fully dressed out and I was not, and it was as -- and we could talk as if we were standing right next to each other.

**MR. GIBSON:** And so you -- you folks were never afforded the same opportunity to bioassay testing --

**MS. GANTZ:** I never did any kind of bioassay samples. There were other -- other people that worked back in the

area where I did, they had to do that, but I never had to get an-- only testing I ever had out there was a drug test, right before I left.

**MR. GIBSON:** That seems to be more important to them. Thank you.

**DR. ZIEMER:** One more question, I think. Dr. Andrade?

**DR. ANDRADE:** I'm curious, without revealing a name or any sort of information about your supervisor or personal information, can you tell us what type of cancer the person passed away from?

**MS. GANTZ:** Cancer of the esophagus.

**DR. ANDRADE:** Esophagus?

**MS. GANTZ:** Uh-huh. Thank you.

**DR. ZIEMER:** Okay, thank you very much. Are there others?

**MR. HILLS:** I'd like to say good evening again, and my name is Warren Hills, Sr. I just want to make some comments for the benefit of the committee here with our screening program here in Augusta. Charles I think explained pretty well what we did and what we went through with the screening, until the point of filing the claim. Going through the screening, after explaining everything to those that were interviewing -- where you worked at,

how long you were there, whatever you was in, was it under the area, was it in the reactor area, whether you were around radiation, was it inside, outside, was there a lot of dust or whatever the case may be. After having done all that, they send you to get a physical. After the physical -- the physical comes back, most time when they come back they say you had a hearing loss or you have an enlarged heart. As far as skin cancer, nothing was mentioned there if you had any type cancer on your skin. We had a lot of folks that had lung cancer. In my local we had about three that worked at Savannah River Plant. They found a spot on their lung. They removed the spot. A couple of years later they died from lung cancer. Those cases haven't been settled yet, and that's what a lot of the families in this area are wondering why that Savannah River Plant is being, we feel, looked over as far as settling these claims or NIOSH finding some way to figure out a dose and say if you do have cancer and your doctor say you had it and you worked at that plant at least six, seven, eight, nine, ten years, some of them 20 years, and there's still no settlements. Some of the folks even had colon cancer and we know that cigarettes has a lot to do

with lung cancer, but the thing is that these people worked at Savannah River Plant most of their lives. We understand that Oak Ridge, Tennessee and Portsmouth, Ohio; Paducah, Kentucky, even Alaska -- all the uranium workers in the Paducah and in the Oak Ridge area have been paid -- their families have been paid or whatever. Over $13 million has been paid out to date for this program in all of these areas I just mentioned. Nothing has been spent -- not one penny, I think -- as far as compensation for any worker in the Savannah River area. We feel that we should be under that Special Exposure Cohorts. And the other reason we feel that they're just looking over Savannah River Plant 'cause when duPont was there, even after duPont left in '89 and Westinghouse-Bechtel took over, duPont supposed to have been the most safest plant in the world, and right now we're under the star program. So if this plant was so safe, how can anybody get exposed? They say there wasn't any belenium (sic) on the site, and after going through some of these physicals, these 37,000 people, they found about eight that did have it. But to date these people still haven't received any compensation and the families don't know who to go to, who to talk to.

And you go over and you file a claim, everybody help you -- they even come to your house to help you file a claim. Well, once the claim is filed, they say everything is up to NIOSH. And all these other areas except Savannah River Plant, the bomb factory, the one that did the thing that was supposed to be done to defend this country, and now the families and the relatives of gets nothing except committees, committees, committees. I think this is the fifth year, and that's my comments.

**DR. ZIEMER:** Thank you for your comment. Again, let's see if there's any follow-up questions here.

**MR. HILLS:** I'm sorry?

**DR. ZIEMER:** No, that's okay. I guess there are none. You're okay.

**MR. HILLS:** I apologize.

**DR. ZIEMER:** Perhaps there are no comments. Okay, thank you, sir.

Now others?

(No responses)

There will be another public comment period tomorrow, late morning. It's scheduled for the end of our morning session at 11:30, so if there's anyone here this evening

that has second thoughts and said you know, I really should have said something, you can come back tomorrow and we'd be glad to hear you. Again, I don't want to cut things short. If anyone else has a comment they wish to make -- another gentleman. Thank you.

**MR. BEATTY:** Again, my name is Ray Beatty. I'm from Fernald site, and the reason I hesitated coming to the mike, I wanted to not infringe upon my brothers and sisters of the unions here. This is, you know, your site, your time to speak. But a couple of things were mentioned -- specifically one Board member mentioned Fernald site -- and we do have some baseline summaries, books that shows what went on in specific buildings, what those people did in those buildings, and it's probably very helpful. But I'd like to tell you another side of the story where an individual on our site has been there for over 20 years, he applied through the program. And I'm not sure if in the Federal program he was compensated or not. It doesn't really matter at this point on -- on this particular issue that I'd like to share with the Board. But he has applied through the Workers Compensation or the Subtitle D, as I'm informed that -- upon the time of his hearing, and I'd like

for my brothers and sisters to hear this very clearly -- you do get an opportunity to go before a panel and to hear your case heard. Watch and see just how many adversaries come to that same table. It happened to my friend at the Fernald site, where the subcontractor that's there now came there and opposed his application for this fee -- or this -- for this award, and he's -- he's been there for over 20 years. That subcontractor's been on our site for 12 years. He is affected with beryllium disease and this has all been documented by the tests and various things in Colorado. He shared a great deal of this information with me personally, but I was under the impression talking with him that that sort of adversarial result was not supposed to happen, and this subcontractor did this. They sent their own industrial hygienist to the hearings to oppose his application. So please take note of that for what it's worth. It did happen. Verification is there. Thank you.

**DR. ZIEMER:** Thank you for that comment. Let's see if there's any questions any Board members have.

(No responses)

Was there someone else? Yes.

**MS. MILLER:** I'm a little short. I'm a little bit nervous so please bear with me. I just wanted to reinforce what Ms. Gantz --

**DR. ZIEMER:** Identify for the record, please, your name and --

**MS. MILLER:** Oh, I'm sorry. My name is Kay Miller, and I just wanted to reinforce what Ms. Gantz had previously said. Three of us clerical ladies worked in the same office. Within about a year's time of being in that office, we all developed cancer. As she said, our boss had worked in there prior to the three of us. He died about two years ago.

There was no retaining wall between our office and a fabrication laboratory in the basement underneath us that was classified as an RCA. We were not told the wall was not there and had no knowledge that it wasn't there. I found out by mistake, actually when a maintenance worker was changing fluorescent light bulbs in the office. We had been getting real horrendous odors in that office and no other office on that hallway, and they would be so bad that you could only be in the room about five minutes before you developed a severe headache. And I asked the worker

to lift the ceiling tile to see if he could see where those odors may be coming from, and at that point we discovered there wasn't a wall separating our office from that laboratory.

I guess the thing that concerns me the most is both my claim and Ms. Gantz's has been denied, and it seems that that was based primarily on our TLD readings. We believe that we were exposed to something, that the probability of four people working in the same office all developing cancer is just a little bit for me to believe that it wasn't due to something we were exposed to, and that's all I've got to say.

**DR. ZIEMER:** Thank you. Let me again ask for questions.

(No responses)

Okay, thank you very much. Do we have any others yet this evening?

(No responses)

It appears that we have no other individuals to make public comment, in which case we will recess for the evening. Again remind you that the Board will reconvene in the morning. We reconvene at 8:00 o'clock. Our actual session will formally begin at 8:30. The Board will be

discussing a number of matters and then have another public comment session at the end of the morning. Our session in the afternoon is a closed session that will involve discussion and review of a task order proposal and independent government cost estimate and therefore will be a closed session.

With that, again, I thank all of those who came out tonight. We appreciate the input that you provided, your comments. Again, you recognize that on an individual basis, the Board does not deal with those cases, but in a collective basis those experiences that you have and have relayed to us will help us as we go forward in doing our task, and we appreciate your all taking the time to come and be with us and share with us this evening. And with that, I'll declare that we're -- oop, yes, Richard Miller. I know --

**MR. MILLER:** I -- I -- I promised I wouldn't speak this evening.

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

**MR. MILLER:** My name is Richard Miller with the Government Accountability Project. I have a procedural question for both the Board, for NIOSH, for ORAU, for the audit

contractor, and all the people who are getting paid to work on this program.

The woman who just spoke raised a really, really, really interesting and important question. I don't know what the causes of her or her colleagues' cancer were or whether she was exposed to chemicals or radiation. We don't even know the details. But what we do know is this much: That the Savannah River site profile probably skirted over that issue at about 25,000 feet.

And the second thing that sort of strikes me, just from having listened to Dr. Neton's presentation today about the efficiency guidelines that are developed is they assume that where you have unmonitored dose it couldn't possibly exceed more than ten percent of the maximum permissible body burden.

Now the procedural question I guess I have is this. What inquiry is anybody in this room going to make about the testimony we've heard today to figure out whether your site profile missed the specific circumstances in that case by a mile? Is anybody going to look into that, or is this just going to stay on the record and collect dust and people can read it on the web site if they're interested? What

-- what specific follow-up will take place, if anything?

**DR. ZIEMER:** Richard, you pose a question that probably is not answered on the spur of the moment but certainly is a thought-provoking question in terms of saying could in fact this kind of exposure not be captured, is what you're asking, in the assumptions made.

**MR. MILLER:** I'm making no assumption about the individual's case or her story --

**DR. ZIEMER:** No, I understood --

**MR. MILLER:** -- but I am saying an unshielded circumstance, if as-described is true, is a very interesting item uncaptured and clearly will be well disposed of through the efficiency methods -- very efficiently disposed of. And I don't know whether NIOSH or anybody in this room is going to make a commitment to deal with that situation, but I would really like to hear somebody on the Federal payroll step up and say we're going to take a look at it. And since the record remains silent, I guess it speaks for itself.

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

**MR. GIBSON:** I'm not certain, Paul, but I believe that the Department of Energy was instructed not to oppose Workers

Comp claims -- Subtitle D claims, and I was wondering if there's any Department of Energy officials in the audience, or will be tomorrow, that could address this, which seems to be in direct violation of what then-Secretary Richardson ordered when this law was being enacted.

**DR. ZIEMER:** Is there anyone here that -- DOE people that can speak to that, or can any of the other Feds?

**MR. ELLIOTT:** I don't believe there's any DOE folks here tonight, and I -- I'm -- I don't know if L. P. Singh will be here -- is L. P. here tonight?

**UNIDENTIFIED:** (Inaudible)

**DR. ZIEMER:** I'm sorry, we -- we're not picking that up on the transcript here. We'll need to have you use the mike again.

**MS. MILLER:** Again, my name is Kay Miller. We received a letter stating that workers -- our state Workers Comp had been notified that our claim was denied, and our understanding is that if your claim is denied you do not receive any benefits from state Workers Comp. That was the gist of the letter that I received.

**DR. ZIEMER:** Okay, thank you. The other question had to

do with the opposition in the testimony. Right? And I -- again, we -- I guess we don't have anyone here from DOE to respond to that.

**MR. GIBSON:** Paul, I was mainly referring to -- well, not only to this case, but the case that the brother -- that the gentleman brought up from Fernald.

**MR. ANFIELD:** My name is Isaiah Anfield. I'm a former employee with E.I. duPont, local 1137 union. Referring to the lady just stepped up to the ball plate, they did me the same way, and I don't see why DOE keep playing with all these people that really actually something that happened. I done been to three or four different doctors. You're still getting the same -- same correspondence. You know, it's clear to me they're just playing simple ball game. You know, and a lot of people dying, and it's not about the money, you know. It's about my health. I got my paperwork right here with me 'cause they did me the same way, writing all that bull junk talking about ain't nothing wrong with me, and there something is wrong with me. I got all my -- all -- I done (Inaudible). I done went to three or four different doctors. Now... So what is DO (sic) going to do? Y'all can have all that Advisory Board

to meet and committee meeting. That ain't worth nothing if you ain't going to compensate them employees over there. You know you're just playing games. That's what it seems like to me. You can have 20 different meetings. You can have a meeting every month. That's not comprehending (sic) nobody and that ain't helping nobody. What is the deal? What you going to get out of it? You go to four or five different -- and then another thing, DOE want to send them to they own doctors 'cause they -- they pay them by the government 'cause the government going to stick by one another.

**DR. ZIEMER:** Okay, thank you. Any further comments tonight?

(No responses)

Again, we thank all those who made comments and participated. We will recess until tomorrow morning, as indicated, and declare this session adjourned.

(Whereupon, an adjournment was taken to Friday, February 6, 2004 at 8:00 a.m.)

FEBRUARY 6, 2004

**P R O C E E D I N G S**

(8:00 a.m.)

**DR. ZIEMER:** Good morning, everyone. I'll call the meeting back to order. This is -- we begin this morning with administrative housekeeping items. Let me ask Cori Homer if she will approach the mike and inform the Board of any specific items that she needs handled.

**UNIDENTIFIED:** (Off microphone) She's not in here at the moment.

**DR. ZIEMER:** She's not here. Oh, she is running something off for me, actually. Okay. Okay, Larry, do you have any items that you need to call to our attention? If you don't have anything, we can proceed.

**MR. ELLIOTT:** While we're waiting on Cori, let me offer this, and I will try to -- what does that thing do (Inaudible). Too few jokes and a dance or two.

Just to let the Board know, in Vegas we talked -- y'all talked about holding a session like we held last night and how we get the word out about our meetings and all of that, so I wanted to just brief you on what we tried to accomplish about notification of this meeting. One, we worked

through our contractor and -- using the points of contact that they have for who we talked to down here back on November 11th, and I know Dr. Melius made some contacts, Knute Ringin made contacts. We put a notice in the paper. We advertised in the local paper. Cori has a copy of that if you're interested. We contacted the site and went through the public affairs folks at the site and they sent out an announcement. I think it went site-wide. I'm not sure exactly how they did that, whether it was by e-mail or it was bulletin board or what, but they did make notice around the site that the meeting was going to be held. We had -- we revised our standard e-mail notification and updated it with new e-mail addresses and made an attempt that way to get the word out. So I think we canvassed as well as we could. We're trying to think of other ways that we can get the word out, but I'd appreciate any thoughts or comments you have about this revised approach to notice -- notify people that we are meeting in their areas. So I think that's about all I can do with expanding time here, but I just wanted you to realize that's what had gone on behind the scenes to announce this -- this meeting.

**DR. ZIEMER:** Looking ahead to the meeting in Richland,

Washington, the Hanford area -- and that meeting is scheduled for April -- the week of April 19th. Do we know the exact dates of that yet?

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

**DR. ZIEMER:** Okay, let me repeat what she said since the mike wasn't used -- that we would meet on the 20th and the 21st, and the tour would be on the (Inaudible).

**UNIDENTIFIED:** (Off microphone) On the next day.

**DR. ZIEMER:** On the 22nd.

I'm sorry, on the 22nd would be the tour. The meeting would be the 20th and 21st. The tour would be on the 22nd, tour of Hanford. And in connection with that meeting, we might anticipate again having an evening session. That seemed to be fairly successful last evening here, and so if we can do something similar at Hanford, then -- in terms of announcing and arranging that, that would be good and try that again and see how that works.

**MR. ELLIOTT:** We will, we'll do all that we've done here and try to do a little bit more, even.

**DR. ZIEMER:** And then Wanda, is there anything else you need to tell us in terms of preparation for that meeting?

**MS. MUNN:** I don't believe there's anything official. It

is my anticipation to have a reception the preceding evening at the Crest* Museum.

**DR. ZIEMER:** The reception would be on the evening of the 19th for those who arrived in time?

**MS. MUNN:** Correct, it will be at 6:00 p.m.

**DR. MELIUS:** Excuse me. Wanda also asked that -- she wants to have us line up and hear us all complain about how long it took us to get in to see her and how terrible the trip was and...

**MS. MUNN:** You will each be allotted five minutes.

**DR. ZIEMER:** Okay. Well, Wanda, we are looking forward to that meeting.

**MS. MUNN:** We are looking forward to having you there.

**ADMINISTRATIVE HOUSEKEEPING**

**DR. ZIEMER:** Cori is back, and Cori, do you have other housekeeping items for us?

**MS. HOMER:** Just quickly, some of you have not turned in voucher information, and I have at least a half-dozen travel orders outstanding that I have no voucher receipts -- information on, so please return that to me as quickly as possible.

Also, we have a need to update the roster. If your address

or personal information's changed -- phone numbers, FAX numbers, e-mail addresses -- please let me know. You can just write it on your roster that's in your book and turn that in to me before we leave.

And on Monday I will send out an e-mail asking for your time spent -- preparation, workgroup, et cetera. Go ahead and send that to Larry and cc me so that we can get you paid.

**DR. ZIEMER:** Okay. Any questions or additional items that anyone wishes to raise -- housekeeping issues?

**MR. PRESLEY:** Are we going to set --

**DR. MELIUS:** Are we going to set another meeting?

**MR. PRESLEY:** -- set our next meeting or two?

**DR. ZIEMER:** Yes, we can do that. You're talking about meetings beyond the April.

(Pause)

I think we will assume that by the April meeting that we will have taken care of all the details on our own contractor and we'll be underway with all tasks. Then the question becomes how soon after the April meeting do we need to meet.

