

UNITED STATES OF AMERICA  
CENTERS FOR DISEASE CONTROL

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NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY  
AND HEALTH

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ADVISORY BOARD ON RADIATION AND  
WORKER HEALTH

+ + + + +

62nd MEETING

+ + + + +

WEDNESDAY, MAY 13, 2009

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The meeting convened at 9:00 a.m.  
in the Holiday Inn Amarillo Hotel, 1911 I-40  
East, Amarillo, Texas, Paul L. Ziemer,  
Chairman, presiding.

PRESENT:

PAUL L. ZIEMER, Chairman  
JOSIE M. BEACH, Member  
BRADLEY P. CLAWSON, Member  
MICHAEL H. GIBSON, Member (via telephone)  
MARK GRIFFON, Member  
JAMES E. LOCKEY, Member  
JAMES MALCOLM MELIUS, Member  
WANDA I. MUNN, Member  
ROBERT W. PRESLEY, Member  
JOHN W. POSTON, SR., Member  
GENEVIEVE S. ROESSLER, Member  
PHILLIP M. SCHOFIELD, Member

THEODORE M. KATZ, Acting Designated Federal  
Official

## REGISTERED AND/OR PUBLIC COMMENT PARTICIPANTS

ADAMS, NANCY, NIOSH  
BRADFORD, SHANNON, NIOSH  
BRITTEN, BRENDA, PANTEX  
BROOKS, BRITTANY  
CONNER, A.K., MR. & MRS.  
ELLIOTT, CATHY  
FUNK, JOHN  
GILMORE, KAREN, PFW  
HAYES, BILL, PANTEX  
HILL, JR., ALVIN  
HOWARD, BARBARA  
HOWELL, EMILY, HHS  
KLEA, BONNIE  
KOTSCH, JEFF, DOL  
LEWIS, MARK, ATL INTL  
LORD, DAN, IMAGE RAD  
MAKHIJANI, ARJUN, SC&A  
MAURO, JOHN, SC&A  
McCAMPBELL, DAVID, PANTEX  
MCFEE, MATT, ORAU TEAM  
McGOLERICK, ROBERT, HHS  
McGRUEN, BILL, PANTEX  
MORGAN, SUE, PANTEX  
PRESLEY, LOUISE S.  
RAY, SARAH  
RITTER, ERIN, PANTEX  
ROLFES, MARK, NIOSH  
SALAS, RICH, PANTEX  
SHAW, CARRIE  
SKINLEY, NORA, THORNBERRY  
TEICHMANN, PAUL  
VAUGHN, GLENN, PANTEX  
WILEY, FLOYD, PANTEX

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Adjourn	

1 DR. ZIEMER: Good morning,  
2 everyone. We are ready to begin deliberations  
3 on the second day of this meeting, the  
4 Advisory Board on Radiation Worker Health  
5 meeting in Amarillo, Texas.

6 We thank everybody for their  
7 participation yesterday. I think we made good  
8 progress in staying on the agenda schedule.

9 We also had good phone lines, and  
10 we thank the group and the gentlemen who  
11 operated the phone lines for us; much better  
12 than the last time, and we appreciate that.

13 Let me ask our designated federal  
14 official, Ted Katz, if he has any preliminary  
15 comments for us today?

16 MR. KATZ: Thank you, Dr. Ziemer.

17 Just a couple of things to note. One, there  
18 is another public comment session this  
19 afternoon. It's from 4:00 to 5:00.

20 And secondly, for the folks who are  
21 listening by telephone, please keep your  
22 phones on mute. If you don't have a mute  
23 button, use star six to mute it, and if you  
24 need to come back on to speak, press star six

1 again and that will give you the line again  
2 for speaking.

3 Thanks. That's it.

4 DR. ZIEMER: Okay. I should give  
5 my usual reminder that you should register  
6 your attendance with us today if you have not  
7 already done so. In the foyer there is a  
8 registration booklet. Also if any of the  
9 members of the public here wish to speak at  
10 the public comment session this afternoon,  
11 please sign up in the foyer as well.

12 We begin our session today with a  
13 report, an update, from the Nevada Test Site  
14 working group, and Mr. Presley, the Work Group  
15 Chair, will present that report.

16 The Chair will just comment, we do  
17 have at least one individual conflicted on  
18 Nevada, but we have no action item before us  
19 on this; this is simply a report from the Work  
20 Group. I don't believe the conflicted  
21 individuals need to leave the table.

22 Am I correct on that? Let me ask -  
23 - is counsel here? Emily, is this considered  
24 part of the debate on the site? No, she has

1 indicated that this is simply information, and  
2 therefore, the conflicted individuals do not  
3 need to leave the table.

4 If a motion were to arise from this  
5 that would be different. I don't anticipate  
6 that, but who knows what will happen in the  
7 course of our deliberations.

8 Okay, let's proceed. Mr. Presley.

9 MR. PRESLEY: Thank you all.

10 First I'd like to thank Jim and  
11 Mark Rolfes for doing the slides. The reason  
12 I've been on the road for 12 days now, and  
13 talking back and forth, and Jim and Mark have  
14 taken my thoughts and the working group's  
15 thoughts and put them together and created the  
16 presentation that you see today. So I want to  
17 thank them. It would have been kind of hard  
18 for me to do this on the road.

19 As you see, the working group  
20 consists of myself, as chair; Brad, Wanda,  
21 Jim, Phillip, Mark Rolfes is the NIOSH lead,  
22 and Arjun is the SC&A.

23 And I'd also like to thank John  
24 Mauro for helping out. John has been very

1 good on helping out on this.

2 A little bit about our history.  
3 February, 2004, we had an approved NTS site  
4 profile that was released by NIOSH.

5 In December of 2005 SC&A issued a  
6 draft review of the site profile.

7 In the spring of 2006 the working  
8 group was formed to review the NTS site  
9 profile for accuracy and authenticity.

10 Things that we were tasked to do as  
11 a working group: may make recommendations to  
12 the Board for changes in the site profile as  
13 appropriate; and the working group should also  
14 strive for the development of recommendations  
15 to the Board on adding one or more classes to  
16 the SEC. And we will get into that later.

17 Some of the site profile issues;  
18 SC&A did their report at our first meeting.  
19 They had 25 findings. We started working  
20 through these findings. Some findings were  
21 determined to be appropriate. Changes to the  
22 technical basis document resulted.

23 Other findings required significant  
24 -- and I do mean significant, because this has

1       been going on almost four years -- resolutions  
2       of differing techniques, positions between  
3       NIOSH and SC&A.

4               The NTS site profile was updated to  
5       provide clarification for the issues of the  
6       technical information bulletins.     And the  
7       working group reviewed these rewrites.

8               Some findings were found to be  
9       inappropriate -- or appropriate to other  
10      sites, and they were passed on to NIOSH and  
11      the Board with recommendations that the  
12      working group be appointed to look into these  
13      findings as a multi-site issue.     Actually the  
14      -- I think the multi-site issues really came  
15      up probably from the results of what we did  
16      find out in the early years of NTS.

17              Our history was started out in  
18      2006.    I won't go through this.    You all can  
19      see it.    If anybody has a question, let me  
20      know.    We did, January 7, 2008, the working  
21      group was tasked to review the SEC petition.

22              What we did, we decided that rather  
23      than stop work on what we were doing, that we  
24      would go ahead and task SC&A with working on a

1 site profile and the TBD at the same time.  
2 And so we started working on the SEC petition  
3 at the same time.

4 We've gone through our last  
5 meeting, was this April the 23rd. We have  
6 resolved all but a couple of issues. We will  
7 go through these issues here in just a minute.

8 Some of the topics that we reviewed  
9 and discussed are the environmental internal  
10 dose reconstruction methodology; radiation  
11 monitoring practices; external coworker dose  
12 data; external exposure geometries; neutron  
13 photon ratios; time-dependent beta gamma  
14 ratios; internal coworker dose data; radon  
15 exposures; and Area 51.

16 And I will talk about Area 51 at  
17 the end. We want to make a statement and get  
18 it on the record.

19 Some of our major issues, complex-  
20 wide, were dose reconstruction, covers a  
21 significant amount of radionuclides; that's  
22 not just at NTS, but most work areas have the  
23 same problem. Hot particle, internal and  
24 external; oral-nasal breathing and ingestion;

1 dosimetry limitations/reliability; missed  
2 dose; extremity monitoring; badging geometry;  
3 assumptions for unmonitored workers; and high-  
4 fired plutonium.