**MS. DIMUZIO:** Dr. -- Dr. Ziemer --

**DR. ZIEMER:** Yes?

**MS. DIMUZIO:** -- there is, on one of the tasks that's still outstanding, a two-month reporting requirement for completion of the task, so I don't know if you want to consider that in determining when your next Board meeting is.

**DR. ZIEMER:** That's task -- which task is that?

**MS. DIMUZIO:** Task four.

**DR. ZIEMER:** Task four, which has been --

**MS. DIMUZIO:** I'm sorry --

**DR. ZIEMER:** -- approved.

**MS. DIMUZIO:** -- task three. Three, I'm sorry. Task three.

**DR. ZIEMER:** Oh, task three has not yet been approved. If that gets approved soon, then we'd be talking about roughly two months from now. Well --

**DR. MELIUS:** That would take us to the April --

**DR. ZIEMER:** The April meeting might cover that --

**DR. MELIUS:** Yeah.

**DR. ZIEMER:** -- or we'd be close on the April meeting, so...

**DR. MELIUS:** I think --

**DR. ZIEMER:** I'm wondering about early June, perhaps. It's about a six-week interval. Electronic calendars work wonders, right?

I have -- I have a conflict basically from about the 20th of May almost to -- well, basically to the end of the month, so last part of May is out completely for me.

**UNIDENTIFIED:** (Off microphone) The week of the 10th?

**DR. ZIEMER:** Of?

**UNIDENTIFIED:** (Off microphone) May.

**DR. ZIEMER:** We'll be meeting, you know, April 21st, so 10th of May is only a couple of weeks later. It may be a little early. What about early June, does -- how does -- early June?

**DR. ROESSLER:** I'm gone June 6th through 13th to the Ukraine, but I'd rather come here.

**DR. ZIEMER:** The week of June 1st?

**MR. ELLIOTT:** Staff looks okay.

**DR. ZIEMER:** Staff appears to be okay. Let's go ahead and pencil in --

**DR. MELIUS:** The latter part of that week.

**DR. ANDRADE:** Memorial Day's the 31st.

**DR. MELIUS:** And I've got some commitments on June 1st.

**DR. ZIEMER:** Perhaps the 3rd and 4th -- 3rd and 4th, is that bad if you're leaving for --

**DR. ROESSLER:** I have to leave on the 6th, but I --

**DR. ZIEMER:** Can't do it? 2nd and 3rd? No? Tentatively 2nd and 3rd of June? What about location? Do we have any locations that we have talked about that -- I'm trying to remember.

**DR. MELIUS:** We've talked about the San Francisco area, we've talked about Pantex, we've talked about Buffalo area.

**MR. PRESLEY:** We've got a lot of little places up around Buffalo. That part of the year would be -- the weather wouldn't be too bad up there.

**DR. ZIEMER:** Barely, right?

**DR. ROESSLER:** Pantex would already be hot.

**MR. PRESLEY:** Yeah, Pantex would be hot by then.

**DR. ZIEMER:** Any preferences?

**DR. ROESSLER:** How do you get to Buffalo?

**DR. MELIUS:** Barely.

**DR. ZIEMER:** Would you like to try Buffalo? Okay, Buffalo, we'll see what you can find there.

**UNIDENTIFIED:** The 2nd and 3rd. Right?

**DR. ZIEMER:** Yes.

**MS. MUNN:** San Francisco?

**MS. HOMER:** San Francisco as an alternate?

**DR. ZIEMER:** San Francisco alternate?

**MR. ESPINOSA:** Sure, baseball.

**DR. ZIEMER:** Now, Rich, we want to make sure everybody knows this is a serious --

**MR. ESPINOSA:** How about Boise, Idaho?

**DR. ZIEMER:** Yeah, Idaho's another area that we need to consider, and --

**DR. ANDERSON:** 'Cause the next week after that, the week of the 7th, is the (Inaudible) epidemiologists' meeting (Inaudible) be there.

**DR. ZIEMER:** Actually how would the group feel about making Boise the alternate for Buffalo if --

**UNIDENTIFIED:** What about Idaho Falls?

**MR. GRIFFON:** Yeah, Boise or Idaho Falls, really.

**DR. ZIEMER:** Which is easier to get to, Idaho Falls --

**UNIDENTIFIED:** (Off microphone) It's easier to get to (Inaudible).

**UNIDENTIFIED:** (Off microphone) Idaho Falls has (Inaudible) service.

**DR. ROESSLER:** What is -- it's easier to get to Boise?

**DR. ZIEMER:** Yeah, Idaho Falls would be fine.

(Whereupon, the Board discussed alternate venue for the proposed meeting.)

**DR. ZIEMER:** Does Idaho count as east coast? I guess it does to people in Richland. That's right out here by Cape Cod, isn't it?

Okay. I'm reluctant to -- too much beyond June till we see where we are with the contract. Are you okay just -- at that point or do you want to reserve another date? You okay?

**DR. MELIUS:** I think if we -- if we --

**DR. ZIEMER:** We have two meetings ahead.

**DR. MELIUS:** Yeah, and also if we figure out the contract issues and so forth and pin down the meetings, we can always (Inaudible) calendar and do it by e-mail and (Inaudible) meeting. I think we've talked about a number of potential locations, so...

**DR. ZIEMER:** Okay, very good.

**MS. MUNN:** So where are we going in May?

**DR. ZIEMER:** May will be Buffalo, first choice.

**UNIDENTIFIED:** May or June?

**DR. ZIEMER:** That's actually June. It's June 2nd and 3rd. Boise's the alternate -- or Idaho Falls.

**MR. ELLIOTT:** Idaho Falls would be better. It's closer to the site, if anybody wanted to go to the site. Buffalo's 300-plus miles away.

**DR. ZIEMER:** It's all the same to the people in Hanford. Right?

Okay. Are we ready to go ahead with our working session? We have a number of items -- go ahead, Mark.

**MR. GRIFFON:** Just one more housekeeping thing. I brought it up with Larry yesterday, but maybe he could just update the Board on the IMBA software and the availability for the Board members.

**MR. ELLIOTT:** Sure. We are still working on the end-user's license agreement for the IMBA-NIOSH Expert software. This is a new software program that we've had Tony James and NRP develop for us. There's one more remaining deliverable on that, another -- one aspect or piece of the software that we have yet to receive, and the license -- end-user's license agreement has to cover the Board, Sanford Cohen & Associates, as well as ORAU. Right now the current end-user's agreement that we have only

covers ORAU, and so we're working through the legal aspects of that. So that's where we're at. We're working to try to finalize that end-user's license agreement. As soon as we have it in place, you'll have it.

**DR. MELIUS:** Can I -- two issues. One is for the next -- agenda for the next meeting in Hanford, and I really would like us to talk about the Blockson Chemical issue. I think we at least need a presentation on what's happening with that, and I think it's an issue related to sort of the basic methodology and guidelines for what happens in terms of dose reconstruction. And I don't know if I completely understand it, but I think we certainly -- there's enough information we have, and since NIOSH is moving ahead with completing dose reconstructions for a number of the claimants, I think -- we may be too late, but I think we really do need to get that out there and discuss it and at least get it addressed. So I ask that you put that on the agenda for the next meeting.

**DR. ZIEMER:** Is that do-able?

**MR. ELLIOTT:** Well, I don't know if it's do-able or not. We'll have to see where we're at within -- at that point in time in the evaluation of how we're going to handle that

issue.

**DR. MELIUS:** Well, Larry, I beg to differ. I don't think it matters where you are. I think as a Board we're supposed to advise you on guidance on dose reconstruction. This is not a rule-making. If it's a rule-making, tell us. It's a issue that we should provide you advice on and I see no need to delay that while you make up your mind. We're --

**MR. ELLIOTT:** Well, the Secretary -- you advise the Secretary and the Secretary sets your agenda. And if the Secretary decides that at this point in time it would be appropriate to present the issue for consultation, he will. But I can't -- I can't predict whether that will happen or not.

**DR. MELIUS:** I disagree. The Secretary does not set our agenda. We are charged -- and if you read the original statue, we are really charged with providing guidance on a number of specific issues in the original statute, and we do not -- providing guidance on those issues that -- we provide them to the Secretary and through the Secretary, but the Secretary does not set our agenda for what those issues are. There are a number of other areas that you

may ask us for advice on through the Secretary, and that -- that is at your discretion. But I think things related to the original guidance, guidelines for dose reconstruction -- written right in the statute and those are what we're supposed to provide you with advice on.

**DR. ZIEMER:** Any other comments on that particular issue? I'm assuming that there -- aside from issues of where the Agency is, there's a general interest in the underlying issue that that plant represents so that perhaps even a briefing on how one goes about addressing those kinds of issues would be of value. Perhaps -- I don't think there's any implication that the Board is necessarily smarter than the staff. The idea here is to make sure that those issues, as they're -- in a sense, as they struggle through those issues, that if we can be of help there, that would be good, too. I think it's -- I think the suggestion is in the spirit of helping, to the extent that we can, on addressing that issue.

**MR. ELLIOTT:** And I appreciate that. I agree, the expressed interest is in the spirit of helping. But I disagree that -- the Secretary does set the agenda, and it's -- you know, we can point to the language of that.

**DR. ZIEMER:** Right. Let's go ahead with our working session, which deals with the SCA contract. We have with us two of the -- oh --

**DR. MELIUS:** I have one other issue I wanted to bring up.

**DR. ZIEMER:** Okay, sure.

**DR. MELIUS:** Which is -- the last meeting we briefly discussed a letter that came in from three Congressmen in western New York regarding the Bethlehem Steel dose reconstruction, and --

**DR. ZIEMER:** Yeah, I would put that under the general discussion area. That's not a housekeeping issue, I don't think.

**DR. MELIUS:** Fine.

**DR. ZIEMER:** I did ask Cori to make a copy -- I brought the original with me and Cori has distributed copies of my response to the Congressmen and to Secretary Thompson. And if there's no objection, we'll discuss that in the other session at roughly 10:00 o'clock.

We have the principals here from SCA --

**MR. GRIFFON:** Paul, can I ask one question related to -- I know we'll discuss it later, but do we have a copy of the original letter that came from the Congressmen --

**DR. ZIEMER:** I thought that --

**MR. GRIFFON:** -- (Inaudible) the Board?

**DR. ZIEMER:** -- that was distributed at the last meeting.

**MR. ELLIOTT:** It was passed out at the last meeting. I don't think we have --

**DR. ZIEMER:** I have copies --

**MR. ELLIOTT:** -- reference copies --

**DR. ZIEMER:** -- of it here, if any of you --

**DR. MELIUS:** (Off microphone) (Inaudible) copy of it if Cori wants to (Inaudible).

**DR. ZIEMER:** How many need copies of the original? Several do, okay. We'll get those run off. Okay.

**BOARD DISCUSSION/WORKING SESSION FOR**

**SANFORD COHEN AND ASSOCIATES**

Now we will be discussing the task order proposal in closed session this afternoon. This morning we're discussing issues relating specifically to the tasks that have already been awarded and general issues. John Mauro is here. Joe Fitzgerald is here. And John and Joe, I'm wondering if it would be useful for you to maybe pull around to the front here and -- do we have a mike that they can use? Maybe -- maybe this one. Do we have a portable mike

that could be used by these gentlemen? Yes, we do. Yeah, Joe and John, why don't you just pull a couple of chairs in the front there and you can share that portable mike. You don't necessarily have to stand -- huh? He's going to give you a mike. He's going to give you a mike. Do you need a podium?

**DR. MAURO:** (Off microphone) I could use the tabletop.

**DR. ZIEMER:** You're welcome to use the podium, if you wish. Is that easier?

**DR. MAURO:** (Off microphone) (Inaudible)

**DR. ZIEMER:** Yeah, we'll pull the podium over.

(Pause)

**DR. ZIEMER:** John, I believe it would be in order if you would like to begin the discussion with points and issues that -- and concerns or questions that you might have, and I'll kind of let you take the lead here at this point.

**DR. MAURO:** Fine, thank you. I appreciate that. Joe and I --

**THE COURT REPORTER:** I'm not getting a feed.

**DR. MAURO:** (Off microphone) -- had a chance to --

**UNIDENTIFIED:** (Off microphone) That mike's not working.

**DR. MAURO:** (Off microphone) Hold it closer or --

**DR. ZIEMER:** Hold it closer or put it in the stand and raise the stand up a little bit. Oh, it won't fit.

**DR. MAURO:** (Off microphone) It's not working?

(Pause)

**DR. MAURO:** We got it. Okay, thank you. I sat through yesterday's meeting and also the day before yesterday SC&A did receive official authorization to begin work on task two, which is the site profile reviews, and task four, which is the -- I guess the tracking system relational database. As a point of confusion, I have been informed by contracts that it turns out that those two tasks, which we have all been calling task two and task four, administratively -- according to -- when we put in our progress reports -- are actually going to be called tasks one and two because they came in first and second -- just to avoid confusion. But I'm going to continue, since I see everyone is comfortable with the two and four reference, we'll continue with the tasks two and four.

Now let's first talk a little bit about -- I'm going to talk more, as the program manager for SC&A, on some high level or global issues. And Joe certainly is here, who is our task manager for task two on site profiles, and we'll

get down a little bit into the more of the specific issues with Joe. So -- and I have a few notes that I took yesterday -- a little scrambled, so it's almost like a little freewheeling thoughts that have gone through my head -- spinning through my head, but I -- I'm going to sort of unload them a little bit.

First let's talk about our first deliverable, which is a report that's going to be due to you -- or really two reports -- one month from the day before yesterday. The first deliverable is going to be our proposed plan or procedure for performing our review of the site profiles. The other one is going to be a description of the relational database for tracking information and querying to support you in evaluating the degree to which your stratified sampling is meeting your needs. I'll talk about both of those briefly.

With regard to the first deliverable, which is this procedure, in our proposal we laid out our approach for performing site profile reviews. And in fact, we identified -- in about seven or eight pages -- our plan for doing that work. And it's a generic plan. It identifies in effect four areas that we're going to

explore. It's almost like sub-tasks on the things that we plan to do. I'm sure you've all had a chance to look them over.

What dawned on me yesterday -- or day before yesterday -- is I read through the -- just randomly select -- not randomly. I selected the site profile for Savannah River, which appears to be a fairly complete document and I believe one of the documents that is very mature, and went through it. And one of the things that struck me was that it was not -- it was a little different than I thought it would be. And one of the things that struck me regarding our deliverable -- now I sort of married that knowledge I gained from reading the site profile with our plan to -- for our first deliverable, and it struck me that I think we're going to have to write plans. And I'm throwing this onto the table and to Joe, also, for consideration. I think our plans for performing site profiles need, to some degree, be site-specific. Each site, it would appear, is very -- most sites -- many of the sites, very complex. The amount of technical information of potential importance and potential not importance is not immediately apparent of course until you go through the process of evaluating

how important the information is. So we're -- we are going to have to be efficient in zeroing in and delving into aspects of each of these site profiles in a way that is very focused.

So my first thought is that our plans that we'll be submitting to you -- I'd like them, as the project manager, to keep control and keep focused and hold onto budget and schedule, is to write a plan that's of a generic nature, almost like an umbrella plan, but have an attachment to it that would specifically identify the strategies we currently think are the best strategies for coming at, for example, the site profile for Savannah River 'cause it contains certain information, when I look at it, that says where I think -- and this becomes a judgment call based on experience -- where the most important information lies, the places where -- it's almost like within our mandate and the time scale and the budget, we can't do an exhaustive evaluation of every aspect that might be of importance.

Now I'm looking for reaction to this. I think we have to be judicious in where we invest our resources so that we go after those things that we believe are -- are

prioritized.

Now here's one of my concerns. My experience in doing work like this is it's a very iterative process. You dig. You step back, you look at what you have. You speak to your client, this is what I'm seeing. And I think, based on what I'm seeing, we're going to move a little more in this direction versus that direction. And you step back and it's an -- it's an iterative process. It's not a linear process because you're growing as you proceed and you're realizing where your resources need to be focused.

Now one of my concerns is that -- I think Joe and I need the flexibility to make those judgments as we mature and move through the process. So though we will write a plan that we will deliver to you at the end of the month that will lay out, on a general approach, how we plan to do it, but also -- and I'd like to propose this -- we plan to try to make it tailored to the site profiles that you folks identify you would like us to take on initially. Okay? As best we can. But at the same time, I beg your indulgence that as we move through it and as we learn and get smarter, we will keep you apprised of the directions that -- that the information is taking us. So it's going to be a living

process.
However, I think it's important that we have the freedom and flexibility to move down the paths that we consider to be important. We will certainly keep you apprised of it. And if at any point in the process you feel that it's -- we're taking a path that perhaps the Board is uncomfortable with, you think that maybe it's not the best path to take or you're (sic) ignoring a path that you feel might be important -- here's where a collegial relationship is important to us, but I also realize that we have a very formal process here whereby approvals need to go through a process. So I'm at a little bit of a -- a little bit off-balance here because I like the idea of the interactive, but I also don't want to have hold points unnecessarily.
So I think I'd like -- I guess my first point to be made is that we have to learn together where the hold points are important, where we have to stop until you folks have a chance to deliberate, but where we're allowed to continue based on our judgment. We will always inform you of any direction we're taking that might be substantively different than what we originally laid out in the plan that

you'll receive a month from now. I guess that's the first point I wanted to make.

**DR. ZIEMER:** John, do you want the Board to comment or react as you proceed here?

**DR. MAURO:** I very much would like --

**DR. ZIEMER:** Or ask questions -- okay. Let's -- on that point -- Tony.

**DR. ANDRADE:** John, and also for the members of the Board, based on your comments and my own thinking as of yesterday, I wholeheartedly agree with the general direction in which you'd like to push forward on. I don't think the criteria like the numbers of employees that have filed are necessarily -- I don't believe that that particular criterion is necessarily a good one at this particular point in time. I believe that you, contractor, would perhaps feel better getting on board that learning curve with addressing perhaps a site that had a limited number of functions -- perhaps a manufacturing function or something like that -- rather than jumping into say Los Alamos, that has everything from theoretical physics to plutonium work. So it's my belief that the Board should consider something like that for a site that we believe

is important.

**DR. ZIEMER:** As we proceed here, you're simply hearing comments that do not constitute official direction from the Board. Your task is (off microphone) your task. You are to come with us -- to us in one month with a proposal. You are reflecting some thoughts about that right now --

**THE COURT REPORTER:** Okay, he's off-mike.

**DR. ZIEMER:** (Off microphone) -- about the nature of what that will look like. I don't think that we can, in any definitive --

Oh, I lost the contact. I don't think, in any definitive way, that we can comment beyond some sort of general reactions and so on. Certainly the plan, if it's to be a plan that covers, conceptually, the whole gamut of site profiles, has to be a generic umbrella thing. And I think we understand that there may be specifics that would apply to one facility that might not apply to other facilities. And I presume the plan would spell out how you would get at what those would be for a Savannah River versus a Bethlehem Steel or something like that.

**DR. MAURO:** Well, that's -- that brings me -- in order for us to take the approach that I'd like to take, namely have

an over-arching plan but have an addendum to it that explicitly addresses our plan for a particular facility, it would mean that very shortly you would need to provide us with direction on which ones you'd like us to begin with. I realize we have a list. There's a potential for as many as I believe ten to 12 DOE and two to four AWEs. The sooner -- in light of my thinking now, the sooner we have an initial list of the two, three, four, five that would -- you'd like us to begin with, the -- it will -- it will allow us in our next -- in our first deliverable, to address those specific ones so that -- 'cause that's where the rubber meets the road. If that's possible, that would be very helpful. Otherwise what we're going to deliver to you is going to be, quite frankly, of limited -- I hate to say this, but -- it will give you a general idea of how we're going to come at the problem, but I think more importantly is we need specific ideas on how we're going to come at the problem because we're on a track that we're trying to be highly efficient. And how we see efficiency and how we apply our resources is going to be unique to each facility. So I'd like to request a --

**DR. ZIEMER:** I think based on our discussion yesterday,

it was our hope that we would have some of those yet identified at this meeting, as I recall.

Mark, comment?

**MR. GRIFFON:** Yeah, I think the general approach that you described is consistent with what we were thinking and the over-arching plan I think is the deliverable. The only thing I would say is that the site-specific plan -- I tend to agree with you in that I think the site-specific plans -- you can get more specific, but I think there is going to be some iterative, you know, actions as you move through the process, so I'm not sure -- I guess -- I guess what I'm sort of saying is I'd hate to see a lot of time and man-hours spent on those site-specific plans, especially if there's going to be a lot of iterative, you know -- as you move along through the process. So -- but I think the deliverable, as we laid it out, is that first sort of umbrella, generic plan that would give you the flexibility to adapt on different sites as you need to -- you know, as you see fit.

**DR. MAURO:** That being the case -- that being the case, what I'm hearing is -- at least an initial impression -- is that our first deliverable will be a generic plan. But

then as we are authorized to proceed with particular profiles, particular sites, it probably would be a good idea for us to -- when we have our internal meetings, to lay out -- to draw upon our resources, our people. How we're going to break it up -- I could -- right now I have a very clear idea in my mind, for example, on Savannah River, how would I come -- how I would do that. When we get to that point, we'd probably want to inform you of that and may-- and how -- and we will deliver something to you to say this is our plan. Now whether that would be considered a deliverable as part of our initial plan procedure or just something that's part of a monthly progress report or -- or some interim reports, just to keep you apprised -- perhaps that's the best way to go. It keeps it simpler. Anyway, those are some thoughts.
I move on to my second thought. When we -- and I'm not too sure of the extent that we should talk about budget here, and when I say "budget", I mean work hour allocation and the way we do our work. We have gone through a negotiation process as -- and we're at a point where that process is fairly mature. And one of the things is the relationship between the four tasks. Though we proposed

each task as a separate item and they are being authorized independently, I see them as fully integrated activities. And I'm going to give you a very important perspective, in my opinion, in terms of having -- in having effects on efficiency, cost and schedule.

Let's say we receive a batch of cases that need to be processed, either basic, advanced or one of the two blind dose reconstructions. Let's say we get approval next week and a batch shows up. Okay? Now, visualize we're going to assign the appropriate people, either strong internal dosimetrists, neutron dosimetry, external dosimetry, whatever the needs are, we will have a team of people. And whether it's an advanced review or a basic review, we'll have a team of people working the problem. But I'm starting to realize from conversations during breaks and during -- with individual members of the Board, that a lot -- a lot of the dose reconstruction for the individual cases is drawing from the site profiles. That is, the site profiles are becoming very important documents.

Now what this means to me is that I envision -- let's say it's me doing a review of a case, and I realize that I'm going to have to draw upon information that's in the site

profile. Now here's the -- here's the -- the catch-22. Let's say for the moment that that site profile is not one of the site profiles that Joe is reviewing. Okay, here I am doing a case -- I'll use Savannah River as an example -- and I'm working it, but I say I need help from Joe on the site profile. And the way in which we budgeted our program was that's going to be available to me. That is, I'm going to be able to go say Joe, I'm looking at this person that worked at this location at this time. I have this bioassay data, or I don't; help me out a little bit here regarding the mix of radionuclides, chemical forms, any -- any information you have on CAMs and RAMs -- continuous air monitors and radiation area monitors -- data that might be available in the database because that's going to help me validate, check or fill out my ability to review the dose reconstruction. So there's a presumption here. The presumption is while I'm working out a case at Savannah River, Joe is going to be working on the site profile, Savannah River. If that's not the case, I'm at a loss. So one of the criteria when you select your cases and you select your site profiles, as an operational -- from my -- from an operational perspective,

they should be coupled so that I could draw upon that in an efficient way. Because the alternative is then me, as the reviewer of a case, I will have to do my own review of the site profile, independent of Joe, which is an inefficient way to do it. That is, I would -- it -- certainly what I do will be -- add value eventually when Joe gets to that, or when he's authorized to do that, but I see that as being an efficient way to run it.

Similarly, though task three has not yet been approved -- task three, by the way, is the review of the procedures, OCAS-1 and two and all the other procedures that ORAU has developed. Now, again, there's going to be a process where we're reviewing -- from a generic point of view, not as they apply to a particular case -- those procedures. The degree to which those reviews are ongoing while I'm doing my case review -- there is a synergy that will occur. I'm envisioning a synergy where we have several minds simultaneously working different aspects of a problem, one group looking at the procedures that are being use-- have been used or have been designed for use in doing dose reconstruction; another group -- Joe's group doing site profile review while I'm doing my -- or our team is doing

a basic review or an advanced review. If they're moving together in lock-step with continuous communication, the efficiencies will be incredible. If they're not, we're going to lose a lot of efficiency and it's going to have cost and schedule implications. So that's an observation.

**DR. ZIEMER:** Let me interject that I think it certainly was the Board's view and the working groups view that these four tasks are in a sense integrated in the fashion that you talk about. At the same time, recognize that in the sampling process I don't think a priori one could guarantee that a given dose reconstruction would -- that's being reviewed would be from a site that has been selected for site profile review, so --

**DR. MAURO:** I understand that, but -- it's a complex problem --

**DR. ZIEMER:** Right.

**DR. MAURO:** -- but we'll manage it, but these are some thoughts.

**DR. ZIEMER:** Yeah, but let's -- there's another comment. Jim?

**DR. MELIUS:** Yeah, just to follow up on that, I think that,

given the way that NIOSH is doing the individual dose reconstructions, they do -- as I understand it, they do a site profile, then they do a number of individual dose reconstructions. So just on a random basis, it's likely they'll overlap.

I think as we charge you with doing dose reconstructions and develop a way of making that selection, it is possible in the future we may want to focus some of the individual dose reconstructions away from facilities that had site profile or things. But I think in that case we should inform you ahead of time as you're, you know, responding as to how those cases will be drawn, or at least some more specific information on that. Again, that's one of the reasons that -- some of the changes in the approaches we've made on these tasks.

**DR. MAURO:** Therein mind our budget, our work hour allocation per case, presumed that they would be working as a couple. If they're decoupled, we do run the risk of some inefficiencies. We actually costed (sic) out the work hour allocation assuming optimum efficiency, okay? So bear -- I'm already being a project manager, recognize that we -- there are some, you know, loop -- places where

we could run at these kinds of problems.
Another observation -- I have two more observations, then I'm going to turn it over to Joe. Okay?
When I reviewed the Savannah River site profile, I presumed that the -- all of the site profiles will have the same fundamental organization. Let me just reiterate it to you. One is that you first look at the medical expo-- in this case, after the introduction there's the medical exposure records, review that carefully. That's, in my opinion, fairly straightforward. Once you understand the time and the type of equipment that was used, the protocols are pretty clear, in my mind, as a health physicist. And we have the staff -- medical health physicist -- we're okay. We're okay.
Environ-- now here -- the second one is the occu-- environmental occupational exposures. That is releases that occur from a facility that may expose some of the construction workers that we heard from yesterday. I noticed that what -- what was done -- well -- with regard to that issue is to draw upon the work that was done by RAC, Risk Assessment Corporation. That is, they did the reconstruction of the source terms, airborne emissions

from the facility for the purpose of doing off-site dose calculations, dose reconstruction. And certainly that very same source term information is of value for evaluating on-site by using appropriate meteorological models.

What I guess I was expecting was that these documents would go down -- go to source -- original source documents. That is -- in -- in effect, by using -- and this is by no means a criticism, but in effect you're using a tertiary level document. That is, when you look at records -- I've been involved in a lot of off-site dose reconstruction work, and when you go into the literature you find a hierarchy of documents. There are very high level documents that represent summary level information. And then there are intermediate level doc-- then you get right down to the -- the strip charts. Okay? You get down to the nuts and bolts. My sense is, and here's where I'd like to see what your reaction is, we're going to use our judgment of when do we go down into the bowels of the problem; where -- when do we think that -- I'm not just going to trust some tertiary document as being a correct and complete representation. I'm going to go down -- because I've done

this before, and I've found lots of surprises. So our plan is when we think it's important -- and here's where things get interesting. When we think it's important -- for example, let's say we're talking about the dose to a construction worker from an airborne emission from a particular facility at a particular time, inhalation exposure to airborne plutonium or cesium or noble gas. When we feel as if that particular scenario might be an important contributor to dose, we're going to dip in from working up here to working down there, and keep you informed. How much of that we're going to have to do, we don't know. So here we have another cost and schedule issue. It's a living process.

Now -- so we're -- we're going to -- we're going to keep you apprised of that, so we're not simply going to go back and take a look and say oh, okay, yeah, they -- they -- they used the RAC work correctly. Here's the RAC numbers, here's the source terms, the times, yep. So we're going to check that. That's -- that's standard quality control. But then there is the more probing analysis, do we believe that source term. So that's our plan. I'm hoping that you agree with that 'cause that's the only way to do this.

Finally --

**DR. ZIEMER:** Let's again allow a moment for comments. I think Jim has one and I have one here. Oh, you don't. Well, what you've described for us is in fact an audit procedure.

**DR. MAURO:** Yeah.

**DR. ZIEMER:** And it's not something we necessarily have to approve today. I think your plan will include something along the lines of what you just described to us. And in an audit procedure, a certain amount of that probing -- and then you see what your results are and report those back.

**DR. MAURO:** Yes.

**DR. ZIEMER:** You know, we probed down, we pulled the string here, here and here, and in all cases things made -- were fine or in all cases it didn't make sense, or some distribution in between there. And based on that, then the Board can say well, there's some issue here. And certainly even that kind of audit procedure doesn't have to be 100 percent audit. You selectively, based on judgments and so on, start pulling those strings where -- where it's appropriate.

**DR. MAURO:** But you --

**DR. ZIEMER:** And I assume your plan will describe to us what you --

**DR. MAURO:** Yes, but you see how this is an open-ended process.

**DR. ZIEMER:** Yes, yes.

**DR. MAURO:** And we'll keep you apprised. And when we think we're going to run into cost and schedule issues because of this 'cause we take -- we go where the information takes us, and so we're -- we're very vulnerable in terms of well, you know -- and we'll give you our reasons why we're going where we're going and -- and I -- but I guess in a way we're not going to be seeking approval if -- at any point -- we'll keep you apprised, and if you feel that what we plan to do, you're -- for some reason there are problems with it, then I think certainly intervene, say no, don't do that, we don't -- regroup and give you further direction. But right now my plan is to keep you apprised, but to keep the train on the tracks and keep it going.

Another observation having to do -- well, two more and I'll be done. When I read chapters in the Savannah River report

dealing with occupational exposure, internal and external, I was expecting to see databases of records, of either -- bioassay data, records -- the -- database upon database upon databases of air -- radiation area monitors, continuous air monitor data. In other words, just enormous -- an ocean of data that represents location and time when the material was collected.

What is there is something a little different. It really is almost a -- a guide to the dose reconstructor to help him fill in gaps, understand what the minimum detectable levels are, understand what mixes to assume, what chemical forms to assume. In other words, it's almost as if it's a helper, as opposed to a database. Okay? I think that's good that it -- you know, I guess my reaction was that's good that-- but as an auditor that's trying to independently evaluate, I sure would like that database. Is there anything going on to compile that kind of data? I mean we're talking about the tons of -- of -- the big spreadsheets of Excel databases which show, as a function of time and location, individual measurements -- whether it's bioassay or airborne radionuclide particulate or it's radiation area monitors that are taken by location as a

function of time and put into a database. That, to me, is an important information. Now --

**DR. ZIEMER:** I don't know that we'll answer that specifically today, but that -- as you get underway now, you will have an opportunity in fact to see a lot of underlying data that's beyond what's in the immediate report.

**DR. MAURO:** Okay.

**DR. ZIEMER:** And that's one of the things we'll want you to become familiar with is what all the supporting databases are for these things.

**DR. MAURO:** Okay, so --

**DR. ZIEMER:** And what's there and what isn't there.

**DR. MAURO:** Okay.

**DR. ZIEMER:** And you know, if -- if you, as our auditors, have some judgments on adequacy or lack thereof of some -- at some site, that could be part of a report.

**DR. MAURO:** One of the --

**DR. MELIUS:** Can I just --

**DR. ZIEMER:** One other comment here.

**DR. MELIUS:** Can I just follow up on that, because I thought Jim Neton answered this question partially or in

his presentation yesterday and so forth, and I don't know where -- I thought he had referred to the fact that they do have this compilation of information, dose -- exposure information or whatever. It's not necessarily referenced in the document, and --

**DR. ZIEMER:** That's why I say I think once you're into beyond what's on the web site, once the contractor has access to all those records, then you can perhaps make a better judgment on what additional things you think are needed or maybe you'll feel it's adequate and so forth.

**DR. MELIUS:** But just to follow up on that, and maybe it's -- maybe you've thought of it already, but it -- for NIOSH, in producing these documents, it seems to be a common question, a common concern that people have is why isn't this information look-- referenced, and it may very well have been looked at and in some sense utilized, it's just not printed there as a reference. And maybe that's something you ought to consider adding to those documents as a way of just, you know, showing what kind of a guidance, you know, this is and what other information's available. I'm not familiar with the details to know how practical that is, but it -- you know, it might be helpful. It might

be -- for other people as they're looking at these documents, also.

**DR. MAURO:** Last point has to do with the other deliverable, the tracking system. I was speaking to Don Loomis, who is the database manager task leader on that, and re-- he knew -- told him I was coming to this meeting today, and there -- in his -- his view is that there are no boundaries on how many fields we can handle, any kind of queries you want. But what would be helpful is the -- is when we build the relational database that we put in all of the fields and all of the types of reports built into the system. Now -- that was part -- it was -- that's -- the other deliverable a month from now is that program. So we already have a list. We understand from your request, your torp, and from our proposal what we do plan to put in there. But I plan to put a lot more in there, and let me explain what I mean.