5           Going back to a little bit of our  
6 history, December the 19th, 2007, the NTS  
7 working group reviewed all of 25 findings,  
8 NIOSH worked to resolve each finding and  
9 update the site profile as appropriate.

10           January, 2008, NTS working group  
11 tasked by the Board to review the NIOSH  
12 Special Exposure Cohort Petition Evaluation  
13 NTS SEC 0084.

14           January the 7th we reviewed and  
15 discussed open comments on the correction  
16 factors for external doses due to geometry or  
17 organ related to the location of the film  
18 badge.

19           Internal non-use of film badges --  
20 the issue was resolved. NIOSH updated the  
21 site profile, and I must say that these two  
22 subjects have been gone through thoroughly.

23           As part of the SEC discussion NIOSH  
24 presented an extensive analysis of worker

1 affidavits, reentry access logs, external  
2 dosimetry records, and pocket ionization  
3 chamber data.

4 April, 2009, we had status of three  
5 most recent issues. They were: removal of  
6 dosimetry badges. We felt like this was an  
7 SEC issue, and NIOSH and the working group  
8 considered this issue closed in the NTS site  
9 profile and in the SEC analysis.

10 The environmental intake model was  
11 also a site profile issue. NIOSH proposed to  
12 -- a combination of air monitoring data with  
13 resuspension models for assigning internal  
14 doses to workers outside radiological areas  
15 and outside controlled areas.

16 And in coworker internal dose  
17 models was also an SEC issue. NIOSH proposed  
18 to use bioassay data from the 100 highest  
19 externally exposed NTS claimants to bound  
20 unmonitored workers for internal dose.

21 History of the working group  
22 activities: disposition on the top 100  
23 coworker model. In the SEC-0084 Evaluation  
24 Report NIOSH proposed using bioassay data for

1 the 100 highest externally exposed NTS workers  
2 to bound unmonitored workers' internal dose.

3 Much input on this would be -- much  
4 input on who would be in the most exposed  
5 group, who is the top 100 most exposed people  
6 at NTS. And that has been looked at very  
7 closely.

8 NIOSH has agreed to request  
9 additional bioassay data from DOE for a more  
10 defensible coworker model -- intake model.

11 Previous NTS SEC classes added. In  
12 April of 2006 NIOSH issued an 83.14 SEC  
13 Evaluation Report, Nevada Test Site Petition  
14 0055, the Department of Energy employees, DOE  
15 contractors and subcontractor employees who  
16 worked at the Nevada Test Site from January  
17 27, '51, through December 31, 1962, for a  
18 period aggregated at 250 day period. And this  
19 was added to the SEC in July, 2006.

20 Current SEC petition status: we  
21 have January 31st, 1963 through September 30,  
22 1962. In September, NIOSH evaluated -- or the  
23 Evaluation Report determined that sufficient  
24 information is available to allow dose

1 reconstruction to be completed with sufficient  
2 accuracy.

3 NIOSH says no dose reconstruction  
4 is being held up at this time for any ongoing  
5 SEC discussions. I wanted to get that in  
6 there; that was one of the things that we were  
7 asked -- were we holding anything up.

8 Path forward: topics for future NTS  
9 working group. NIOSH is developing a coworker  
10 internal dose model for the 1963- 1992 SEC  
11 issue. The ambient-environmental intakes are  
12 being updated by NIOSH, for a site profile  
13 issue.

14 Now one of the things that I would  
15 like to clear up. We have been asked, well,  
16 what about Area 51? How are the people at  
17 Area 51?

18 For the record, and Larry, Jim,  
19 make sure I'm right on this, for the record,  
20 if these people were NTS workers, working in  
21 Area 51, they are covered by this petition and  
22 site profile. Area 51 has its own SEC or  
23 technical data basis document that is tied to  
24 the Sandia site profile. Is that correct?

1 Mark, do you want to --

2 MR. ROLFES: That's right, Mr.  
3 Presley, just to clarify, on one of the  
4 topics. Area 51 was added as a portion of the  
5 Nevada Test Site for the years of 1958 through  
6 1999. There is currently an SEC that has been  
7 added for Nevada Test Site workers from the  
8 years of 1951 through the end of 1962.

9 For individuals that worked for the  
10 Nevada Test Site and also did work at Area 51,  
11 those individuals would be included if they  
12 have the appropriate requirements for being  
13 added to the SEC -- those individuals that  
14 worked for Nevada Test Site and did work in  
15 Area 51 for the years 1958 through 1962, would  
16 be covered under NIOSH's 83.14 SEC, and I  
17 believe that was SEC 55.

18 And also to clarify on the Area 51,  
19 the portion of your discussion on Area 51,  
20 what is covered in the Sandia technical basis  
21 document is actually the Tonopah test range.  
22 That is covered in the site profile for Sandia  
23 rather than Area 51.

24 MR. PRESLEY: Thank you very much.

1 I wanted to get that on record, because we  
2 have had quite a few questions about how the  
3 people up there are going to be covered, and  
4 what they are going to be covered under.

5 At this time I'd like to call on  
6 John Mauro. John is going to give an update  
7 from the SC&A side of the house.

8 DR. ZIEMER: Before John begins  
9 that, just two things very quickly. For the  
10 record, slide #14 dealing with SEC petition  
11 0084, I think your oral statement on the dates  
12 might not have been the same as on the slide.

13 And just for the written record, I think the  
14 dates are January 1st, '63, through September  
15 30th, 1992. I believe is the correct ones.

16 And then also if either Bob or  
17 Mark, help me understand on Area 51, are the  
18 Sandia employees that worked in Area 51  
19 covered the way you described? Or are these  
20 NTS employees who were in Area 51? Or both?  
21 I wasn't quite clear how you were specifying  
22 that.

23 MR. ROLFES: I do have in the  
24 EEOICPA circular from the Department of Labor,

1 and I can read the information from that  
2 circular if that helps.

3 This specific information to answer  
4 your question would be: DOE contractor  
5 employment in Area 51 counts for the 250 days  
6 needed for inclusion in the NTS SEC class.  
7 This means that any RICO, Bechtel Nevada, or  
8 other DOE contractor or subcontractor  
9 employment in Area 51 between the years 1958  
10 and 1962 counts towards inclusion in the NTS  
11 SEC class.

12 MR. PRESLEY: Is that cleared up?

13 DR. ZIEMER: Yes.

14 MR. PRESLEY: Thank you, sir.

15 John.

16 MR. MAURO: Thank you.

17 You may have received, you should  
18 have received last week, I emailed out what  
19 I'm calling now a one page -- it turns out to  
20 be three pages. But I tried to capture the  
21 sense of what transpired since the last time  
22 we met.

23 If you recall the last time we met  
24 I gave a briefing on where we were. I'd like

1 to basically go into some detail on where we  
2 were and where we are now, and what actions --  
3 and this is really SC&A's understanding.  
4 NIOSH really hasn't had a chance to look at  
5 this, nor the Work Group, whether or not I  
6 captured all of these developments faithfully.

7 But I believe I did the best I can to do  
8 that.

9 The important point is that we have  
10 converged to a point where there are three  
11 issues. And quite frankly from our  
12 perspective two of them are for all intents  
13 and purposes really at a point where SC&A is  
14 not doing any additional work. And they are a  
15 matter where we have I guess reached a  
16 fundamental agreement and concurrence, the  
17 three issues being -- the first is the badges  
18 left behind issue. We talked about this last  
19 meeting; nothing has changed. It's exactly  
20 where it was before. The general consensus  
21 is, we completed our work, and there is  
22 nothing in the work that we have done that  
23 reveals that there was a badges left behind  
24 issue to the extent that it could undermine

1 the ability to build a coworker model.

2 We did find that there was quite a  
3 bit of badges left behind activity; there is  
4 no doubt about that, for a variety of reasons.

5 But we could not conclude on that basis that  
6 it created a situation where it was going to  
7 be difficult to reconstruct doses or to  
8 develop a coworker model.

9 So from SC&A's perspective our work  
10 on that matter is completed, and our position  
11 regarding these matters is on the record.

12 The second issue was an issue that  
13 has been resolved since the -- well, in  
14 principle. I hate to say resolved.  
15 Technically in principle SC&A and NIOSH are in  
16 agreement. I guess that is the best way to  
17 characterize it. And that has to do with the  
18 environmental doses. These are the doses that  
19 were experienced by workers out in the flats,  
20 but not in controlled access areas. These are  
21 people who were working in open areas where  
22 there was lots of dust being generated.

23 At the last meeting NIOSH's  
24 approach to dealing with those exposures was

1 to make use of air sampling data that was  
2 collected in the 1970 timeframe from air  
3 samplers sort of sprinkled around the site,  
4 and then use that information to back  
5 calculate what the exposures might have been  
6 in '63, '64, '65, to workers.

7 We wrote a White Paper with our  
8 position that we thought there was a problem  
9 with that, and I believe that NIOSH has  
10 accepted that, and yes, we understand those  
11 limitations, and have now offered up - and  
12 this was a very important outcome of the April  
13 20 workgroup meeting, the outcome being, well,  
14 yes, we understand those limitations. We are  
15 going to use a combination of the air sampling  
16 data where it's applicable, and that basically  
17 means areas really where there was not a lot  
18 of activity going on at the flats where lots  
19 of dust was generated, but more in areas where  
20 you are really looking more at background  
21 conditions, cafeteria and other non-active  
22 areas. And for the places on the flats where  
23 there was considerable movement of equipment,  
24 people were doing activities to prep for

1 various purposes, NIOSH decided to use the  
2 method that they proposed, it might have been  
3 about a year ago, which was based on the dust-  
4 loading approach.

5 That approach is conceptually very  
6 simple, and also very conservative. Lots of  
7 good information on the activities and  
8 becquerels per meter squared in soil,  
9 isotopically throughout the site.

10 The assumption are made that  
11 whatever the activity is, in becquerels per  
12 gram, under your feet, we don't assume that  
13 the people working there are being exposed to  
14 airborne dust at five milligrams per cubic  
15 meter. Five milligrams per cubic meter is a  
16 very high dust loading, especially when  
17 thinking in terms of long term exposures,  
18 2,000 hours per year. Certainly there will be  
19 time periods where the dust loading could be a  
20 little bit higher. But most of the time it  
21 would probably be quite a bit lower.

22 So that fundamental approach, which  
23 by the way was offered up about a year ago,  
24 SC&A did find favorably with regard to that.

1 In fact, you can agree that yes, it was a  
2 conservative application of the problem.

3 It's our understanding now that it  
4 is NIOSH's intent to retrieve that method and  
5 reapply it and in principle we are in  
6 agreement with that.

7 So that is issue number two, and  
8 from SC&A's perspective we believe that when  
9 that White Paper is issued SC&A is probably  
10 going to find favorably, if it's fundamentally  
11 the same one we saw before.

12 The third item is the -- by far the  
13 most important item, and I think we are on a  
14 path to resolution. Let me explain. The most  
15 challenging issue related to dose  
16 reconstruction post-1962 is the inhalation of  
17 internal exposures to workers that were in the  
18 tunnels and for workers that worked in the  
19 flats, before shots, and after shots.

20 NIOSH has come up with a strategy  
21 which selected the 100 workers that had the  
22 highest cumulative external exposures, pulled  
23 them out, and they have the bioassay data for  
24 all those workers. And they say, okay, we are

1 going to use the bioassay data for those 100  
2 workers, and we talked about this at the last  
3 meeting, there is nothing new right now, but  
4 I'll get to the new stuff in a minute, we are  
5 going to use bioassay data to build a coworker  
6 model.

7 We at SC&A were given the mandate  
8 to look very closely at that, and we did look  
9 very closely at that, and we issued two White  
10 Papers, the first paper which was in fact  
11 available at the last board meeting, and a  
12 supplement which was relatively recent which  
13 adds a lot more material.

14 The bottom line is, we believe the  
15 100 workers that were selected have -- do not  
16 capture the full range of exposures that  
17 workers might have experienced at the site  
18 during that time period. A specific concern  
19 is overemphasis of workers that were in the  
20 tunnels, I believe it was in Area 15 -- I  
21 forget the area number, 12? -- represents  
22 workers that were involved in tests that were  
23 in tunnels.

24 It turns out that 95 percent of the

1 tests during that time period were in flats.  
2 And in addition the records reflect RAD safe  
3 workers, and not the myriad of other workers  
4 that were involved in a whole bunch of  
5 different crafts in the flats area.

6 So we have in our report, it goes  
7 on and on about all the different events that  
8 occurred. The general concept that during the  
9 below-ground testing period there wasn't very  
10 much above-ground activity, we're finding that  
11 is not the case. Our reports show that there  
12 was a lot of events took place, not only  
13 venting but deliberate activities that  
14 generated airborne aerosols.

15 So that coupled up with the fact  
16 that most of the tests by far, 90 percent were  
17 borehole or shaft tests that took place in the  
18 flats. We were concerned that the 100 workers  
19 that were heavily biased toward tunnels might  
20 be missing the high exposure folks. Because  
21 that is where the bioassay data was collected.

22 So the way we left it, and I think  
23 there is agreement that it is important that  
24 that issue be aired, one other thing that was

1 important, we found that the concept of  
2 picking the 100 workers that had the highest  
3 cumulative exposures, the philosophy was,  
4 well, if they had the highest cumulative  
5 external exposures, it probably meant that  
6 they had the highest internal exposures.

7 We did a fairly detailed analysis  
8 of that, a correlation, to see okay, these are  
9 the workers with the highest external, also  
10 have the highest levels of plutonium iodine,  
11 beta gamma emitters, in the urine, and we did  
12 not find a correlation in fact. In some  
13 places there was actually an inverse  
14 relationship for iodine for example.

15 So those findings left us in a  
16 position where we really were not comfortable  
17 with the group of 100. So the way it ended in  
18 fact -- Robert Presley sort of made this  
19 suggestion -- what do we do? And I think  
20 NIOSH has agreed to this it's my understanding  
21 a two-pronged approach to trying to close this  
22 down. One is a series of investigations be  
23 performed on what are the different scenarios  
24 whereby workers at the flats, in tunnels and

1 throughout the site from 1963 on could have  
2 been exposed to internal emitters. What type  
3 of events took place, what type of activities  
4 took place, where you could actually identify  
5 workers. Here we have a list of workers who  
6 did things that in principle would have  
7 resulted in considerable elevated internal  
8 exposure.

9 Independent of that, grab all the  
10 bioassay data you can grab, over and above the  
11 bioassay data that is for the tunnel workers,  
12 and then map the two together. And say okay,  
13 here are the workers that we think should be  
14 the ones in theory that had the highest  
15 potential for exposure. Let's map them back  
16 on all the workers that we have bioassay data  
17 for, and is there a pretty good linkage.

18 If it looks like there's a good  
19 linkage, you could make a compelling argument  
20 that the group -- that we do have the data to  
21 reconstruct doses to build a coworker model.

22 And it's my understanding that that  
23 is in fact the line of inquiry that NIOSH is  
24 performing at this time, and when completed

1 SC&A will be asked to review that.

2 I hope I have characterized that  
3 correctly. Jim, if it is somewhat different,  
4 please help me out. But that was my  
5 understanding of the path forward, and it's  
6 really a test. If it turns out they miss each  
7 other -- think of it like this, let's say you  
8 do that, and look for the -- and then you look  
9 at the bioassay data, and you can't connect  
10 them up. Well, you have a problem. How are  
11 you going to reconstruct the doses for the  
12 workers who you believe have a high potential  
13 for internal exposure but you don't have any  
14 bioassay data. So that fails the test. If  
15 there is an overlap, and here is a judgment  
16 call as always, if there is a degree of  
17 overlap one could argue, well, it looks like  
18 we have a tractable problem. We could somehow  
19 build a coworker model. And that is my  
20 understanding of where we are right now.