For example, all of our project management data where tak-- we took each task, one, two, three, four, and we're breaking them down into subtasks and sub-subtasks. For example, on task two, the site profile work, we expect to have a number of site profiles. Each site profile's going

to have its own point number for tracking costs. Each case that comes in on task one is going to have its own point number for tracking costs so that as a project manager I understand where the money is going and why. If there are -- in a similar way -- I guess what I'm -- I'm asking you is that anything that you want to do, I don't care what it is, related to queries and sorting of data and reports that you'd like to be able to elicit from this database, we can handle. But the sooner you give it to us, the better. We could revise it later, but it's a little more difficult, I'm told, to do it after the fact than before. And I guess that concludes my I guess initial reaction to things. If there are any questions --

**DR. ZIEMER:** Yeah, further questions? Joe, do you have additional comments or items you want to add to...

**MR. FITZGERALD:** Thank you, John. Well, it's good to finally be here after some years. I think John covered the highlights, but one thing I want to just mention -- I'm very comfortable with the task, very comfortable with the touchpoints in the task, but I want to emphasize that, you know, to me, this is really doing a vertical sampling, boring down and asking probably questions that if you were

doing a horizontal -- and getting the necessary as opposed to maybe totally sufficient data for dose reconstruction, you might not get to or might judge that you might not need. And when you do the vertical and you push down and you actually get beyond what's on the shelf, what the paper says, then you get into situations where you will be asking for data, you'll be probably wanting to interview people that haven't been touched by the process to date. And from some limited experience over 20 years, that's going to enjoin probably some challenges that we will bring back to you in the way of access, the way of perhaps getting information. I know that's been some of the experience to date. But I think doing this kind of review is probably going to engender more of those kinds of challenges in terms of getting to the right kind of information and digging into areas that haven't been dug into. I've done it my entire career, so I know what's involved in doing that, and persistence will pay. But I just want to sort of lay that observation -- it's not a question for the Board, but just an awareness of what -- what's involved when one truly does a vertical sampling to answer the hard question of adequacy and completeness. And that's the

-- sort of the tail end of necessary and sufficient. We're answering a sufficiency question. And so that's -- that's something that I think as we go into this it'll become clearer what -- where we might need your role perhaps in some cases with the Department of Energy, where we might need some clarification as to, you know, how deep does the vertical go in some cases. But I'm pretty comfortable definitely with the scope and the tenets and certainly we'll be able to articulate a plan that will reflect what we proposed in the beginning, and also what it's going to take to answer that question. And I certainly do understand the challenges that NIOSH and ORAU have undergone in terms of doing this -- the necessary part, but this is going to be a -- certainly a somewhat different process. And you know, the question of access to information, access to people, workers, all that, I think will be certainly decidedly answered by our first forays into this. So that's -- that's really my only observation.

I think John covered some of the more tactical questions, but sort of on the 30,000 foot level, that's -- that's going to be, I think, the biggest challenge and the question of

how we can deliver that for you and intend to deliver that for you. So thank you very much.

**DR. ZIEMER:** Thank you, Joe.

**MR. FITZGERALD:** Any questions?

**DR. ZIEMER:** Let's see if there's any questions for Joe. Jim?

**DR. MELIUS:** I have a -- I'm not sure who it's for, but in terms -- in -- I'm not familiar with the details of what you've been awarded, or at least -- or I don't recall them, but the -- in terms of making the assignments in the site profiles, are there -- and we have to -- going to try to, I think in our later discussions, sort of narrow down where to get started. In your planning and sort of to do that efficiently, I guess sort of how many does it make sense to be assigned initially or is it -- make sense to say here's the -- whatever it is, ten, 12, whatever; go get started and, you know, they'll be done under this task order under the -- a year, or is it, you know, let's wait three -- you know, do five now, five in three months, what -- I guess I'm trying to get some sense of what your expectations are at this point.

**MR. FITZGERALD:** Well, you know, I think -- we haven't

chatted about the specifics of this, but certainly my expectations, we would certainly want to know what the so-called menu would look like for the year. And I think there's some merit -- and again, this is the Board's purview and decision, but some merits perhaps in ramping into it with perhaps somewhat less complex sites because, again, we're establishing on the ground the procedures that we're establishing on paper, and it certainly would perhaps facilitate things.

Nonetheless, the people that we intend to put into these reviews are not coming into it as neophytes. They have the operational experience and knowledge of the sites -- hopefully, in fact, knowledge of the specific sites. So we're -- you know, we're sort of starting at a running start, and the expectation is that we know the operations, we know the histories, we know some of the issues in the past and presumably if, again, we have access to the kind of information that we need to have and are able to talk to the workers -- I have to tell you that probably the most important thing is to get beyond the paper. Most of my perspective is as the further you go back in DOE operational history, the less the actual practice

resembles the paper that you're looking at. And I think if there's a mantra, that's going to be the mantra in terms of looking back through what essentially is forensic health physics, in a way, and that's how we're going to treat it.

**DR. MELIUS:** Just in -- follow up that -- I agree it'd be nice to start with something less complex, but going back to the -- sort of the efficiency issue and so forth before, I think Savannah River's fairly complex to deal with and there's -- when you're -- in another task, presumably, that's awarded and for individual dose reconstructions, given what's been done already, there's going to be a number -- you know, randomly selected from Savannah River to look at. So having that site profile underway I think's going to be necessary, and I think NIOSH has --

**MR. FITZGERALD:** Right.

**DR. MELIUS:** -- ended up -- you know, there's a lot of -- how they prioritize and --

**MR. FITZGERALD:** Savannah River wouldn't be one that I would consider a killer in the early phases. And that may sound contradictory, but in terms of what knowledge we have on the team and the source terms involved, even though it's

a large site and has a long history, it's a fairly public history now, as compared with some other sites where, you know, the history is less known and the source terms are more diverse.

Los Alamos would frighten me a little bit in the beginning because, unlike Savannah River, there just hasn't been -- Savannah River has been turned inside-out over the last ten years, so to some extent we are the beneficiaries of all that information. Other sites, the information isn't quite as organized, available and picked over, so that's going to cause for a lot more digging. Savannah River, the challenge I think is in a couple of areas -- tritium comes to mind -- where, you know, one has to go back and reconstruct some of the history of the dosimetry and how that was recorded. And I think it's important there to sample workers, because I think there and again, you know, the actual practice versus what was detailed on paper diverge as you go back in time, and that's what would worry me about perhaps relying on what the written records suggest. So that -- answer to that question, Savannah --

**DR. MELIUS:** (Off microphone) (Inaudible).

**DR. ZIEMER:** Wanda?

**MS. MUNN:** It helps a great deal to have this overview, I think. From my point of view, anyway, it's reassuring that it sounds as though your plan is very close to what I, and I think many of my colleagues, had in mind when we were putting together the task proposals. But I think I heard a real challenge for us in the last of the data that you were giving us, John, insofar as identifying the fields that we want to see in the database is concerned. I think we may have only scratched the surface when we started talking about how to opt for the sites that we wanted to look at and pull together that information for us to review. Actually considering the data fields that we want to see in their product appears to me to be a potentially significant activity.

**MR. FITZGERALD:** Yeah, I might add to that that if it turns out that some of the data fields we can identify will have to be obtained and reviewed, you know, that's sort of a do-loop that if it's the first time, you know, it's going to take -- take time, as you can imagine, as NIOSH has already experienced, to get access and to make heads or tails of it. But you know, the site profile being a living process, to some extent, you know, we certainly won't stop

and -- you know, and stop everything and go back to it. It'll be a process where we'll try to improve the analysis by virtue of being able to get the additional information. You know, those are some of the vagaries of, you know, trying to dig deep and finding perhaps sources of data or data fields that may not have been accessed in the original profile. And understandably so. I mean this is the first pass at the site profiles. They're living documents. They're going to improve over time. When we dig and do samples and verticals, I think what we can contribute is perhaps some indications of data fields or information sources that ought to be reflected in whatever upgrades or iterations. So I see it as very positive feedback when we do the vertical. I think that was perhaps the intent of the Board is to have that kind of a check. So you know, hopefully we can actually answer some of the questions in terms of what data fields have been looked at on one hand, and what sources information data fields might be identifiable if -- if we do this kind of independent digging, as well.

**DR. ZIEMER:** Joe, I want to kind of clarify one point, and I have to keep reminding us of the difference between an

audit and the difference between what the Agency does. And for example, if -- if our contractor, you folks, identified an area and said, you know, here's an area that we've got to dig into and get this information, I think in general we would pass that information along to NIOSH and say here's an area that has been identified.

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

**DR. ZIEMER:** One thing we don't want our auditors to do is to do the work of the Agency, so we always need to be careful --

**MR. FITZGERALD:** Right.

**DR. ZIEMER:** -- and differentiate between what is the audit and what is the work. And I think you folks will also probably need to keep that in mind 'cause there will be a tendency to say here's an area where there needs to be more, we need to get out there and see what's there and so on. And it may be that if you identify an area like that and -- and bring it back to the Board and the Board says to NIOSH our contractor has identified this, is this something that should be looked at. The Agency is being, in a sense, tasked with doing that, so our job is to identify those areas. So I need to continually remind us

and remind you as -- what our part of the job is, so...

**MR. FITZGERALD:** Actually --

**DR. ZIEMER:** 'Cause we will -- we will otherwise get overly ambitious and NIOSH will have nothing to do then.

**MR. FITZGERALD:** That sort of resonates in my past career. Yeah.

**DR. ZIEMER:** You understand.

**MR. FITZGERALD:** I understand exactly, and if one looks at it in terms of feedback, that we're feeding back issues that need to be unpacked, the level of review I think that is appropriate is determine whether in fact to sniff again. I would not want to divert or distract the Board or NIOSH with, you know, we found this, this, this and that, but we haven't really spent time deciding whether it's important or not. It's got to be relevant and pertinent and something that's significant enough that would influence the dose reconstruction process; and if it isn't, then I don't think it's something that we'd want to surface. And that -- just that level of analysis, how important is this and how significant is it, is the level that I think we would contribute. And if that's the case, then we would pass it on. We certainly would not try to

run those numbers or try to do anything more than point to it.

Now what I was raising a little earlier was the fact that to judge, you know, whether there's any there or there -- this is the trouble I have sometimes with requesting data from DOE. It's sort of like, you know, you have to know what you want, even if you don't know what you don't -- what you don't want, you know. It's sort of one of these things that you -- well, how can I ask for it if I don't know what it is? That's -- that's the dilemma that, you know, I -- you almost have to at least look at the information to determine what's there and whether it's relevant or not, and that's the part where I think clearly we have some challenges. But you know, again, persistence and knowing the right kind of questions and being able to work with the Board, I think, you know, we certainly will get there.

**DR. ZIEMER:** Any other questions for John or Joe? Comments?

(No responses)

Thank you very much. We appreciate the exchange this morning. As you know, we will be deliberating this

afternoon and you will hear back from us after that -- those deliberations.

In this connection, we may want to proceed with the issue of the site profile selections. Well, it's almost break time I guess. Let's take a break. People are getting a little antsy. We'll take our 10:00 o'clock break and then resume. Thank you.

(Whereupon, a recess was taken.)

**BOARD DISCUSSION/WORKING SESSION**

**DOSE RECONSTRUCTION REVIEW PROCESS**

**DR. ZIEMER:** I want to take just a moment and delineate the items we need to address here. We have the issue of selection of our initial group of site profiles. We have agreed to take from the table a motion to send a letter to Secretary Thompson relating to the Special Exposure Cohort rule-making. And it's been requested that we have the group look at or review the letter that I wrote to several Congressmen. Were there other items that we need to look at? I think those are the three. Anyone identify any other items we need to address? Okay. Yes, Jim.

**DR. MELIUS:** Let me -- I mean add to that list one specific

sort of contract issue. We were asked to -- if we had suggestions for additional elements to the database that we relay them to the contractor, and I think we just need to understand how to do that procedurally since that deliverable's due in a month and it's easier to add things ahead of time. So I think we just need to figure out how to -- how to do that efficiently and not get in trouble.

**DR. ZIEMER:** Right, we can look at that database -- and my guess is that -- based on what we provided and what they plan to do, they probably have most of it covered, but we -- if we can identify things, that's fine.

**DR. MELIUS:** (Off microphone) (Inaudible) us relaying individual comments to you and you relaying them in some way to (Inaudible).

**DR. ZIEMER:** Well, if we can identify things here as a group, that would be fine, too.

**DR. MELIUS:** (Off microphone) (Inaudible) after a meeting if we sent something (Inaudible).

**MR. ELLIOTT:** You can do that either way, open session discussion and tell them what you want, or you can send them a letter or written information, written direction.

**DR. MELIUS:** (Off microphone) I don't think (Inaudible).

Another item that I think we should discuss is at least lay out a plan for how we deal with the issue of a subcommittee and this further interaction with the contract and -- there's a whole bunch of issues there that I think --

**DR. ZIEMER:** In fact --

**DR. MELIUS:** -- have to be -- I don't think we -- I don't think we can --

**UNIDENTIFIED:** (Off microphone) Delegation of authority?

**DR. MELIUS:** Yeah --

**DR. ZIEMER:** Delegation --

**DR. MELIUS:** That, but I think we need to plan on how we do that and probably complete it at the next meeting.

**DR. ZIEMER:** Particularly those items -- this included everything from the invoice approvals to our working with our subgroups to work on the dose reconstructions, so that's -- that'll be an ongoing thing.

Let's direct our attention then to the site profile issue. We have now -- you have a handout which is Jim Neton's chart with the 15 facilities for which site profiles are either completed or in process, plus a number of AWEs. You also have the information on the site statistics that were --

was provided by Larry and is now included in the handout.

**MR. ELLIOTT:** Could I make a comment on that?

**DR. ZIEMER:** Yes.

**MR. ELLIOTT:** I think on that -- this is your third page on that -- what's been provided. Jim included a column there that says estimated work force, and I guess I would like to offer this as a qualification. I think these numbers came from --

**DR. NETON:** Labor.

**MR. ELLIOTT:** -- Labor's presentation, but I don't believe that these numbers in all cases represent all the workers that worked at a site over the course of history of that site. For example, Hanford has more than 60,000 workers have ever worked at that site. They have many more than that.

**DR. MELIUS:** If I recall right, it excludes the construction work force. It's only the production work force at each of these facilities. That's what he said when he presented it now.

Isn't that right, Pete?

**MR. ELLIOTT:** Pete, is that -- are we correct in understanding the numbers that you presented at a given

site didn't include construction trades, are just the production work force?

**MR. TURCIC:** That's correct.

**MR. ELLIOTT:** And in some cases is that the estimated current population or is that the estimated population who have ever worked there in production?

**MR. TURCIC:** (Off microphone) That was the estimated (Inaudible) program (Inaudible) production people who had worked at that site.

**DR. ZIEMER:** Now I think as we proceed, we also may need to have some internal ground rules. If one is propos-- and this could work both ways, but if one is proposing to include a site, I suppose that we should ask people to recuse themselves from proposing or voting for a site with which they are -- are or have been affiliated. Is that fair enough? In other words, Tony perhaps would not vote on whether Los Alamos would be included in this list, for example.

Roy, you have a comment or a question?

**DR. DEHART:** I'm not sure when I look over the -- When I look over the diagram that we have here, the table, just which of these facilities have a complete -- a full,

complete profile site status that would be able to be audited over the next --

**DR. ZIEMER:** Jim --

**DR. DEHART:** -- several weeks --

**DR. ZIEMER:** Jim Neton can --

**DR. DEHART:** -- or months?

**DR. ZIEMER:** -- help us or Larry -- looks like -- as I look at this, it looks like Hanford and Savannah River are complete, but is that true or not?

**DR. NETON:** That's correct. The only two that have all chapters or Technical Basis Documents finished are Hanford and Savannah River, although you can see Y-12 is very close with one green dot that is undergoing comment resolution with NIOSH at this time.

**DR. DEHART:** Jim, is there an estimate over the next two to three months? That's probably as important.

**DR. NETON:** I figured that question would be coming. It's difficult to say. Some -- some of these comment resolutions go very quickly, they're just minor technical issues. Sometimes we end up with some -- some serious discussion about, you know, how to resolve an issue with missed dose or something of that nature. So it's hard to

say, but -- but -- you know, I wish I could put a little better -- better time frame on that.

**DR. MELIUS:** But the --

**DR. NETON:** I could go with past history, maybe. You know, past history would dictate that we could resolve these --

**DR. MELIUS:** I guess is there a corollary to that, is there some that we shouldn't -- can you go the other way and say some that we shouldn't start now because you know it's --

**DR. NETON:** Where there are --

**DR. MELIUS:** Where they are that -- that there isn't just going to be enough there in the next few months.

**DR. NETON:** I'm honestly not up to speed enough on all of these individual chapters. Maybe perhaps Dick Toohey could help -- he may be more aware of where -- where our more serious discrepancies lie.

**MR. ELLIOTT:** Obviously Iowa Ordnance Plant is not close.

**DR. NETON:** No.

**DR. ZIEMER:** Mark?

**MR. GRIFFON:** Yeah, just before -- before Dick went into that, I had a question for clarification. When you say "approved", that means that they could theoretically be

audited right -- today or --

**DR. NETON:** Yes, they've been signed by OCAS and they're either on our web site or will be within -- as quickly as we can get it out there.

**MR. GRIFFON:** Okay, 'cause that was my point. I think some of these are not on the web site yet, like the Y-12, all those sections aren't up yet, but -- okay.

**DR. TOOHEY:** Dick Toohey, ORAU. The ones that, from what I know of what's going on, are farthest away from completion would be Los Alamos, Mound, Pantex and X-10.

**DR. ZIEMER:** Now let me ask the Board -- Oh, Tony, you have another comment?

**DR. ANDRADE:** Not really a comment, but I wanted to start the -- the auctioning process, I guess. Based on the chart on the degree that -- that indicates the degree of completeness for the site profiles, as well as what I think are objective criteria, and that is to look at the different types of radionuclides that were processed or handled, I would suggest the following to start with. I'd say Rocky Flats because of the plutonium finishing activities that went on there. Number two, Y-12 for all of the uranium work that went on there and continues to

go on today. And third, to step into a deeper, somewhat more complex set of operations, I would suggest Hanford for the variety of types of work that went on there from reactor -- different reactor type enrichment to -- activities to other types of activities. So that's my opening gambit there, those three sites.

**DR. ZIEMER:** Let's hear a comment from Mike first, and then we'll get some other -- I don't know if that was a motion, but I'm going to just treat it as a suggestion right now. Mike?

**MR. GIBSON:** Yeah, just to step back -- in process, which is the last in the -- in the review process? Is it the OCAS review or the ORAU review?

**MR. ELLIOTT:** It's the OCAS review.

**DR. MELIUS:** I guess to that list for consideration I would throw in Savannah River because of the fact that it's first, it's complete and that there's a lot of individual dose reconstructions that have been done for it, so I think -- I think they almost, in a practical sense, have to look at it.

**DR. ZIEMER:** I have Mark and then -- who was next? Tony, did you have another comment? No. Mark?

**MR. GRIFFON:** I actually -- I don't have a problem with Tony's list or Jim's addition. I'd throw out a possible -- if -- I was thinking of five, and my other one was Idaho. One thing I do want to mention is that -- from the contractor's standpoint -- Y-12, although I have it on my list, it might be a little tricky for them. They have to reactivate clearances, and I think they have to talk to NIOSH about how to go about that, and I don't know how timely that can be achieved, but that could be a little holdup as far as getting (Inaudible) rolling too quickly.

**MR. OWENS:** Dr. Ziemer, I'd like to possibly structure a motion. I have five sites -- Nevada Test Site, Idaho Falls, Hanford, Savannah River and I would agree with Tony on Rocky Flats.

**DR. ZIEMER:** Your motion is for us to designate -- let's see if I have this correct -- Hanford, INEEL, Rocky Flats, Savannah River Site and --

**MR. OWENS:** Nevada Test Site.

**DR. ZIEMER:** -- Nevada Test Site.

**MR. OWENS:** As the initial --

**DR. ZIEMER:** Initial group of five.

**MR. OWENS:** -- group of five that's submitted for review.

**DR. ZIEMER:** Let me ask -- we can certainly treat that as a motion. Does somebody want to second that?

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

**DR. ZIEMER:** Okay. Is there further discussion on this motion? Yes, Richard then Roy.

**DR. DEHART:** We have three gaseous diffusion plants. I would like to see one of those added to the list.

**DR. ZIEMER:** Is that a suggested amendment or just a comment right now?

**DR. DEHART:** I'll make it in the form of an amendment.

**DR. ZIEMER:** Are you asking that it be added rather than substitute, so we can have six?

**DR. DEHART:** Add.

**DR. ZIEMER:** Add.

**MR. OWENS:** In all due respect to Dr. DeHart's amendment, I think that, based on comments that were made yesterday, the gaseous diffusion plants, as we all know, are included in the Special Exposure Cohort and I think that for the ongoing credibility of the program, those individuals, those workers at those sites are being compensated, and I think that while there is a need to review the site profiles, I think that that can wait and I'd like to see

these initial five be included.

**DR. ZIEMER:** Charles is speaking against a motion to amend that has not yet been seconded, so let me ask if there is a second to Dr. DeHart's motion to amend.

(No responses)

There appears not to be a second, so that motion to amend dies for lack of a second, so you don't need to speak against it, Charles. The jury will disregard his remarks. Okay, Richard, you have a comment?

**MR. ESPINOSA:** It might be more of a question. The five that we just suggested, motion, seconded, are these being listed as a priority, one, two, three, four? Or just said all five and expect all five?

**DR. ZIEMER:** My interpretation was that it was not a prioritized list, that the contractor would have flexibility in scheduling and reviewing. Is that the understanding of the movers, that this was not necessarily listed in some priority, it's just simply the group of five? Is that -- was that the understanding?

**MR. OWENS:** That was my intent, Dr. Ziemer.

**DR. ZIEMER:** Thank you.

**MR. OWENS:** Those were not ranked in a priority order.

**DR. ZIEMER:** Thank you.

**DR. MELIUS:** Can I ask just one other question on the Y-12 or any of the other sites where clearances may be at issue, I assume that would be in process anyway or -- I don't know -- quite understand the --

**MR. ELLIOTT:** We do need to get with Sanford Cohen & Associates and if they have clearances that need to be reinstated, we need to get started work on that right away. We don't have to wait now for the other two tasks to be awarded. We need this to start right now.

**DR. ZIEMER:** And that would not necessarily preclude them from beginning their process on these sites, either.

**MR. PRESLEY:** Paul, can I speak without getting in trouble?

**DR. ZIEMER:** You can't mention Oak Ridge.

**MR. PRESLEY:** I would like to see one of the production plants also put in here, and that's as far as I will go. When you look at what we have here, we don't have any of the plants that have a lot of production on a lot of different types of metals there, and I think we need to put one of the production plants in there.

**DR. ZIEMER:** Okay, thank you. Mark?

**MR. GRIFFON:** Can I propose to amend the motion to add Y-12, notwithstanding the clearance issues? I think -- I think that's kind of what Bob might have been getting at --

**DR. ZIEMER:** Don't put words into Bob's mouth.

**MR. GRIFFON:** I won't, I'm not, but --

**DR. ZIEMER:** Is this --

**MR. GRIFFON:** -- that was also on my --

**DR. ZIEMER:** -- a motion to add it to the list or --

**MR. GRIFFON:** That was the one difference in my original list of five with Leon's and I'm proposing to amend his list to include Y-12.

**DR. ZIEMER:** That's six to be --

**MR. GRIFFON:** Yeah.

**DR. ANDRADE:** I second that motion.

**DR. ZIEMER:** That's seconded. Okay. Now, anyone wish to speak for or against the motion to add Y-12 to the list?

**MR. OWENS:** I'll speak in favor of that motion, Dr. Ziemer. That was an oversight on my part. I did have -- I did have Y-12 was -- within the group, not of five but of six, so --

**DR. ZIEMER:** So you had -- you had six.

**MR. OWENS:** -- I'll speak in favor of that.

**DR. ZIEMER:** The mover is therefore telling us that this is a friendly amendment. Does the seconder agree that that's a friendly amendment? Who seconded this original motion?

**MR. OWENS:** Dr. Melius.

**DR. ZIEMER:** Dr. Melius? It sound friendly to you?

**DR. MELIUS:** Yes, very friendly.

**DR. ZIEMER:** Then the Chair declares that as part of the original motion and it -- we don't even need to vote on this amendment.

Now Rich.

**MR. ESPINOSA:** Yeah, can you repeat the list of five with addition of the six?

**DR. ZIEMER:** Yeah, the list now, as I understand it, is Hanford, INEEL, National -- well, Nevada Test Site, Rocky Flats, Savannah River Site and Y-12. That's six sites. Does that -- everybody agree that those are the six? Are you ready to vote? Comment, Robert?

**MR. PRESLEY:** Can I vote, or do I need to recuse myself?

**DR. ZIEMER:** Perhaps what we can do -- the Chair will divide the vote into six parts. The Chair's allowed --

you can divide a motion into parts, and you can vote on those parts for which you have no conflict of interest. Is that agreeable?

The record will then allow people to recuse themselves on particular votes, or abstain. And it would be -- an abstention would be in order. Are you ready to vote in six parts?

First -- the first part would be to approve Hanford as being on the list of site profiles to be reviewed initially. All in favor, aye.

(Affirmative responses)

All opposed, no.

(No responses)

Abstaining? One. Let the record show that Wanda has abstained.

Idaho, INEEL, all in favor, aye.

(Affirmative responses)

Opposed?

(No responses)

Abstentions?

(No responses)

We have no Idaho folks here. Nevada Test Site, all in

favor, aye?

(Affirmative responses)

Opposed?

(No responses)

Abstentions? We have two abstentions. Okay. Where am I on the list?

Rocky Flats.

**UNIDENTIFIED:** You may want to give for the record who the abstentions were because --

**DR. ZIEMER:** Yes, we did indicate the abstentions. We have that on the record. Right?

**THE COURT REPORTER:** I don't have the names.

**DR. ZIEMER:** I'm sorry.

**UNIDENTIFIED:** The names for the last one you didn't do.

**DR. ZIEMER:** The last abstentions were Mark Griffon and Robert Presley. That was on Nevada Test Site.

Rocky Flats, all in favor, aye.

(Affirmative responses)

Opposed, no.

(No responses)

Abstentions?

(No responses)

None. Savannah River Site, all in favor, aye.

(Affirmative responses)

Opposed?

(No responses)

Abstentions?

(No responses)

Y-12, all in favor, aye.

(Affirmative responses)

Opposed?

(No responses)

Abstentions?

Roy DeHart abstains, Robert Presley abstains, the Chair abstains.

Then I declare that those submotions have all carried and those six sites will be identified to our contractor as the first group to be audited.

Now does the Board wish to identify on AWE facilities some initial sites? In this case we have for the total contract -- I think it was a maximum of four, was it not?

**UNIDENTIFIED:** Two to four.

**DR. ZIEMER:** Two to four. Do you wish to identify any of these at this time for initial review?

**DR. MELIUS:** I make a motion that we consider Bethlehem Steel and Mallinckrodt for initial review.

**MR. ESPINOSA:** Second.

**DR. ZIEMER:** Okay. Motion has been made and seconded to consider Bethlehem Steel and Mallinckrodt for initial review. Discussion?

**MR. PRESLEY:** Question. Are you going to put Weldon Springs into the Mallinckrodt -- is that going in there?

**DR. ZIEMER:** That's a separate profile, is it not?

**MR. ELLIOTT:** That is a separate profile.

**DR. ZIEMER:** Thank you. Is the Board ready to vote on this motion? It appears to be so. All in favor of those two, Bethlehem Steel and Mallinckrodt Chemical, for initial audits, say aye.

(Affirmative responses)

Any opposed?

(No responses)

Any abstentions?

(No responses)

Motion carries. Thank you.

While we are on the issue of our audit contract, let me ask at this point, do we have any material at this point,

information -- I don't know if it would be Martha or someone on the legal staff -- as to those issues that we would need to approve dealing with procedural matters such as invoice approvals and so on? Do we have that information today that -- are there things we could act on?

**MS. DIMUZIO:** (Off microphone) Yes, (Inaudible), I spoke with (Inaudible) --

**THE COURT REPORTER:** That mike's not on.

**MS. DIMUZIO:** I spoke with Flo Black, who's the contracting specialist on the task, this morning and the recommendation that she's made is that the invoices would come in to NIOSH -- well, actually they go to the contracting office first for them to review, and then they come to the project officer, who is Jim, for the project. And what we could do is we could have Jim sign it. Then it goes to our finance office, but the finance office has -- holds it essentially for 30 days, so during that time frame we could send it to Dr. Ziemer and ask him if he's okay with it, and if he can approve it in that 30 days, then there's no delay in the contractor being paid. If Dr. Ziemer does have a problem with the invoice, then we could pull it back and there's no payment to the

contractor. So that was the recommendation of the contracting office.

**MR. ELLIOTT:** Martha, but we would -- if there's a problem with an invoice, in Dr. Ziemer's viewpoint, it would require at that point a full session of the Board in closed session to discuss it. Correct?

**MS. DIMUZIO:** That's correct, yes.

**DR. ZIEMER:** Are the invoices the only item that we can address on that issue today? I mean are there other sort of mechanical things like invoices that require Board action?

**MS. DIMUZIO:** No, I really -- I don't think so. I think that's really -- as far as the administrative aspects of the contract, that's really the only...

**DR. ZIEMER:** Thank you. Jim?

**DR. MELIUS:** Are there implications -- should the dispute arise over paying a invoice as to whether something's been completed satisfactorily, are there implications from the fact that Jim Neton or whoever the project officer is signed off on it already?

**MS. DIMUZIO:** No, and that's what I clarified with -- with Flo, that -- since the finance office hasn't scheduled it

for payment, it can be pulled back. We would develop -- with the contracts office we would develop language in a cover letter that would be sent with the invoice -- the copy of an invoice to Dr. Ziemer, sort of explaining the process. The finance office would be aware of the process and we could pull it back. So no, that -- that shouldn't be an issue.

**DR. MELIUS:** Just my recollection of back when I used to deal with this and these issues was that once the technical person signed off -- you're signing off on the technical merits of what was -- had been -- of the deliverable, and then what the finance office dealt with was that it met the contractual. And by Jim signing it, or whoever the project officer -- I mean I just -- I mean my concern was what I said, the implications that somehow we were approving it technically -- in our -- I think a lot of -- if we're going to have an issue, I suspect it's going to be as to whether something had been completed satisfactorily in a technical sense, not over, you know, how much somebody was paid or the reimbursement for travel or something like that, which is what usually the finance office deals with.

**MS. DIMUZIO:** The -- and that's basically -- the contract is a cost reimbursement contract, so basically -- I mean the invoice will be for those costs of travel and -- and labor hours and that type of thing. Acceptance of a technical document that -- that comes in, that is handled a little bit -- that would be separate from the actual invoice because you could have an invoice for the month of February where Sanford Cohen is billing us for travel to this meeting and -- and labor hours and stuff like that, yet there's no technical aspect to be reviewed.

**DR. MELIUS:** That I understand, but what if it was, you know, a review of a site profile and a report back to the Board on that, and they billed us for 100 hours and we got a paragraph or what -- you know, whatever -- that wasn't satisfactory and -- I think that's more than an issue of -- you know, it's the issue of whether the hours -- whether, you know -- not just whether the hours meet the product, but is the product satisfactory from what they were supposed to deliver.

**DR. ZIEMER:** A related question jumps into my mind, as well, and that is do we put Jim Neton in a precarious position since, in a sense, we're auditing the work that

he is in charge of --

**DR. NETON:** I'd like to just --

**DR. ZIEMER:** -- and I don't -- obviously we have to have somebody in the Agency that's the point person. At the same time, I'm a little concerned about how that looks, Jim.

**DR. NETON:** I appreciate that. I would say I don't think the way the billing works on this is that you will actually receive an invoice that says here are the work hours for this site profile development that I've done. You're just going to receive a monthly invoice for hours expended on the tasks. So you're not really approving the quality of the work at that point. You're just saying do I believe that the work -- that they expended this many hours, is it within the scope of the task. If the Board has a problem with the quality of the deliverables, that's a different issue that would be fed back to us and then we would undergo nego-- you know, discussions with -- with the contractor. I don't -- I don't think, you know, we're going to get a bill saying here is X thousand dollars for producing this site profile. That's just not the way this is going to work -- I think. So again, we're just approving do we --

do we agree that the number of hours expended was within the scope of the contract and allocated properly within the task itself.

**DR. ZIEMER:** Wanda?

**MS. MUNN:** Jim's comment helps me a little, but one of the things that I needed to have clarified is we're talking about approval of all invoices from our contractor. In other words, there is not some cut-off level below which charges would automatically be sent through. There is -- we're talking about all costs from them, that -- thank you.

**DR. NETON:** I just had one more thought on this. I mean as John Mauro discussed earlier, they will be providing progress reports as required, and I think that is the -- that is the point at which the Board can review those progress reports and if -- if there is something going awry there, then that's the opportunity to feed back and say we have a problem. But in the invoicing area I really don't think we have much control other than, you know, reviewing work hours against the contract.

**MR. ELLIOTT:** Let me speak a little bit to this, as well. You know, the way I see this working is -- Jim right now is assigned as the technical monitor and we may in fact

make a change in that and assign somebody else. I think it's appropriate to do so, given his work load and Dr. Ziemer's comment. I don't want any perception that, you know, Jim, who is the scientific -- science administrator of the program and, you know, the basis of his work being audited, and is sitting in a position of control of your audit. But the way I see this works, whoever's assigned as the technical monitor is just the first eyes that, after procurement looks at these things -- whether it's an invoice or it's a deliverable, the technical monitor is going to be the first set of eyes, besides Martha's, to look at these. And I'm asking that person to see if there's anything that looks untowards there, anything that should be brought to the attention of whoever this body delegates the next authority to. So if that's -- if that's your Chair, we need that -- you know, a vote to make that happen, that delegation of authority, so that the technical monitor knows who to turn to and say you need to examine this; I think there's a concern or an issue here. And then it's like raising an issue to your higher level -- whoever gives you direction, and that's this body for us, so that person, on behalf of the Board, needs to make

a decision, do I take this to the Board or I provide direct guidance back to the technical monitor and procurement on how to handle whatever the issue may be. Does that help in any way?