21 MR. PRESLEY: John, thank you very  
22 much.

23 Arjun?

24 DR. MAKHIJANI: Just one more thing.

1 Just to supplement what John said. This  
2 didn't come up at the last working group  
3 meeting, but it came up the working group  
4 meeting before, based on our prior report in  
5 October of 2008. We had raised a number of  
6 questions regarding the quality of the data,  
7 and I'm presuming that NIOSH will address  
8 those as it goes through this new bioassay  
9 data. I just wanted to call your attention to  
10 it.

11 MR. PRESLEY: Thank you, Arjun.

12 Mark? Jim is going to discuss  
13 something first.

14 DR. NETON: Mark is going to  
15 address the bigger picture, but I just had a  
16 couple of comments relative to what John Mauro  
17 will summarize.

18 In general John was right on as  
19 usual with his characterization. But I'd just  
20 offer a couple of points of possible  
21 clarification. Relating to the environmental  
22 intake model, we now are in a position and are  
23 evaluating what I guess I would call the  
24 hybrid environmental intake model, which is a

1 combination of the mass, dust loading, versus  
2 the environmental air monitoring model.

3 How that came about though is sort  
4 of interesting perspective, is that we  
5 originally proposed the mass loading model to  
6 all people on the site. And SC&A believed  
7 that it was bounding but probably implausibly  
8 bounding; I mean too high to be used.

9 So we went about with some  
10 considerable effort to develop the  
11 environmental model based on air sampling  
12 data, generated that, at which point we were  
13 going to apply it to all workers. And then  
14 this is where the disconnect arose, well, that  
15 really doesn't apply to all people, because  
16 these were sort of environmental air station  
17 samplers, and where you have bulldozer  
18 activity and that sort of thing it might not  
19 be appropriate.

20 So that's when we decided, well, we  
21 will take the mass loading model and apply it  
22 in the environmental conditions that  
23 originally SC&A felt was too high to apply to  
24 all workers but I think now agrees that it is

1 appropriate to apply to at least workers in  
2 controlled areas that are disturbing soils.  
3 So just a slight point of clarification.

4 Related to the 100 worker issue, we  
5 did pull out these 100 workers that were tied  
6 to highest external exposure. One of the --  
7 in my opinion one of the reasons that there  
8 was no correlation between the external  
9 exposure and the internal exposure was because  
10 the internal exposures were extremely low. In  
11 fact most of the results that we used in those  
12 100 workers or we identified were at or very  
13 near the detection limit. So in essence all  
14 that was proved through that analysis was that  
15 there was variability about the detection  
16 limit, and you can't generate a nice  $r$   
17 squared, a correlation coefficient with the  
18 data.

19 I think that is going to be the  
20 situation by and large with most of the NTS  
21 workers for internal exposures in the  
22 timeframe we are investigating; exposures in  
23 general were pretty low, and we are having to  
24 go back, and I don't believe right now

1 necessarily that the coworker model we  
2 proposed for using the highest exposed RAD  
3 tests would be unreasonably unreasonable, and  
4 I think what is going to happen, as we  
5 typically, we need to go back and pull the  
6 thread, and collect more data as SC&A has  
7 suggested, and to at least demonstrate that  
8 what we propose is accurate or come up with  
9 possibly even a lower model. I don't know at  
10 the end of the day how it's going to come out,  
11 but I don't believe we proposed something that  
12 is totally out of line with what we believe to  
13 be the typical exposures at the test site  
14 during this time period.

15 I believe Mark is going to --

16 MR. PRESLEY: Thank you, Jim.  
17 Mark.

18 MR. ROLFES: I just have a brief  
19 slide if you are finished.

20 MR. PRESLEY: I am finished. But  
21 I would like to -- when you get through I need  
22 to do some last minute things.

23 MR. ROLFES: Okay, if you want to  
24 take care of those.

1                   MR. PRESLEY: I was going to see -  
2 - John, are you on the phone? John Funk?  
3 John?

4                   MR. FUNK: Yes, I'm here.

5                   MR. PRESLEY: All right. What I'm  
6 going to do is let Mark Rolfes give his ending  
7 presentation, and then we are going to give  
8 you a chance for a short discussion; how's  
9 that?

10                  MR. FUNK: Thank you.

11                  MR. PRESLEY: All right. Mark?

12                  MR. ROLFES: Okay, thank you Mr.  
13 Presley and members of the advisory board.

14                  I just wanted to provide a brief  
15 NIOSH update on the Nevada Test Site issues  
16 that we have been discussing for approximately  
17 the past three years.

18                  The three main issues that we have  
19 been discussing as both part of the Nevada  
20 Test Site, site profile and also the SEC  
21 Evaluation Report include the non-use of  
22 personnel, external dosimetry. This issue has  
23 been resolved and closed based on a detailed  
24 analysis of affidavits, health physics

1 procedures, access logs, pocket ionization  
2 chamber data, and other dosimetry records.

3 The second issue is the  
4 environmental intakes in contaminated forward  
5 areas which were subject to soil disturbances  
6 Jim had mentioned, such as the movement of  
7 drill rigs, scraping of the soil with a  
8 bulldozer.

9 We are currently resolving this.  
10 The resolution is in process as Jim had  
11 mentioned. ORAU, NIOSH's contractor, is  
12 finalizing the draft model which incorporates  
13 resuspension -- the mass loading model, and  
14 the air monitoring data.

15 And the third and final main issue  
16 is the Nevada Test Site coworker intake model  
17 for the years of 1963 through 1992. And NIOSH  
18 has agreed that the path forward would be to  
19 request additional bioassay data to strengthen  
20 the coworker intake model.

21 And we have spoken once again with  
22 DOE Nevada to prepare a plan to recover some  
23 additional bioassay results, and should be  
24 sending that request pretty soon.

1           I guess there were a couple of  
2 things that I did want to point out also in  
3 SC&A's update. I did want to mention that  
4 radiation safety staff were present on site  
5 during any operational activities. So they did  
6 cover both operations in the tunnels and in  
7 the flats.

8           So bioassay data from radiation  
9 safety personnel would be a good indicator of  
10 some unmonitored individuals' internal dose.

11           Another point I did want to make  
12 for clarification, the majority of the routine  
13 operational internal exposures which were  
14 incurred by Nevada Test Site employees were  
15 actually in the tunnels rather than the flats.

16           And as Jim had pointed out there  
17 was no direct correlation between the external  
18 and internal exposures, and because at NTS the  
19 external dose is a controlling factor,  
20 significant doses for an individual that has  
21 no recorded external doses, very unlikely.

22           Are there any questions?

23           DR. ZIEMER: Did you want to take  
24 questions now, Bob, or wait?

1                   MR. PRESLEY:           We can take  
2 questions now.

3                   DR. ZIEMER:     Sure, okay.  
4 Brad Clawson.

5                   MR. CLAWSON:     Mark, as we talked  
6 earlier, one thing that I wanted to make sure,  
7 especially with Area 51, we brought this in,  
8 but I really haven't seen any kind of data.  
9 And I was wondering I guess from SC&A, have we  
10 seen actual data from the Area 51 that we can  
11 correlate that? That says where they were at  
12 or so forth.

13                  MR. MAURO:     I don't recall ever  
14 collecting or reviewing data for Area 51. I'll  
15 ask Arjun, who is a little closer to it than I  
16 am, whether we have actually looked into that  
17 matter.

18                  DR. MAKHIJANI:   We compiled data  
19 for 220 workers, the 100 workers in Table 7-1  
20 of the Evaluation Report, and then the 120  
21 workers that we had selected at random. And  
22 if there was any data from Area 51 it would  
23 have been minimal. But I don't recall any  
24 actually.

1                   MR. CLAWSON:       Well, and Mark, I  
2 know me and you have talked about this, that  
3 you can separate it out. But this still to me  
4 is an issue that we, we brought them in, but  
5 I'm just trying to figure out how we  
6 distinguish on the Area 51 issue. And we can  
7 work through that in another work group.

8                   My other issue was, Mark, was me  
9 and you have talked about this, John Funk has  
10 given us a lot of very valuable information,  
11 and I have not been able to see it. And you  
12 said that you did locate it. Has that been  
13 moved to the O drive?

14                   MR. PRESLEY:       Yes, it has, Brad.  
15 To address the Area 51 issue, NIOSH has Area  
16 51 data for the individuals that worked for  
17 the Nevada Test Site and entered into Area 51  
18 to perform work. The monitoring requirement  
19 for individuals that entered Area 51, if they  
20 were employed by DOE, they were subjected to  
21 the same monitoring requirements as the rest  
22 of the employees on the Nevada Test Site. And  
23 we have always received, in our DOE response  
24 files for an individual's claim, we do receive

1 dosimetry results for that individual's work  
2 in Area 51.

3 MR. CLAWSON: Okay, well, it was  
4 just interesting. We've tried to address this  
5 issue of Area 51. It's just been over the  
6 last year that we finally got it, and I just  
7 want to make sure that -- because I haven't  
8 seen anything on it, and I just wanted to make  
9 sure that we were incorporating it right.

10 MR. ROLFES: Yes, there was some  
11 uncertainty as to whether we had been  
12 receiving that data. However when DOE Nevada  
13 provides a DOE response file to us for a  
14 claimant that data is, and always has been  
15 included in the file. So we do in fact have  
16 it somewhere.

17 DR. ZIEMER: Dr. Melius?

18 DR. MELIUS: Yes, my question is -  
19 - sorry if I missed it and you already said  
20 it, but what is the timeframe for this follow  
21 up activity that NIOSH is planning? I was a  
22 little taken aback to see that you were just  
23 now requesting the information, the data from  
24 the Nevada Test Site. So how long is this

1 going to take to evaluate and be put out as a  
2 report.

3 MR. ROLFES: As far as how long it  
4 might take DOE I do not know. I know there  
5 have been some funding concerns. I believe  
6 those have been resolved. There are several  
7 different databases however from which the  
8 bioassay data must be recovered, and that's  
9 why we are working with DOE Nevada to try to  
10 come up with a better idea of how long it  
11 might take, and how easy it might be to get  
12 the data.

13 DR. MELIUS: And then how long is  
14 it going to take you to evaluate the data in  
15 the way that you are proposing to do it?

16 MR. ROLFES: I would have to have  
17 the data in hand first and know how much data  
18 we have before I could answer how long it  
19 might take us to analyze it.

20 DR. MELIUS: Well, a decade, a  
21 year? Can you give us a ballpark figure?  
22 Okay, fine, the record will show that NIOSH  
23 has no ability to estimate how long this will  
24 take.

1 DR. ZIEMER: Dr. Lockey.

2 DR. LOCKEY: Mark, one question.  
3 You said in the borehole which you had tested,  
4 the dosimetry you were going to use was a  
5 safety officer personnel, right?

6 MR. ROLFES: I'm sorry, if you  
7 could repeat that, please?

8 DR. LOCKEY: You were going to use  
9 the safety officer personnel -- explain the  
10 rationale for that.

11 MR. ROLFES: Well, because all  
12 activities on the Nevada Test Site required  
13 that radiation safety staff be present for any  
14 operational activities where there was a  
15 potential for radiation exposure to employees.

16 Radiation safety was present, conducting  
17 monitoring. If you take a look at the 100  
18 highest externally exposed individuals in our  
19 claimant population, a great majority of those  
20 individuals are comprised of radiation  
21 monitors, radiation safety personnel, and  
22 miners.

23 The majority of those individuals  
24 in radiation safety, some of those individuals

1 have the highest numbers of bioassays, because  
2 they were routinely in operational areas  
3 monitoring workers. That is the basis for our  
4 bounding intake analysis. And we had used  
5 those highest 100 externally exposed  
6 individuals to give us an indicator that these  
7 individuals could have an elevated intake  
8 potential at the Nevada Test Site, and we felt  
9 that those bioassay data from those  
10 individuals could be used to demonstrate a  
11 bounding intake model.

12 We certainly realize that  
13 additional data would help us to refine our  
14 intake model, and that's what we have  
15 committed to do, is to obtain additional  
16 bioassay data.

17 DR. LOCKEY: Thank you.

18 DR. ZIEMER: Mark, did you have a  
19 question?

20 MR. GRIFFON: Yes, I guess looking  
21 at your final slide here, Mark, is there an  
22 external dose -- I mean I'm not on the Work  
23 Group, and I'm conflicted on the Nevada Test  
24 Site, but I was just curious if there is an

1 external coworker model for the site?

2 MR. KATZ: Mark, can I just -- let  
3 me just say for the record, Mark, you have a  
4 potential for conflict with NTS. You are not  
5 conflicted in this situation, so you don't  
6 have to feel like you are on a tether here.  
7 You are not on a tether here. You are not  
8 conflicted at all in this situation. So I  
9 just want to make that clear.

10 MR. GRIFFON: Conflicted from  
11 voting I guess.

12 MR. KATZ: No, you are not  
13 conflicted for even voting on these issues at  
14 all. You have a very narrow conflict of  
15 interest with respect to NTS, but it doesn't  
16 apply to this situation at all. I just want  
17 to make that clear.

18 MR. GRIFFON: Thank you. The  
19 question still applies.

20 MR. ROLFES: Yes, Mark, one of the  
21 updates that we did put into the site profile  
22 as part of the working group review process  
23 and the NIOSH updates to the site profile  
24 included a method for assigning unmonitored

1 external doses to workers.

2 MR. GRIFFON: Unmonitored -- are  
3 you building a coworker model I guess is what  
4 I'm asking.

5 MR. ROLFES: We have addressed the  
6 unmonitored external exposures. If an  
7 individual was not monitored appropriately or  
8 had no monitoring data, we do have a method in  
9 the site profile that allows us to assign an  
10 external dose to that individual.

11 MR. GRIFFON: I guess I'm asking  
12 what that is, is it like an LOD over two  
13 model, or is it a coworker model?

14 MR. ROLFES: I believe right now  
15 it is a table of external doses received by  
16 all employees of the Nevada Test Site by year,  
17 and I believe the information is derived from  
18 that table.

19 MR. GRIFFON: That brings me back  
20 to my next question, which is that this  
21 database which Jim was sort of questioning  
22 about, Jim Melius was questioning about, I had  
23 excerpted version of this database 10 years  
24 ago when I was doing some research on the

1 site, and I'm shocked that you are just  
2 getting around to requesting this database.

3 But it does have external dose  
4 information as well, so I'm not even sure if  
5 you get this stuff when you are looking at the  
6 bioassay records and the external dose, are  
7 you going to want to consider that for your  
8 coworker model for external dose as well?

9 I'm not sure the door is closed on  
10 the external dose question is what I'm getting  
11 at.

12 MR. ROLFES: If you take a look at  
13 the external doses received, we did discuss  
14 this in quite a bit of detail at one of our  
15 previous working group meetings, and I'd have  
16 to refer back to the transcripts to figure out  
17 the resolution and see exactly what was  
18 discussed and what was agreed upon.

19 MR. GRIFFON: That's fine. I just  
20 wanted to get it for the record here, and the  
21 Work Group can consider it.

22 MR. ROLFES: If you take a look at  
23 the external doses that were received by  
24 employees of Nevada Test Site, roughly 99

1 percent of the recorded doses were less than  
2 detectible, or zeroes. And so if you are  
3 building a coworker exposure model from a  
4 bunch of zeroes, you are not going to have a  
5 large -- it's going to be driven by missed-  
6 dose essentially.

7 DR. ZIEMER: Brad, did you have an  
8 additional question? Any further questions  
9 right now?

10 MR. CLAWSON: Yes, I think we  
11 talked about this earlier, but we are using  
12 the RAD safety because as we've said they are  
13 mainly out there, and we are going to use them  
14 as one of the higher exposed. But how many  
15 RAD site people were there to cover that  
16 entire site? I mean that would be there on an  
17 average day?

18 MR. ROLFES: Off the top of my  
19 head I couldn't answer. There are several  
20 pages listing names that we have received with  
21 radiation safety personnel, and I don't recall  
22 if that has been provided to the Advisory  
23 Board or not.

24 DR. ZIEMER: Perhaps we are ready

1 to hear from Mr. Funk then? John if you are  
2 still on the line do you have some comments?

3 MR. FUNK: Yes, I do, I have quite a  
4 few comments.

5 First of all I'd like to say when  
6 I'm speaking, I'm speaking with a voice of  
7 authority. I was there. I seen what happened.