**DR. MELIUS:** All this helps. I guess I'm also concerned -- would be concerned with whoever it is that that's technical person that -- I don't think they should be turning down a -- if they have a question about the voucher that comes in, rather than sign it and send it on to us, I don't think they should sign it. I think they should bring it to -- to Dr. Ziemer's attention and the Board's attention and have us be the ones that are, you know, reviewing that in a sense, and rather than putting you in the position of reviewing the auditor or --

**MR. ELLIOTT:** Absolutely, I'm sorry, I was dwelling on the obverse side of that coin and on the other side, the positive side, they still shouldn't sign off on it and send it back. It still needs to be brought, whatever it is, even if the message is hey, Dr. Ziemer, here's this next invoice; I see nothing wrong with it, but you should look at it. Hey, Dr. Ziemer, here is the deliverable, the monthly progress report; I would highlight this for your

attention. That's what I see going on.

**DR. ZIEMER:** Thank you. It would be appropriate to have a motion to authorize then, on invoices, the Chair to act on behalf of the Board.

**MR. ELLIOTT:** Could you -- a suggestion. Could you attend to both deliverables and the invoicing process? In other words, a monthly progress report is a deliverable, a -- the database management piece is a deliverable, the -- you know, a report about site profiles that have been reviewed is a deliverable, and we need somebody delegated -- maybe it's different people, but we need a vote on both of those.

**DR. ZIEMER:** Before we take the action, let me point out on a deliverable, I think the only thing the Chair would do would be to confirm that it has arrived in a timely fashion and therefore an invoice might be paid. The acceptability of any of the deliverable reports, in my mind, is a Board action. So I would not speak for the Board on the adequacy or quality of a deliverable beyond affirming that it has arrived on time.

**DR. MELIUS:** Yeah, I agree with that, and I think that we may want to, at some point, specify actions for specific types of deliverables, some of which may very be

appropriate that just the Chair sign off on, others that, you know, it may be a subcommittee, the Board, what-- however we, you know, designate. And I think if we did it specifically, I think it's more helpful for everybody, but -- in the process and that may take us a little bit -- while into the next meeting before we can do that. I think we can certainly do the vouchers today, and if there's other deliverables that are going to need to be signed off on before the conference call or the next meetings, then we ought to cover those, also.

**DR. ZIEMER:** Okay. So the Chair would -- oh, Wanda, a comment?

**DR. NETON:** I might want to make one comment before the motion is raised. The contract itself calls for simultaneous delivery of the deliverables to both the Board -- Dr. Ziemer -- and NIOSH. So you'll receive both items simultaneously. The question is is does NIOSH actually make copies and distribute to the entire Board at the same time. I mean I don't know if Dr. Ziemer wants to be in the business of reproducing the deliverables and disseminating them to the Board or should we do that at your discretion.

**DR. ZIEMER:** Well, I'm certainly glad to comment on that. I think NIOSH is, in a sense, tasked with providing Board support, and I think we would rely on them to do the distribution.

Wanda?

**MS. MUNN:** I move that the Chairman of this Board be authorized to act on behalf of the Board in notifying timely deliverables' receipt and in authorizing payment of vouchers by the contractor as submitted to him.

**DR. ZIEMER:** Thank you. Is there a second to the motion?

**DR. DEHART:** Second.

**DR. ZIEMER:** Seconded. Discussion?

**DR. MELIUS:** Someone repeat exactly what's included in the deliverable parts of that.

**DR. ZIEMER:** Can you read the motion back to us, Ray?

(Whereupon, the motion was repeated by the Court Reporter.)

**DR. ZIEMER:** Ready to vote? Okay. All in favor, aye.

(Affirmative responses)

All opposed?

(No responses)

Abstentions?

(No responses)

Motion carries. Thank you.

**DR. ANDERSON:** Is the Chair agreeable?

**DR. ZIEMER:** I'm always agreeable, aren't I? Next I'd ask that we take from the table the motion that was made yesterday regarding a letter to Secretary Thompson on the Special Exposure Cohort. In the meantime, we asked Jim to actually draft the letter that he was proposing so we had something to work on, and I will interpret the draft that has been distributed as the motion that is before us. That motion has been duly seconded, so we have before us a proposed letter to the Secretary dealing with this issue. I now open the floor for discussions, any proposed changes or -- you can speak for or against the motion. Tony?

**DR. ANDRADE:** I had two proposed changes. One is fairly simple. It's in the very first paragraph of the letter, first sentence, which goes on to say (reading) I am writing to you to express our concern about the delay.

I'm a little leery of using the word "delay". It implies that there's perhaps some deliberate activity in actually withholding the release of the SEC draft legislation. If they are having half as much problems or problem with it

as we had in getting our comments together, then I don't blame them for taking this kind of time for its review. Hence, I would simply suggest that we change the word "delay" to "timeliness".

**DR. ZIEMER:** Are you making that as a proposed amendment then?

**DR. ANDRADE:** Yes --

**DR. ZIEMER:** I'm not -- it's not obvious to me whether that is a substantive change or a friendly amendment. I might ask the movers -- mover and seconder if they regard that as friendly or neutral or -- is it different? Is the impact --

**DR. MELIUS:** I don't have any strong objection to it. I'd probably disagree with Tony about some of the interpretation, but if people are more comfortable with that word, that's fine.

**DR. ZIEMER:** It appears that the motioner would accept that. What about the seconder?

**MR. ESPINOSA:** That's fine.

**DR. ZIEMER:** Okay. Then let's consider that change. Thank you.

**DR. ANDRADE:** Second --

**DR. ZIEMER:** You still have the floor.

**DR. ANDRADE:** Right. Second of all, this may be a little bit more controversial, we go down to the bottom of the draft letter --

**DR. ZIEMER:** Are you at the bottom of the first page or --

**DR. ANDRADE:** Bottom of the first page. I'd like to propose that we strike the entire paragraph, which carries on into the next -- onto the second page. Reason for doing that is that it implies that the SEC legislation is going to give us definitive criteria for performing dose reconstructions or for -- which are currently ongoing. And I think those methods are being developed, and I don't believe that there are going to be new criteria as far as I can recall the language in the draft legislation.

**DR. ZIEMER:** I think I will interpret that as a motion to amend, is to strike the paragraph. Is there a second to the motion to strike that paragraph?

**MS. MUNN:** Yes, I'll -- I'll second that.

**DR. ZIEMER:** And it's seconded. Now we will discuss this proposed amendment to strike that paragraph. You may speak pro or con for the motion to amend. We need to get

some sense of the Board on this.

**DR. MELIUS:** I can give you my sense.

**DR. ZIEMER:** Yeah.

**DR. MELIUS:** I think it sort of strikes to the heart of the letter and some of the rationale for why we should have concerns about this. I think it's one of the concerns about the timeliness of getting the final rule out. And I think it's an important point, and I think striking that entire paragraph is not appropriate.

**DR. ZIEMER:** Okay. Jim speaks for retaining it. Anyone -- Henry and then Mark.

**DR. ANDERSON:** Yeah, to me, reading that, the issue is we need to know, if we do a review, rather than to say this review is, you know, inadequate because there's insufficient dose reconstruction, we need to know the definitions that are going to be used so that when we review we don't criticize a dose reconstruction that might well have fallen into the special cohort. So we -- while I'm not sure it'll help us in our definitional review, it would help us, I believe, on knowing, you know, kind of in the right-hand side of this if we know what the criteria are, then when we do our reviews we could say that this --

whether or not this meets or would seem to meet that or we need to, in our review, critique that in that sense of the adequacy of the dose reconstruction. It may be appropriate then that that person would fall into special cohort if we know what the definition of a special cohort is. If we don't, all we're saying is there's problems with the definition and that it then goes back and you can churn and churn and churn, but it may well be -- I mean that's how I read this, it helps us set kind of the one bar that has to be reached in adequate or not. And for our contractor, they need to know that so they don't spend a lot of time on it. And I think NIOSH needs to know that, as well. I mean that's how I took it.

**DR. ZIEMER:** We've got Mark and then Tony.

**MR. GRIFFON:** Yeah, I'm speaking against the amendment, as well. I just -- I was also thinking as possible compromise language, the one thing that we possibly can concede is that in the last part of that sentence we could possibly rephrase it to say the Board will, in many cases, need to rely upon the criteria defined in this rule. I think some of the dose reconstructions are not as dependent on that -- that line, as defined in the Special Exposure

Cohort rule, and you know, work has gone forward without that in place. I think that's part of Tony's point, maybe not, but I think that might be a possible compromise. I don't know if that's agreeable to the original proposer.

**DR. ZIEMER:** If this motion fails, then you will have an opportunity to make those changes that -- Tony.

**DR. ANDRADE:** I actually like Mark's idea. I think that is a good compromise. I think the real criteria that are going to be set forth in the legislation are the guidelines by which special cohorts will be defined, so that's looking at it kind of from a different point of view. And so my last change was going to be that on the next paragraph that we just add the two words -- along with what Mark proposed -- that potentially eligible classes of workers da, da, da, have and continue to be blocked from filing petitions to become members. I think that that is a totally appropriate -- and that that really goes to the heart of the matter that Jim was bringing up.

**DR. ZIEMER:** Okay. Again, you will have opportunity, after this motion, to address that issue. Other -- Gen Roessler.

**DR. ROESSLER:** (Off microphone) (Inaudible)

**DR. ZIEMER:** Okay, other comments on this motion? Jim?
**DR. MELIUS:** Just to indicate that once we have dealt with the amendment that's on the floor that I would be glad to accept both of Mark's and Tony's recent suggestions as friendly amendments.
**DR. ZIEMER:** Okay, a hint of things to come. It almost sounded like Tony was speaking against his own motion there, but are there other comments, pro or con?
Okay, then all in favor of the amendment -- if you vote in favor, you're voting to strike the paragraph. All in favor will say aye.

(Affirmative responses)

All opposed say no.

(Negative responses)

The noes -- any abstentions?

(No responses)

The noes have it. The paragraph remains in. We now can open the floor for certain friendly amendments, and (Off microphone) (Inaudible).
**MR. GRIFFON:** I guess just to restate my -- what we discussed prior to this, the end of that paragraph that we didn't strike, it says the Board -- and I'm proposing

that we rephrase it to say the Board will, in many cases, need to rely upon criteria defined in this final rule. And I believe that's a friendly amendment.

Jim, for the record, I think you --

**DR. MELIUS:** That is a friendly amendment.

**DR. ZIEMER:** Wanda?

**MS. MUNN:** Also a friendly amendment, I understand that the word "tasked" is commonly accepted in parlance right now, but it's one of those things that grates against the grain of purists. I would really appreciate it if we could change that to either "charged" or "is responsible for" rather than "the Board is tasked with reviewing..."

**MR. ELLIOTT:** So you're speaking to the first -- or the last paragraph, first page --

**MS. MUNN:** Where -- I'm talking about the same paragraph that Mark is talking about. I'm just talking about the first line of it. (Reading) The Advisory Board, pursuant to the Act, is tasked with reviewing...

I'm suggesting that it be changed to "charged" or "responsible for".

**MR. ELLIOTT:** And reaction to that?

**DR. MELIUS:** I would also accept "charged".

**MR. ELLIOTT:** Mr. Presley?

**MR. PRESLEY:** First paragraph, it says "On behalf of the Advisory Board..." Should that not read "The Advisory Board on Radiation and Worker Health wishes to express our concern..."

**DR. MELIUS:** That would be fine with me, too. I think, as we've done in the past with these letters, we've let the Chair edit and -- in terms of style and grammar and -- as he feels appropriate, so...

**MR. ELLIOTT:** Dr. Ziemer, we have a friendly amendment on the first paragraph, first sentence, to change the language to read "The Advisory Board on Radiation and Worker Health wishes to express" -- correct, Mr. Presley?

**MR. PRESLEY:** Yes.

**MR. ELLIOTT:** And then down later, the bottom of the first page, last paragraph, first sentence, "The Advisory Board, pursuant to EEOICPA, is charged" instead of "tasked". And then the next -- top of the next page, that last sentence in that same paragraph -- Mark, help me out again here with what -- I --

**MR. GRIFFON:** Yeah, the Board will, in many cases, need to rely upon the criteria defined in this final rule.

**MR. ELLIOTT:** And the proposer of the motion agreed with those friendly amendments, I believe.

**DR. MELIUS:** There was an additional --

**MR. ELLIOTT:** An additional one?

**DR. ANDERSON:** Potentially eligible was the next one.

**DR. MELIUS:** Yeah, in the...

**DR. ZIEMER:** Where does the --

**DR. MELIUS:** The next to last paragraph, at the beginning of that paragraph, "Potentially eligible classes".

**DR. ZIEMER:** Thank you. While we're still being friendly, the second to last line on that first page, referring to the adequacy, I believe that the actual wording in EEOICPA is "scientific validity and quality". Is that not true? Can somebody help me? Is -- were you quoting, Jim, or -- I --

**DR. MELIUS:** I was paraphrasing but not quoting.

**DR. ZIEMER:** I think that "scientific quality and adequacy" are the actual words and I'm suggesting that we use that. That's the concept for adequacy, but insofar as we can actually quote the --

**DR. MELIUS:** That would be fine, and also while you were out, we gave -- I think it's usual these letters -- that

you have a final say in terms of grammar and style issues, so...

**DR. ZIEMER:** I have another question, also, again -- and maybe this will also be within the prerogative of the working thing. Were you quoting from section 42 USC 738 -- 3874(q)? Have you confirmed that that is the exact -- it is in quotes in your letter.

**DR. MELIUS:** (Off microphone) I believe it (Inaudible).

**DR. ZIEMER:** Well, in any event, where we're quoting exactly, I will make sure that we quote it exactly. The other comment I had was in the second to last paragraph, "Procedures for Designing (sic) Classes of Employees" and so on, I wonder if it would be good to expand that to include the -- well, in the second sentence you have the dates of the rulemaking and in the first sentence we don't -- we just have the year. I was going to suggest that we add in there the month of the issuing of the rulemaking and the dates of the comment period in both sentences. You have it in the one but not the other.

**DR. MELIUS:** I didn't have --

**DR. ZIEMER:** I'll dig that out. If you're agreed, we'll just add those.

**DR. MELIUS:** That's fine.

**DR. ZIEMER:** Are there any other -- yes, Gen Roessler.

**DR. ROESSLER:** Mine is grammatical and I probably shouldn't even bring it up, but I want to remind the Chair -- and I'm sure that as an academic person who deals with dangling participles so well that he'll recognize that a Board -- the Advisory Board is an "it", not an "our" or not "us".

**DR. ZIEMER:** I've already changed my copies.

**DR. ROESSLER:** You marked al-- thank you.

**DR. ZIEMER:** Yes. Tony and Robert.

**DR. ANDRADE:** Okay, one final proposed amendment, and that is to change wording such that we can combine the last two short paragraphs, as follows. We start with "Potentially eligible" and we continue on with "classes of workers" et cetera, and keep the rest of that small paragraph as is. And then at the end of that paragraph, append "Hence, we" and then follow through with the last part of the last paragraph, so it would read "Hence, we urge you to finalize the Special Exposure Cohort rule" et cetera, et cetera. In other words, we'd take out the piece that, again --

**DR. ZIEMER:** This is the delay issue again.

**DR. ANDRADE:** The delay issue.

**DR. ZIEMER:** Okay. I guess if that was friendly before, it's still friendly. Is that the --

**DR. MELIUS:** Yeah, I have no objection to taking that out.

**DR. ANDRADE:** That is my --

**DR. ZIEMER:** Agree to that change?

**DR. ANDRADE:** Right.

**DR. ZIEMER:** Hence -- hence, the Board --

**DR. ANDRADE:** The Board --

**DR. ZIEMER:** -- urges you... Thank you. Are there any further friendly or unfriendly amendments?

(No responses)

Are you ready to vote on this proposed letter? You appear to be ready to vote -- pardon me?

**UNIDENTIFIED:** (Off microphone) (Inaudible) second.

**DR. ZIEMER:** It was seconded originally before it went on the table, so -- right.

Okay, all in favor say aye.

(Affirmative responses)

Any opposed, no.

(No responses)

Any abstentions?

(No responses)

The ayes have it, and we will prepare the final letter and copies will be distributed, as well, to the Board. Thank you.

Several of you asked for copies of the letter that was sent to me by three members of Congress. Who didn't -- these were distributed at our last meeting, but some of you needed copies. Cori will --

**DR. MELIUS:** (Off microphone) Actually (Inaudible) Cori my original of that.

**DR. ZIEMER:** Cori will distribute those.

(Pause)

**DR. ZIEMER:** Oh, okay.

(Pause)

**DR. ZIEMER:** Okay. And did you distribute a copy of my response?

**MS. HOMER:** Yes.

**DR. ZIEMER:** Okay.

**MR. ELLIOTT:** Your response went to all three senators on an individual letterhead --

**DR. ZIEMER:** Yes.

**MR. ELLIOTT:** -- but we only passed out -- I think Cori

only passed out the one to Ms. Slaughter.