8 As to these RAD safe monitors who  
9 were supposed to have been all over the place,  
10 if they were there I sure as heck never seen  
11 them. I was out on many sites when we were  
12 doing -- not scraping it down as Mark puts it,  
13 when we were doing deep excavation. And when  
14 I say deep excavation, we were knocking down  
15 four and five foot sand dunes, leveling it out  
16 so we could build a pad that would facilitate  
17 the coaxial cable and the test trailer. But  
18 this wasn't like scraping the ground; this was  
19 a heavy excavation. And as to the RAD safe  
20 monitors, they were rarely if ever a RAD safe  
21 monitor on the site when we were doing  
22 excavation work.

23 And the only time I ever seen a RAD  
24 safe in any force at all was when post-shot

1 was brought in and set up, I don't know how  
2 many times I'm going to have to say this,  
3 because I'm been harping on this from the  
4 beginning, when the post-shot was set up,  
5 which was well into six weeks after the  
6 reentries had started, there was a whole  
7 series of reentries. And it wasn't until the  
8 post-shot was actually set up, which we  
9 actually set up, was the RAD safe people come  
10 on board to that area.

11 So using RAD safe personnel for  
12 internal exposure is a very poor selection.  
13 I'd like to point out again the bioassay --  
14 there was no bioassay done on the flats  
15 workers. And these 100 potential exposed  
16 list from the miners, Mark keeps pushing at  
17 us, are not the most exposed, and he has no  
18 proof to prove this because there is no  
19 information to back up what exposure the flats  
20 workers were exposed to. You didn't have  
21 bioassays. You didn't carry picks. And we  
22 damn sure didn't have the kind of monitoring  
23 he said there was.

24 And I'm glad Brad asked the

1 question about how many RAD safe monitors were  
2 on the Nevada Test Site. I've been asking  
3 that question for quite a length of time.  
4 There was nowhere near the RAD safe coverage  
5 that the Department of Energy has tried to  
6 portray throughout this program. If I seen a  
7 RAD safe person once a month, it was pretty  
8 often, in Area 3, and we covered quite a few  
9 areas.

10           The 100 -- I intend to give a list  
11 to the working board of flats workers. If  
12 they could find bioassay on them then I'll go  
13 away, but I'm sure you are not going to find  
14 it. So I'm going to turn the list over to  
15 John Mauro and to the working board, SC&A,  
16 just as soon as possible.

17           I'd like to make one last point in  
18 closing. It seems that because NIOSH or the  
19 Department of Labor anymore with issues,  
20 nobody ever returns your phone calls. It's  
21 almost as if everybody was on vacation since  
22 the new president has taken office, and I  
23 don't know what's going on back there. But  
24 I've had a phone call into Larry Elliott for

1 over a month, and I still haven't received a  
2 phone call. And I don't think this is any way  
3 for us to be conducting this investigation of  
4 the site, just to freeze people out.

5 Thank you.

6 MR. PRESLEY: John. John? Thank  
7 you very much.

8 DR. ZIEMER: Okay, we are getting  
9 a little feedback here. Thank you for those  
10 comments, John.

11 Let me see if there are any more  
12 questions or comments from the Board members,  
13 or do you have any final statement?

14 MR. PRESLEY: Well, I'd like to  
15 say that all of John's input has been put on  
16 the O drive and updated. I have it, have gone  
17 through it. I think back in the early days  
18 when John was sending that in it was already  
19 known to the working group people. So it is  
20 out there for everybody to look at.

21 Does anybody have anything else?  
22 Thank you.

23 DR. ZIEMER: Thank you very much.  
24 And we will expect some updates on progress

1 on this most recent issue that has been  
2 outlined, and perhaps a little better idea of  
3 a timetable after you get a look at that  
4 information.

5 Next we are going to have an SEC  
6 petition update to cover concurrent and  
7 upcoming SEC activities. And LaVon Rutherford  
8 will give us that summary, and I believe you  
9 probably have copies of the presentation also  
10 on your memory stick.

11 Wanda, did you have a question  
12 first?

13 MS. MUNN: No, I didn't have a  
14 question; I had a comment to make there on one  
15 of the items that has to do with an SEC  
16 petition. I wanted to point out that Josie's  
17 comment yesterday was correct with respect to  
18 the status of the Blockson SEC --

19 DR. ZIEMER: Yes, the Blockson --

20 MS. MUNN: It is on the table.

21 DR. ZIEMER: It is on the table  
22 and would require a motion to untable it.

23 MS. MUNN: That is correct. The  
24 motion we voted on at the previous meeting was

1 a motion to table, and it was a split vote.

2 DR. ZIEMER: Thank you.

3 MR. RUTHERFORD: I'm going to give  
4 the status of the upcoming SEC petitions. We  
5 routinely make this presentation to provide  
6 the Board an update on the current SEC  
7 petitions we're working on, and it allows the  
8 Board to prepare for future work group  
9 sessions and future board meetings.

10 As of April 21st we had 141  
11 petitions which we now have 144 as of today.  
12 We had four petitions that are in the  
13 qualification process; 75 petitions that  
14 qualify. Of those 75 seven are in the  
15 evaluation process, and 68 we have completed  
16 our evaluation. And we have 16 petitions of  
17 those 75 that are with the Board for  
18 recommendation; actual 15 since you cut away  
19 one of them yesterday. And then 57 petitions  
20 did not qualify.

21 The petitions that are currently in  
22 the evaluation process at this time,  
23 Brookhaven National Lab, I think we talked  
24 about it a little bit yesterday. We have had

1 difficulties with data capture, with PII, as  
2 well as DOE funding. We hope to have a report  
3 ready in July, but based on recent activities  
4 I really believe it will not be until the next  
5 meeting after July when we will be able to  
6 present that evaluation, which will actually  
7 work out okay if we are doing the Board  
8 meeting on Long Island.

9 United Nuclear Corp., we are -- we  
10 did exceed the 180 days on this evaluation as  
11 the Board is aware, and sent a letter to the  
12 Board and the petitioner. We had -- the site  
13 had a number of documents, 600 plus boxes of  
14 documents that we were unable to get to during  
15 the evaluation process. There was some  
16 litigation concerns at the site. In March of  
17 this year the site had decided to allow us  
18 access to those 600 boxes. We were working  
19 some issues, so we did get that information.  
20 We have completed that data capture, and the  
21 evaluation is almost complete, and we  
22 anticipate that report being out in June, and  
23 we'll present it at the July meeting.

24 At Piqua Organic Moderated Reactor,

1 we did complete that evaluation in May.  
2 However we completed it too late in May to  
3 really -- for this board meeting, and actually  
4 too late for this board meeting. And with the  
5 Board meeting in July being in Cincinnati, we  
6 felt it appropriate to make that presentation  
7 there.

8 Bliss and Laughlin, we were moving  
9 along with this Evaluation Report, and we were  
10 on track for completing within the 180 days.  
11 However, we came up during the evaluation with  
12 some issues concerning the covered period. We  
13 are waiting right now for a response from the  
14 Department of Labor on the covered period. We  
15 believe it's actually different than what is  
16 currently identified on the DOE facility aid  
17 based website.

18 Assuming that we have that  
19 resolution, we will be able to complete that  
20 report in June.

21 Baker-Perkins, we are on track to  
22 completing that report in June.

23 And Electro Metallurgical, we are  
24 on track to completing that report in August.

1       And Oak Ridge Hospital we have identified  
2       July, but we believe we may have that report  
3       completed a little sooner than that.

4               So if you look at it, actually the  
5       number of petitions we have prepared to  
6       present at the July meeting looks like Lindy,  
7       which we have tabled and haven't presented at  
8       the petitioner's request.       Possibly  
9       Brookhaven, however, I don't think that will  
10      happen.       Piqua Organic Moderated Reactors,  
11      United Nuclear, Bliss and Laughlin, Baker-  
12      Perkins, and more than likely Oak ridge  
13      Hospital.

14              In addition we plan on presenting  
15      possibly three to four 83.14s as well at that  
16      meeting.

17              Okay, we have some petition  
18      evaluations that are with the Board for  
19      recommendation.       Chapman Valve, we believe we  
20      completed all actions.       There was a suggestion  
21      by Dr. Lockey at the last board meeting that  
22      we take a sampling of the contracts, Navy  
23      contracts, to look through for potential  
24      activities involving enriched material.       We

1 felt that that wouldn't be a very productive  
2 exercise, and we are not moving forward with  
3 that activity.

4 Blockson Chemical, that discussion  
5 occurred yesterday, and we presented a White  
6 Paper on the radon yesterday, and that  
7 activity is continuing.

8 Feed Materials Production Center,  
9 with the Work Group, research and discussion  
10 continue.

11 Bethlehem Steel, we completed all  
12 actions, and it's with the Surrogate Data Work  
13 Group, waiting for recommendation.

14 (Audio interference)

15 I think it's my Blackberry going  
16 off. I felt this vibration.

17 All right, Hanford, there are a  
18 number of White Papers that we are working on  
19 and NIOSH is working on, and that we will have  
20 out into the Work Group very soon, for  
21 research and discussion with the Work Group.  
22 SC&A continues at Hanford.

23 The Nevada Test Site, we just got  
24 the update from Mr. Presley on that, and work

1 continues.

2 Mound Plant, there has been a  
3 number of work group meetings, papers that  
4 have been generated by NIOSH, activities back  
5 and forth with SC&A and the Work Group  
6 continues.

7 Texas City Chemicals, there was a  
8 work group meeting last week in which Texas  
9 City Chemical was discussed. When we had  
10 issued our Evaluation Report for Texas City  
11 Chemical, right after issuing that report or  
12 at about the same time we received a number of  
13 documents that provided us additional details  
14 on the operation links and such. We felt  
15 after discussions at the Work Group meeting  
16 last week we feel it's appropriate that we  
17 will revise our Evaluation Report to address  
18 that additional documentation, and there is  
19 one other issue associated with Texas City  
20 Chemical with the radon modeling for that  
21 site.

22 Area IV Santa Susana, we did  
23 provide an updated Evaluation Report to  
24 address the Class definition change. We

1 discussed it at this board meeting. Research  
2 and discussion: there are a number of issues  
3 that are still on the table with Santa Susana  
4 that the Work Group, SC&A and NIOSH, are  
5 working through.

6 Dow Chemical, we recently, I  
7 believe it was last week we received SC&A's  
8 response to our resolution to their issues  
9 they had initially provided based on their  
10 review of our addendum two. We are going to  
11 review their responses, any actions, and  
12 provide an update as necessary.

13 Pantex, again research and  
14 discussion with the Work Group, SC&A continues  
15 at this site.

16 Savannah River Site, they are early  
17 on with that group right now. There is some  
18 work that we are working on right now. NIOSH  
19 as you know, in December we committed at the  
20 Augusta board meeting that we had not made a  
21 feasibility concerning thorium exposure during  
22 the early years at Savannah River site. We  
23 are working on a resolution to that issue. We  
24 had hoped to have that issue resolved by now,

1 but we ran into a little bit of data capture  
2 difficulties. We anticipate though that that  
3 issue will be resolved in the July-August  
4 timeframe.

5           General Steel Industries, that is  
6 with the Work Group awaiting recommendation.  
7 I'm not sure -- I don't recall that we have  
8 any activities that NIOSH -- has NIOSH  
9 committed to -- I do apologize, we do have a  
10 couple of things that we are working on for  
11 GSI.

12           LANL, research and discussion with  
13 the Work Group continues on that site as well.

14           Standard Oil Development, we have  
15 presented that report yesterday, made a  
16 recommendation for a class. The Board  
17 concurred with that.

18           Then Linde Ceramics, which we have  
19 completed that evaluation before -- back in  
20 November. We would have typically presented  
21 that report at the next board meeting.  
22 However petitioner had determined that they  
23 wanted more time to review. We pushed that  
24 out a few times, and we now plan to present

1 that report at the July meeting.

2           However, since that, I think the  
3 last board meeting the Work Group has been  
4 reestablished, and SC&A is reviewing that  
5 Evaluation Report.

6           And that's it.

7           DR. ZIEMER:        Okay, thank you,  
8 LaVon.

9           Any questions concerning the SC&A  
10 activities that are before us or upcoming?

11           Clearly a large number of SEC  
12 activities, and these need to move along. We  
13 have a number of work groups involved, so  
14 these activities will by their very nature  
15 have pretty high priority in what we do and  
16 what we task our contractors to assist with.

17           So questions? Comments? Okay.

18           I think we can probably begin our  
19 subcommittee/work group reports. I think we  
20 will probably begin with our two  
21 subcommittees. And Mark has a report from the  
22 Dose Reconstruction Subcommittee. We were  
23 just looking at whether or not the Board  
24 members had the backup information. I think

1 Mark distributed everything electronically, so  
2 perhaps, Mark, unless we need to make copies  
3 we can proceed.

4 MR. GRIFFON: I think we are okay  
5 with proceeding. If everybody has the two  
6 things I'm referring to, the first 100 cases  
7 report, it should say, Rev. 8. Yes that is  
8 the 8th revision of that report. And then  
9 there is another file called attachment, and I  
10 think that is Rev. 3, and that is the  
11 attachment that goes with the report, SC&A put  
12 together some descriptive statistics of the  
13 cases that we reviewed, the first 100. If  
14 everybody has those? Okay.

15 Let me just back up for a second  
16 and give a little overview of what the dose  
17 reconstruction subcommittee has done so far  
18 since the last Advisory Board meeting.

19 We had a few meetings. We had a  
20 meeting on April 16th in Cincinnati, our  
21 normal meeting location. And we also had a  
22 phone call meeting last week, May 6th. And  
23 that was just to wrap up some final items,  
24 this report I just mentioned actually.

1           As far as the normal work, the case  
2 resolution process, we have been working on  
3 the sixth set of cases and the seventh set.  
4 These are basically groups of 20 cases, for  
5 those who have not been following this  
6 discussion that closely. And we are also into  
7 the eighth set now of cases on review.

8           As far as the resolution goes, the  
9 sixth and seventh sets have not totally been  
10 closed out. But I think there is a handful of  
11 findings remaining that we have an outstanding  
12 action either for NIOSH or for SC&A. So we  
13 are very close to finishing the sixth and  
14 seventh case matrices.

15           And the eighth set we went through  
16 I think we got through the entire eighth set  
17 one time; that's about as far as we've gotten  
18 on that one. We might not have even made it  
19 through that entire matrix. But that is a  
20 work in progress.

21           But we are almost ready to close  
22 out this sixth and seventh set of cases. And  
23 just for a point of reference, SC&A is working  
24 on the 11th set? Is that -- 11th set of cases

1 now in their hands, and I think they have  
2 probably contacted the individual teams on the  
3 Board to go over their individually assigned  
4 cases.

5 So that process is working fairly  
6 well. The resolutions sometimes are a little  
7 slow, but we are getting through, and we are  
8 getting resolutions. Like I said, we are  
9 almost ready to close out the sixth and  
10 seventh, so we are catching back up to SC&A's  
11 work. I'll talk more about that case  
12 selection stuff in a second.

13 I guess the primary item that this  
14 subcommittee has before the Board today is the  
15 first 100 cases we did a roll up report, and  
16 we actually brought a version of this to the  
17 last meeting in Albuquerque, and I think the  
18 Board tasked the Subcommittee to go back and  
19 put a little more into the report I guess, a  
20 little more front end, a little more bottom  
21 line kind of conclusions, and we made an  
22 attempt to do that, and that is what you have  
23 before you on your computers, Revision 8.

24 The Subcommittee, it was still a

1 little rough in the April 16th meeting, so I  
2 took comments in the April 16th meeting. I  
3 made some revisions and emailed it out, and we  
4 scheduled a May 6th conference call to go over  
5 the final revision, and at that point the  
6 Subcommittee -- not all members were present,  
7 I should say; Bob Presley I think was  
8 traveling, and Dr. Poston as well I think was  
9 on travel -- we did have Mike and Brad and  
10 Wanda and myself, and the Subcommittee was in  
11 support of this aside from some grammatical  
12 corrections.

13 I did make some grammatical  
14 corrections in this version that is before us  
15 now, but the Subcommittee is bringing this  
16 report forward as a recommendation I guess to  
17 send to the secretary as a summary report for  
18 our first 100 cases that we reviewed, and I'll  
19 leave it there.

20 DR. ZIEMER: And that  
21 recommendation constitutes a motion to the  
22 Board, and if the motion is adopted the report  
23 would go forward to the Secretary of Health  
24 and Human Services with the report as

1 prepared.