**DR. ZIEMER:** They were all identical and just the names were changed. The last paragraph indicates that similar responses went to the other two Representatives, and then I also sent this, as well as copy of the original letter, to Secretary Thompson. Okay? So -- any comments or questions on that letter?

**DR. MELIUS:** I guess I would like -- first of all, I'd like to try to work out some procedure so we understand how these letters will be handled. When I -- as I recalled the last meeting and checked back to the transcript, we talked about that you were going to consult -- the Chair was going to consult with NIOSH about these issues and then share with us what was going to happen, and it was -- the "share" was vague, but I was at least expecting to get a copy of what was being sent. And if there were policy or other issues related to the Board, that the Board would be consulted in some way on addressing these, that this -- and frankly, I don't completely understand what your response was and -- do that, so I think in the -- guess what I would ask in the future is that when these letters come in that we spend some time sort of being more specific about what the

follow-up is. 'Cause I'm not trying to fault you in that sense, 'cause --

**DR. ZIEMER:** No, I appreciate that.

**DR. MELIUS:** -- we might have misunderstood that, but also that if there are policy or other issues that are raised by this that affect -- that are on behalf of the Board, then I think the Board needs to talk about them and have some input into them.

**DR. ZIEMER:** Thank you for that comment. I was vague at the last meeting 'cause I had only just received the letter and seen it on the way in, and I wanted to have a chance to kind of match it against our stated responsibilities. We were, in a sense, being asked to do some things that were sort of what I would classify as being mandated by a Congressional group to do certain tasks. Our charge comes else-- from -- from a -- both the President and from our charter. And so basically, after having laid the letter side-by-side with our stated responsibilities, I simply -- it appeared to me that the first effort to, if there were issues, had to go to the Agency. Congress, I think, can direct in fact probably agencies to do those sorts of things. But in any event, officially to transmit

their concerns to the Agency, and then secondly to let them know what we were doing in the way of audit procedures. We're being asked to specifically do an audit where we didn't even have procedures in place. Our selection of what we audit has to be based on the principles that we develop and not necessarily simply audit when -- when Congress asks us to, unless they wish to change the legislation. But that was the nature -- I don't think that I set any policy in responding. I simply told them what we were doing, that as we developed the audit procedures that we will ask the Agency to share them with -- with them. So that's the response -- I wasn't -- I get a number of letters from individuals on a variety of things. If they're addressed to me personally and not the Board, then I respond to them. I do not try to act on behalf of the Board in terms of changing anything or setting any policy. I just told them what we're doing. That was my response. But I'd be glad to -- if the Board wishes, on these kinds of things, to see the response in advance, I'm glad to do that, too. I don't have any problem with that.

**DR. MELIUS:** Again, speaking personally, I think when -- I think we've talked about this before, there are letters

that come in from individual claimants. They may come to you, they may come to the entire Board, and I think we've discussed some of the pitfalls of those as well as being discreet in how we handle them in terms of response and so forth and those I have concern-- I think when we get a letter from someone in Congress to the Advisory Board clearly asking the Advisory Board to do something, that that ought to be something we -- we discuss, or at least be informed about the response, that if you're someone in Congress, you read the law and the law clearly says that we are going to be reviewing dose reconstructions and so forth. And so I think you at least, from reading the law, it would be appropriate for them to turn to us and ask us to do that. And certainly the request was made on behalf of their constituents from the -- you know, it wasn't the -- their whim and I don't think it was a issue of, you know, what the Executive was or was not doing. You know, these are two Republicans and a Democrat that -- that wrote this letter.

I also think that in the response -- at least I would have preferred you indicating -- at least giving a little bit better -- more of an update on where we were in this

process. It wasn't just that NIOSH would -- or HHS would communicate procedures, but that we were actually -- you know, at that time were in the process of awarding contract and taking up the -- to review site profiles, as well as individual dose reconstructions and that we would be making a selection. Now whether or not we take their desire in account in making that selection I think is, you know, something we could discuss. But in several ways it -- it's moot now after the previous actions we've taken this morning, but I guess I get a little worried that if we defer too much to NIOSH that we're implying that NIOSH or HHS is entirely in control of this process and that that has implications in terms of the independence of our review. And we -- I think our charge to review is -- when Congress set this up was for an independent review related to certain parameters of the dose reconstruction and that we need to be careful that when we communicate that we convey that we are doing an independent review and that -- us and then that NIOSH is well aware of that and I think supportive of -- of the need for the credibility of that -- that process.

**DR. ZIEMER:** I thought the second paragraph basically said

that, but maybe not in the words others would have used, but -- yeah. And at that point I wasn't prepared to give them a timetable 'cause we were still in flux. I simply said we are in the process. But thank you for those comments.

Other comments? Tony?

**DR. ANDRADE:** Paul, perhaps -- perhaps we should set a bar. The original legislation for EEOICPA was developed by Congressmen, even with great participation from Congressmen from my state, and it seems like although we shouldn't respond to the specific tasking that -- or not necessarily respond to the specific tasking that comes about because it -- this can become a circus. Okay? This can set a bad precedent if we were to do so. I think that what -- the bar or the threshold that I'm talking about may be that if there are Congressional communications that go to you or to others on the Board, that we share those and that we discuss those before -- and perhaps the Board get together and collectively put a -- an appropriate response together.

**DR. ZIEMER:** I certainly -- be glad to do that. Others want to weigh in on this?

**DR. ANDERSON:** I think it's a -- it was a fine letter. I mean the other thing we could have is kind of a routine thing to say -- you want to be timely in your response, so to wait until now, you could have gotten another angry letter, why haven't you responded, so I think something like this and then say the -- your letter will be shared with the full Board and will be discussed at the upcoming meeting, something like that. But I think, you know, now -- I don't want to necessarily enter into a dialogue with multiple letters, so you want to do one letter and be done. But now with Bethlehem on our site profile review, so you know, we are being responsive, so I think something like that rather than necessarily try to get the Board together on a teleconference or something, it's -- it's not that pressing. But I think just to indicate that -- thank you, forward it on to the Board and we'll talk about it further. But it was a good letter, I thought.

**DR. ZIEMER:** Roy?

**DR. DEHART:** I don't know how you would feel about it, but we now have considerable progress since your original letter was written. A follow-up letter to the three Congressmen stating that we now have a contractor, by name;

that that contractor is being given some directions with regard to doing just what has been requested; and that this particular institute or business is to be -- is included in the monitoring of the situation with regard to the status.

**DR. ZIEMER:** I'd be glad to do that if the Board so desires. I would point out to you that in the original letter, Congress not only asked that -- or these three individuals not only asked that we do an audit, but they asked to review the procedures before the audit was done. And so it was much -- the scope of what was being asked was pretty extensive. And if you feel that you would like the Chair to let them know that we are doing the audit and that we've selected a contractor, then I'm glad to do that. But what we are doing is not precisely what they had asked for.

**DR. MELIUS:** And I just think we should clarify that in our communications.

Your letter also indicates that HHS will do -- have follow-up communication with them, and I -- I don't have -- haven't heard about that and I don't know if that communication has been sent. Larry, can you --

**DR. ZIEMER:** I simply indicated that I would ask HHS --

or ask -- basically it's NIOSH, but HHS to provide them with our procedures when they become available. We don't have our procedures yet.

**MR. ELLIOTT:** No, we have not communicated yet. We are preparing a communication, though.

**DR. MELIUS:** Can that be shared with the Board when it goes out?

**MR. ELLIOTT:** Yes, certainly, it will be tied to the Board's incoming.

**DR. ZIEMER:** Okay. Any further items on this? Well, Wanda, yes. Thank you.

**MS. MUNN:** I would like to strongly urge caution with respect to establishing a precedent for long and detailed correspondence between this Board and elected officials. I remind you there are over 350 members of Congress. They passed the law under which we operate, and a large number of them have constituents who are concerned with what we do here. We are a public body. We operate in the sunshine (Inaudible) access to our minutes and to our procedures. My personal view is that the Chair has responded appropriately and that the Agency has indicated they will provide the documents that the elected officials

requested. Anything further than that, in my view, is asking for us to involve ourselves in many dialogues from many different approaches, and we should be very cautious at the outset in following that course of action.

**DR. ZIEMER:** Okay. Thank you. It's not fully clear to the Chair yet as to whether the Board wishes there to be a follow-up letter. Can I take a straw poll and just get a sense of the Board? Do you -- how many think that the Chair should send a follow-up status report letter?

(Affirmative responses)

Four -- five -- one, two three, four, five, six -- it looks like most do, and so I will prepare that. Do you wish to see the follow-up letter first? Yes? No? If you wish to see it, it will be a month from now. Okay, we will prepare a follow-up letter and simply -- informing these three Congresspeople of the current status, that we have selected Bethlehem as one of our audits and that our contractor is -- has been selected and we're in process. I don't -- I don't assume that any of us want us to commit to having Congressional review of our procedures before proceeding. Yes, Tony.

**DR. ANDRADE:** Absolutely. You know, I fully support what

Wanda said. I just think that in this particular case where you did respond initially to -- to the Congressional folks -- Congresspeople, we -- we hadn't come -- well, as mentioned by Dr. Melius, we hadn't come to this point in our deliberations and now we can tersely and quickly close the loop with these folks, and hopefully that will be the case in the future.

**DR. ZIEMER:** I think we're ready to proceed with the public comment period, are we not? Do we have any other business -- Jim?

**DR. MELIUS:** A thing that I hope we can do quickly -- very quickly. For our next meeting in Hanford -- I talked about this earlier this morning -- is I think we need to come to grips with sort of the procedural issues related to dose reconstruction review and our dealing with our contractor and so forth. And I know that there have been various documents prepared. I don't think anything that's actually been presented to the Board on this, and perhaps a workgroup could be charged with coming up with something by the next meeting in Hanford so we have a -- something to, you know, react to and that would also get some input from NIOSH and staff in terms of -- of some of the

contractual and FACA issues related to that so that we don't have to go through those at length and with the uncertainty involved. So I think a small workgroup and -- whether it's from the, you know -- whether it's the original group that Mark chaired or a different group I don't think matters, but I do think we ought to get prepared for this next meeting so we can make decisions on that.

**DR. ZIEMER:** We actually have -- in fact, Mark and I have worked a little bit off-line on a sample. I don't know if charter's the right name, but a structure for a subcommittee that would -- I think, as it's evolving now -- would have the responsibility for managing the groupings of the dose reconstruction audits and how we bring them forward, that kind of thing. And basically I think we have the draft materials that we could just simply bring forward, we could distribute in advance, in fact.

**MR. GRIFFON:** I think -- I mean I'd be willing to work with you further on that. We have a draft. I think what I would propose is to cross-walk that draft of the subcommittee task with this procedure that we've all approved on reviewing the dose reconstructions and see how those two -- I mean 'cause we did one prior to the other.

**DR. MELIUS:** And I would just ask that we sort of cross-walk that or check that against some of these FACA and contractual contracting rules so that --

**DR. ZIEMER:** Right, we'll try to do that and perhaps --

**DR. MELIUS:** -- we decide something -- we're not going to set up a structure that's going to get --

**DR. ZIEMER:** And I wonder --

**DR. MELIUS:** -- us or NIOSH or somebody in trouble.

**DR. ZIEMER:** -- if we could get Tony to agree to help us on that, too. We would just get a third opinion on that, and we'll bring that forward then.

**MR. ELLIOTT:** Building off what Dr. Melius suggested, if you could -- when you get something -- you know, some language to evaluate here, I think it'd be good if you'd get it to us so that we can give you some advice on Privacy Act and FACA and procurement requirements, et cetera.

**DR. MELIUS:** I just don't want to get to this next meeting and have to have you -- ask you a question and have Larry have to go back and find out 'cause this is very complicated and the answers aren't always easy --

**DR. ZIEMER:** Right.

**DR. MELIUS:** -- and we ought to try to do that as much ahead

of time as we can.

**DR. ZIEMER:** Right. We'll make sure that gets done. Thank you.

**PUBLIC COMMENT PERIOD**

Let's proceed now to the public comment period. I have several listed here. Are there any more --

**MS. HOMER:** No.

**DR. ZIEMER:** I have Dennis Rocque here, but was this from last night or is Dennis --

**MS. HOMER:** No, that's from this morning.

**DR. ZIEMER:** Okay, a new sign-up, good. Dennis, if you want to lead off again today and -- where's the mike?

**MS. HOMER:** Right here.

**DR. ZIEMER:** The mike is right here, so...

**MR. ROCQUE:** Good afternoon, Mr. Chairman and members of the committee. Once again I bring you greetings and welcome you to Augusta on behalf of T.S. Yarborough, business manager of local union 1579 of the International Brotherhood of Electrical Workers, and also president of Augusta building and construction trades council. Once again, I'm sorry he couldn't be here today. He's still at home recuperating from surgery.

As I said, my name is Dennis Rocque. I'm organizer from local union 1579 and also the secretary/treasurer of Augusta building and construction trades, and it is in this capacity that I am here today. My presentation is also behalf of the South Carolina building and construction trades council.

First I would like to thank you for giving me this opportunity to come and speak with you and present my views. There are some 15 affiliated unions of the various crafts in our councils. Together they serve a estimated 37,000 workers who have been employed at the Savannah River Site since radiation sources were deployed at the site. These members also have families, and altogether this population numbers some 150,000 people. Whether as workers or as family members or survivors, all of these people have had a stake in your work.

Our duty to our members and their families is to make sure they are treated fairly by this program. What we hear from families about the way this program is going causes us great concern.

We greatly appreciate your willingness to come to Augusta because so many of the affected workers live in this

vicinity, and we also appreciate you holding public sessions in the evening to give these people the opportunity to be with you. I hope you found that experience to be useful and I would hope that you will continue to hold meetings in the places and at the times that are accessible to people that are to be served by this program.

I also want to thank NIOSH for asking to meet with us about the recent issued site profile document for the Savannah River Site. We could only arrange this meeting on November 11th, which is a Federal holiday, but they came anyway. We are grateful for that, and for the discussion we had. To show you that we took this seriously, every one of our local union leaders participated in the meeting. I've been told NIOSH concluded that the current draft of the site profile does not address the exposure history of construction workers and that it would need to prepare a separate profile from this perspective. Is this is the outcome of that meeting, we will be pleased also, although we withhold judgment about the products until we see it. The reason for our concern on this score is that we think NIOSH has the expertise -- or we don't think that NIOSH

has the expertise and experience in construction to ever adequately understand the complexity of construction work. It often seems they gloss over and simplify something that can't be made simple, and we sympathize with that. The construction industry and construction is messy, improvised, poorly planned and unstructured. Once completed, the construction work process is never documented in a manner that could be replicated. That's why researchers who often come in contact with our industry get frustrated. They want us to stand still long enough to be captured by their methods, but that just doesn't happen.

This is not unique to this program. This is true for all safety and health. Because construction is difficult to understand, it has mostly been ignored. Last night you heard from a few of our members. They expressed concern about the slow progress that is being made. They expressed concern about being treated fairly. They say you don't understand our work or the exposures. That was our conclusion, as well, following the meeting we had in November.

If I can summarize my understanding of where we are, it

would be this. First, NIOSH intends to rely on individual radiation doses where possible. We know that won't work for many of our members because they weren't either monitored or monitored in deficient ways. What we don't know is how NIOSH will determine whether radiation monitoring is complete. But we don't know the extent of this problem, so here's my first request to you.

Please evaluate DOE -- please evaluate, by DOE site and for each construction trade, the incompleteness of radiation monitoring. Let me emphasize we need a separate evaluation for construction trades. In the end it seems it will be up to the individual claimant to prove that the radiation monitoring records are not complete. This appears to us to be highly unfair, for two reasons. First, the likelihood of construction workers having incomplete radiation records is much greater than for other workers. Second, the burden of making this proof seems more than you can expect to be placed on a worker. But we don't know that for sure since no one has told us what kind of proof will be required. So here's my second request to you.

Give us a method by which claimants can prove this. What

does it take? The existing rule says nothing about this. Second, NIOSH then says that it needs work history interviews to get at the kind of information that it takes to figure out missing monitor and the unusual exposures. We know that doesn't work for many of our members who are claimants because they are old and they have a long and complicated work history. Many have a dozen or more employers a year. Further, when half of the claimants are survivors, how do you expect this to work since they have no details on work histories. Construction workers will talk at great lengths and with pride about the great projects they worked on -- the buildings, the highways, the bridges and so on. But they generally don't talk much about their work day and with their families, in part because it's dangerous. And at the DOE sites they were forbidden to do so, so how do you expect these survivors to provide recall? We know this work history procedure is not working because we hear it from our members and their families.

November 11th we asked NIOSH how the interviews were going and they said poorly. In fact, they said that the survivors' interviews mostly resulted in "I don't know"

answers and only lasted about ten minutes. They claim this is frustrating to them. Imagine how the claimant feels. So this is my third request to you. Please review the work history process for construction workers and tell us how often they are insufficient. Provide this information specifically for construction workers and also where the claimant is a survivor. Thirdly, NIOSH says that it doesn't really need the interviews. Instead, it can express a professional opinion. We know that no two construction workers are remotely alike in their work history experiences. That is why safety and health researchers often get frustrated when they come onto a job site. We've seen it time and time again. More importantly, NIOSH has not presented us with a method by which it will do this. To rule on dose reconstructions is not specific about how this will be done for construction workers, and the NIOSH team could not tell us how they are doing this, so we have little confidence in this regard. So this is my fourth request to you. Review the procedures by which NIOSH will do this specifically for construction workers. From what I have said, you can see that we have concerns about every step

in the NIOSH decision logic as it applies to construction workers, and we have a clear and factual basis for these concerns. It is not the first time they have been exposed to NIOSH or to you, but let me say again, you can't treat the problems that are unique to construction as a side issue. You can't make up answers as you go along. That's too arbitrary. It is not fair to our claimants. You need a unifying model to show how you're going to treat construction workers. Thank you for your time.

**DR. ZIEMER:** Thank you very much. Next we have Isaiah -- and I think it's Anfeld or Anfield. Isaiah?

**MR. ANFIELD:** Good morning. Good morning. I'm a member of local 1137 union, general maintenance. I was a previous employee out at duPont back in the eighties. What I would like to know, as far as me personal-wise, I suffer what they call Biller's (Ph.) Disease, and I use this combine to help them things, lung cancer, even in people who do not smoke, shortness of breath, loss of appetite and weight to ease breathing. This is a combine held. I would like to know (Inaudible) disease asbestos, shortness of breath. Now this is my treatment. I would like to know do -- I would like to -- for this question

to Dr. Ziemer -- that's correct? I would like the answer -- How would you like to confront this question. What treatment do you have for (Inaudible) treatment at this present time?

**DR. ZIEMER:** If I understood what you're asking, what treatment is there for --

**MR. ANFIELD:** For asbestos and (Inaudible) disease.

**DR. ZIEMER:** Beryllium disease.

**MR. ANFIELD:** And asbestos.

**DR. ZIEMER:** And asbestos.

**MR. ANFIELD:** Uh-huh.

**DR. ZIEMER:** I wonder if -- we have a couple of physicians on the panel and maybe Roy or -- if not Roy -- can you address that for us?

**DR. DEHART:** Only in general summary. I'm Dr. Roy DeHart and you were complaining of asthma?

**MR. ANFIELD:** I am -- I am -- that's what -- that's what I'm treating my disease for as of right now, but I'm up on beryllium, between that and asbestos, but I'm taking over -- this is what they call a combined (Inaudible) for the disease.

**DR. DEHART:** For asthma that is an appropriate treatment.

I don't know what kind of inhaler you're using, but certainly --

**MR. ANFIELD:** Combined. Combined, that's the name of it.

**DR. DEHART:** I can't be specific, but there are both oral medications, as well as inhalation medications, like the inhaler that you have, that's appropriate for treatment. The second issue was berylliosis, you have a beryllium lung problem, as well?

**MR. ANFIELD:** I just have a disease and, you know, it's borderline. I don't know which one is what or -- it's between beryllium and asbestos.

**DR. DEHART:** Well, obviously you probably need a physician to help make that diagnosis --

**MR. ANFIELD:** Yes, that's -- that's -- I mean that's what I been through and that's why I'm on it. That's why my doctor got me on this and I've been to three or four doctors, so as of right now, you know, that's what's -- they can come up with. I'm -- I'm -- like I say, I'm taking a combined vent inhaler at the present, right now, for the treatment.

**DR. DEHART:** Yes. Well, the other item you mentioned was asbestos exposure --

**MR. ANFIELD:** Asbestos.

**DR. DEHART:** -- asbestosis.

**MR. ANFIELD:** Yes.

**DR. DEHART:** The treatment for that is very similar, depending how severe it is. They may need to add some other medications to control it if you're having real respiratory problems, real breathing problems, but that's a decision that your physician will need to make and talking with them. We're not prepared to provide specific treatment regimens because obviously we haven't examined you, we're unable to at this point in time take a medical history. But I would leave that to your physician who's taking care of you. And if it's necessary for him or her to refer you to somebody else, they certainly can do that.

**MR. ANFIELD:** Okay, I've got one more question. During the time that I was employed with E.I. duPont, my insurance company was Aetna. Now I want to -- I want to know why they jumped the 'surance company when I was with Aetna, now they got it with Wausau. How can that be?

**DR. ZIEMER:** I don't know that we know the answer to that. I don't know if any of the local people or the DOE folks can answer that. It has to do with local insurance

situation perhaps.

**MR. ANFIELD:** Well, during the time -- as far as I know, E.I. duPont -- I was up under Aetna Insurance Company. Now they got another 'surance company called Wausau. I'm not affiliated with Westinghouse.

**DR. ZIEMER:** Let me suggest that after our session here that perhaps one of the NIOSH staff people can find a little -- out a little more about this. We don't know if we can be of help, but we can certainly look into that.

**MR. ANFIELD:** Okay, thank you very much then.

**DR. DEHART:** One last question. Do you smoke?

**MR. ANFIELD:** I have before, but that wouldn't have nothing to do with me catching the disease -- I mean with all the disease, you know --

**DR. DEHART:** So you --

**MR. ANFIELD:** -- all this. We've done all that and I would -- every doctor, you know, I asked them about cigarettes, they said not necessarily because people also that don't smoke is infected.

**DR. DEHART:** Okay. You're not smoking now?

**MR. ANFIELD:** No, I'm not.

**DR. DEHART:** That's good.

**DR. ZIEMER:** Next we have Bob -- is it Warner -- Warren, Bob Warren.

**MR. WARREN:** Hi, I'm Bob Warren. My address is Post Office Box 1367 in Black Mountain, North Carolina 28711. I'm a lawyer that had been representing claimants in the EEOICP process, both the lump sum cases and the Workers Comp cases, for over two years. And I would like to compliment NIOSH for having hired some very competent people who do the interviews. I think I've had all of the interviewers at least once. I know several I've had five or six times. The problem with the interviews, as I see it, is that the claimants or their survivors don't have the information or can't remember the information needed to document the radiation exposure.

One thing that might help is to send a copy of the worker's radiation exposure records and/or the worker's site medical records to the worker or the survivors at the time when NIOSH sends out the interview form. Having some of these records to jog the memory of a worker or to allow the survivors to know what actually went on where that worker was working would be of tremendous help, I think, at least in production workers. I don't think it would

help in construction workers, but whatever records you have would be helpful.

I had -- I do agree that the construction workers should be put in a Special Exposure Cohort because it's so difficult to document all the dangerous situations they're in. I have interviewed clients that were in the construction -- and they just have a variety of different experiences where somebody said go repair this valve or do something else or put a pipe in in a radiation zone, and that's just not documented.

I also agree with Knute Ringin's comments that he made at your last meeting which I read on your web site -- which I appreciate the opportunity to be able to do that -- when he said that the site profile documents were not reflecting what went on at Savannah River Site. And he specifically said that 83 significant site history documents not referenced in the SRS technical document are extremely relevant. I think they're extremely relevant. And by not using these documents, NIOSH has damaged its credibility for fair treatment of the workers, and I just think you need to look at that seriously.

One of the things not in the SRS technical documents --

the technical document and the amendments, is the practice at SRS of workers eating contaminated plums, blackberries, scuppernong grapes, peaches, pecans and even eating fish out of the holding ponds. You can appreciate the effects of these radioactive things on the mouth, the throat, the stomach, the colon, the bladder and even the prostate. And as far as I know, NIOSH health physicists have not developed procedures to deal with these cases.

One of the problems that I've had with different sites -- SRS, Hanford and Oak Ridge are the ones that I've dealt with mostly -- is that DOE says it does not have the records for workers who have presented Social Security records, W-2 forms, affidavits from fellow workers saying that they worked at the site. I've just really been appalled at DOE's lack of thoroughness in getting records, particularly when they -- they have duPont, Westinghouse or Bechtel that they're dealing with. They know these people have the records and all DOE has been doing is just simply asking them and then saying okay, well, if you don't have them, that's it, and workers claims then getting denied.

I think by continuing to be persistent in asking for the

records, NIOSH can at least document that they are asking for the records over and over again. What I've had in several cases is they say there's no records, and then finally when it gets up to Workers Advocacy in Washington, suddenly all the records are there. And by that time NIOSH has already done the dose reconstruction on a very abbreviated work history and they've lost. And so we get up -- all the way up there.

I would point out that the status report sent out by NIOSH that you send out normally really doesn't help much when a dose reconstruction is started and then the status report comes out every month just showing that the dose reconstruction started on the same date, with no changes. I have about a half a dozen clients who have been waiting for more than 180 days for a dose reconstruction and all they get every month is a call saying -- I mean a report, then they call me -- well, all this says is the same thing last month. If it was some kind of expectation or estimate of when the dose reconstruction was going to be completed, then that would give you useful information, I think.

Now in light of the testimony of the two ladies last night, I also want to know -- want you to know about several other

women who had worked in this administration building at SRS. They worked as secretaries and then had breast cancer. One client of mine with breast cancer was denied benefits because the NIOSH dose reconstruction procedure was based upon her 30 millirems of exposure over seven years, and it was based supposedly on the most favorable dose. But if -- as you heard last night, if they were working next to a radiation zone that wasn't separated by any -- any lead or anything else, then there's something that could have happened to these workers. I know of two other workers who were secretaries and they were diagnosed with different cancers. One died in the forties, the other one died in her thirties. And these cases are just the ones I know about or the ones you know about and I know about from last night.

I would join David (sic) Miller in asking that the members of this panel look into this situation and do a -- some type of cancer screening of administrative personnel who were almost 100 percent women and who worked in the 700 areas at SRS.

The last point I would make is that I hope some of you on this committee will also use your expertise to -- with

NIOSH's help, to actually perform a dose reconstruction on workers who had lymphomas, leukemia or thyroid cancer. I don't think it's a secret in the scientific community that if you have large numbers of people exposed to radiation that the expected result would be thyroid cancers, lymphomas and leukemias. Somehow the NIOSH dose reconstruction process is not finding that there is at least a 50 percent probability of causation in these particular cases, at least from the cases I've seen. Please look into this problem because I think something is very wrong with the NIOSH procedures for this particular type cancers, the thyroid, the leukemias and the lymphomas.

Thank you very much. Any questions?

**MR. ELLIOTT:** Questions for Mr. Warren?

(No responses)

**MR. ELLIOTT:** Last person we have on the sign-up list is Howard Lawson.

**MR. LAWSON:** Good afternoon. I guess -- yeah, it's afternoon already. I am Howard Lawson. I'm electrician by trade and a union health and safety representative for the atomic trades and labor council at the Y-12 plant in

Oak Ridge. And I've got a couple of issues to lay on you, a couple of bricks -- more bricks for your load. But first, on behalf of the ATLC in Oak Ridge, let me thank the Board, each of you, for the work that you do.

And one of the issues that I have is the one that we've heard a lot about, and that's the Special Exposure Cohort. But before I get into it, let me remind you just a little bit about Oak Ridge site. And it is one site with three individual plants. We've got the K-25 plant or the gaseous diffusion plant or the -- I guess it's the ETTP now, East Tennessee Technology Plant or something. And of course we have the Y-12 weapons plant where I work, and the X-10 national lab.

Let me find my place here. A lot of things I've lost; I miss my mind more than anything a lot of times.

Though all three plants are different, and basically all the exposures were the same and the monitoring was the same, is one reason that I think that all plants should be in the special cohort. But like I say, there's three plants on one site and of course K-25 is in the special cohort by virtue of being a gaseous diffusion plant. But the ATLC, if you have a opportunity to advise the powers

that be on inclusion of people in the special cohort, the ATLC would like to have the current and former workers at Y-12 and X-10 who are affected or have been affected by one of the specific cancers be included in the special cohort as a class of people. Justification for the SEC for X and Y worker is that, like the gentleman that spoke first, talked about the construction workers moving from site to site, the Oak Ridge workers -- maintenance workers routinely went from one site to the other, for training or one reason or another. Another justification for the SEC classification is workers at X-10 developed and tested many of the diffusion processes that are used around -- around the country. And in bygone years, accident and exposures happened, especially at the Y-12 plant. We've all read about those that -- in those days -- well, not the criticality one, but the others were considered normal or everyday occurrences. And today they're not, they're considered off-normal occurrences and incidents and they're -- just aren't acceptable today, where in days gone by, they were. And I mention that because I want to know if NIOSH can or has taken that into consideration when they're doing the dose reconstruction, or is it possible

to -- to estimate those things.

The second issue and final issue that I need your help with is the health screening program. Here again, there's a difference among the three plants on the same site. K-25 has the screening, and also they have the scat can -- CAT scan truck that is used for early lung detection. And from what I've heard of the people at K-25, it's -- it does work. It's a good thing. The ATLC would like to see that same process come to -- for the current and former workers at Y-12 and X-10.

Now we worked on a screening process with Mark and some more of them on the needs assessment for the screening program, and the last I found out that the medical screening program was in the works and probably will happen. But the CAT scan truck and the early detection system was not going to be part of it. And the ATLC would like to see that -- you know, whatever we can do, whether we borrow it from PACE, which is an outstanding organization, or get a CAT scan truck of our own for the workers at X-10 and Y-12.

**DR. ZIEMER:** Thank you very much. Are there any -- those are the four commenters that have signed up. Are there

any others here who didn't get a chance to sign up that wish to make public comment?

**MS. GANTZ:** Hello. I'm Julie Gantz. I'm a former employee of Savannah River Site. Like I stated last night, I worked in 773-A on D wing and I have been told that the office that I worked in at one time was a contaminated lab that was supposedly cleaned up. It backed up to a fab lab, which was in RCA, and there were several times that they would melt the -- I knew that they were melting circuit boards to get the precious metals and fumes would come over into my office and I would get headaches and my eyes would burn immediately. I never knew when they were down there or what they were doing. I never -- did not know until several incidents went by when they were forced to stop and build a retaining wall. There was no retaining wall in between my office and that RCA, and I have since been -- the recommended decision from NIOSH is to deny my claim, and in my report it says that the dose reconstruction likely overestimates my actual exposure. Well, where's the documentation for that? You know, most of this stuff doesn't really tell you a whole lot, just you know, that... I'm getting nervous. I just

wanted to know what documentation that, you know, they used to get all this.

**DR. ZIEMER:** Again, I think in this case we can ask NIOSH staff to individually provide that documentation since that is protected information that probably wouldn't be in public record, but maybe one of the staff can talk with Ms. --

**MS. GANTZ:** 'Cause there are two other women besides me and -- plus my boss, we all had cancer and my boss has died, so you can't exactly talk to him.

**DR. ZIEMER:** It appears that this could also be a case where there were some chemical implications if they were doing circuit board melting, as you described. Unfortunately, this program doesn't address the issue of chemical exposures and health effects of that, but the documentation at least on the radiation dose reconstruction I think -- whatever is needed can probably be provided. Is that -- is that -- I don't think we need to necessarily do that here, but we could have the staff work with -- with you on that.

**MS. GANTZ:** Okay. Thank you.

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

**MR. ANFIELD:** I have one more question. Reflect back to just one small question. I have one -- they was talking about how can they lose the record, I got my check stubs right here to document it, so would that be -- would that recognize my record from E.I. duPont, my check stubs? Just a copy of my check stubs, you know, like they're saying they can't find the records for some of the employees.

**DR. ZIEMER:** I don't know the answer to that. Again, can we ask you to work individually with one of the staff and maybe --

**MR. ANFIELD:** Well, who is the staff?

**MR. ELLIOTT:** (Off microphone) Labor's not here right now (Inaudible) clarification.

**DR. ZIEMER:** That's a -- oh, that's a Department of Labor employment verification issue.

**MR. ANFIELD:** Yes.

**DR. ZIEMER:** Can we provide this gentleman with the person he should contact?

**MR. ELLIOTT:** (Off microphone) Maybe (Inaudible) resource center can help (Inaudible).

**DR. ZIEMER:** We'll try to help you, sir.

**MR. ANFIELD:** Okay. Thank you very much.

**DR. ZIEMER:** This then concludes our open session of the Board meeting. Let me ask if there are any other announcements or issues that need to come before us in open session today.

(No responses)

If not, we are going to recess for lunch, and the Board will reconvene at 1:30 p.m., at which -- which is a closed session. I want to announce to members of the public that that session will be confined to discussion and review of the task order proposal and independent government cost estimate for the Board's contractor, and no other business will be conducted. Thank you very much.

(Whereupon, the public portion of the meeting was adjourned, 12:30 p.m.)

**C E R T I F I C A T E**

STATE OF GEORGIA )
)
COUNTY OF FULTON )

I, STEVEN RAY GREEN, being a Certified Merit Court Reporter in and for the State of Georgia, do hereby certify that the foregoing transcript was reduced to typewriting by me personally or under my direct supervision, and is a true, complete, and correct transcript of the aforesaid proceedings reported by me.

I further certify that I am not related to, employed by, counsel to, or attorney for any parties, attorneys, or counsel involved herein; nor am I financially interested in this matter.

WITNESS MY HAND AND OFFICIAL SEAL this _____ day of February, 2004.

_____
STEVEN RAY GREEN, CVR-CM
GA CCR No. A-2102