2 So this motion is open for  
3 discussion. Wanda.

4 MS. MUNN: Mark has really done a  
5 yeoman's job putting together this executive  
6 summary up front of this, the previous three  
7 reports that have been put together. As you  
8 know I am one of those people who are  
9 continually urging everyone to shorten their  
10 material, because I genuinely don't believe  
11 most people read more than the executive  
12 summary.

13 This executive summary has done an  
14 admirable job in my view. I had told Mark  
15 earlier than I -- in reading through it after  
16 we had worked on it at considerable length in  
17 committee, I found myself adding commas and  
18 changing one or two words, which I had not  
19 cleared with him. But if you would like me  
20 to, I would be glad to go over this for the  
21 Board's four statements.

22 My attempt here is to avoid any  
23 bias word that might change a view or in a  
24 couple of cases to clarify by the addition of

1 a single word.

2 If you would like me to go through  
3 those, I'd be glad to. I don't want to hold  
4 up the train because there is so much work  
5 going into this, and I consider it --

6 DR. ZIEMER: I think we can go  
7 through those, Mark.

8 MS. MUNN: The wording changes,  
9 again, on page two, that would be the third --  
10 fourth paragraph I guess. The third sentence  
11 there begins, first of all --

12 MR. GRIFFON: Are you in the  
13 primary -- I'm not sure.

14 MS. MUNN: I'm in the Introduction  
15 and Executive Summary.

16 MR. GRIFFON: Okay.

17 MS. MUNN: Fourth paragraph.

18 MR. GRIFFON: How does that  
19 paragraph begin?

20 MS. MUNN: There were 76 cases  
21 completed -- and the third sentence reads:  
22 "First of all, in all the cases reviewed NIOSH  
23 has used this overestimating approach for  
24 eight cases that were," I suggested the

1 addition of the word, later, "compensated."

2 MR. GRIFFON: That were later  
3 compensated?

4 MS. MUNN: Yes, to clarify that  
5 they weren't immediately compensated.

6 MR. GRIFFON: Weren't they finally  
7 adjudicated, cases that they were reviewing?  
8 I guess I'm fine with that.

9 MS. MUNN: But this was a -- I  
10 suggested the use of significant quality  
11 assurance finding rather than rather serious,  
12 because rather serious does have a very strong  
13 connotation to it, and I recognize we are  
14 implying that, a strong connotation, but would  
15 suggest the word, significant, instead of  
16 that.

17 MR. GRIFFON: Well, I'm not sure,  
18 that does downgrade it a little in my opinion.

19 So maybe we should -- I don't know if others  
20 have a thought on that.

21 MS. MUNN: It does, but the rest  
22 of the paragraph is about that.

23 MR. GRIFFON: Yes, I know.

24 MS. MUNN: And so since the rest

1 of the paragraph --

2 MR. GRIFFON: Yes, I know, it does  
3 ratchet it down a bit though. I just wonder  
4 if others -- I mean I chose those words on  
5 purpose.

6 DR. ZIEMER: The word, later,  
7 seems like a friendly amendment.

8 MR. GRIFFON: Later is fine.

9 DR. ZIEMER: This may have some  
10 connotations, so let's see what the consensus  
11 is. Everybody see where we are? Rather than  
12 saying, "this is a rather serious quality  
13 assurance finding," Wanda is suggesting "this  
14 is a rather significant quality assurance  
15 finding." Either way you are going to define  
16 what it means.

17 MS. MUNN: And the rest of the  
18 sentence says, this brings into question the  
19 fairness of the overall programs. That is the  
20 sense of the meaning of the sentence I  
21 believe.

22 DR. ZIEMER: Well, perhaps we  
23 should get some input to see what the  
24 consensus is. Jim and then Mike.

1 DR. MELIUS: I mean I think it is  
2 a serious quality assurance finding. I think  
3 it's accurate and reads well as it is. I'm  
4 not sure it's worth making changes at this  
5 point.

6 DR. ZIEMER: Michael.

7 MR. GIBSON: I agree with Mark. I  
8 think that "rather serious," it draws  
9 attention -- although the rest of the  
10 paragraph defines what the finding was, the  
11 opening sentence draws attention to  
12 potentially stop the Secretary so he would pay  
13 attention to what the issue was rather than  
14 perhaps maybe missing it if we ratchet it  
15 down.

16 DR. ZIEMER: Other comments on  
17 that one?

18 MR. GRIFFON: I mean that was my  
19 reasoning for those words, just to make sure  
20 we didn't downgrade it and we did draw the  
21 attention of the reader. And I thought --  
22 instead of serious, I chose "rather serious,"  
23 so I thought I ratcheted it a little bit.

24 MS. MUNN: And my point was that

1 the entirety, the bulk of that paragraph  
2 repeats, and delineates exactly what the  
3 concern is, so if anybody is going to be  
4 reading it, they are going to be fully  
5 apprised of the rest of the paragraph, with  
6 the extent of the effect.

7 That was my suggestion.

8 DR. ZIEMER: I don't hear -- I've  
9 heard several that have indicated they would  
10 like to leave it. I don't know if we need to  
11 go into a formal debate on this particular  
12 one. I think either way the rest of the  
13 paragraph delineates what is meant in any  
14 event. So I'm wondering perhaps we should  
15 just leave it.

16 MS. MUNN: Please leave it.

17 DR. ZIEMER: Okay.

18 MS. MUNN: The second sentence  
19 after that one, which begins, "one such  
20 consequence is -- the claimants were diagnosed  
21 with additional cancer after a decision has  
22 been made, and are therefore eligible to  
23 resubmit a claim."

24 I would like to insert the word,

1 "may receive a lower overall dose," because  
2 they don't always receive an overall dose.

3 MR. GRIFFON: Okay.

4 DR. ZIEMER: So add the word "may"  
5 before the word "receive."

6 MS. MUNN: Correct.

7 MR. GRIFFON: Yep, that's fine.

8 MS. MUNN: And in the very lat  
9 sentence, I would suggest using -- starting  
10 with the word, article "A," rather than  
11 "another," because we have already enumerated.

12 DR. ZIEMER: Instead of saying  
13 "another similar misunderstanding," just say  
14 "a similar misunderstanding?"

15 MS. MUNN: Yes.

16 MR. GRIFFON: That's fine.

17 DR. ZIEMER: Okay.

18 MS. MUNN: And the other words  
19 that I had was in the primary findings, under  
20 one case review methodology; and the second  
21 sentence of the first paragraph, the two  
22 sentences -- the first and the second sentence  
23 together --

24 MR. GRIFFON: Wait, are you on the

1 second primary finding?

2 MS. MUNN: No, I'm on the primary  
3 findings, large item Roman numeral I, Case  
4 Review Methodology. The first sentence reads,  
5 "This report summarizes the findings of the  
6 first 100 dose reconstruction cases. This is  
7 a summary of the findings outlined in three" -  
8 I would suggest using "previous" rather than  
9 "separate" reports, because they have gone in  
10 earlier.

11 MR. GRIFFON: That's fine.

12 MS. MUNN: And those are the only  
13 words that I suggested.

14 DR. ZIEMER: That's helpful.

15 Other comments or questions on this  
16 debate? We have a motion before us to adopt  
17 the report which has been amended in a  
18 friendly manner.

19 Now I want to pose my original -- I  
20 mean one of the reasons you had it sent back  
21 was the chairman was concerned that we had not  
22 addressed what is the sort of bottom line of  
23 why we do these dose reconstruction audits.  
24 And that is to attest to the scientific

1 validity -- I forget the exact wording -- of  
2 the dose reconstruction process. And I think  
3 the Subcommittee was perhaps struggling with  
4 what words could be said to address that  
5 within the context of pointing out some flaws.

6 Would they be able to attest that there was  
7 some degree of validity to the process while  
8 pointing out the shortcomings that were  
9 identified?

10 And Mark, you had some -- I'm  
11 trying to go back to the summary, because you  
12 had added some words. And I just want to  
13 identify where those were. I thought I had  
14 found them when I originally read this report,  
15 and I think it's in the Executive Summary.

16 MS. MUNN: The last of the primary  
17 findings, the last paragraph under five.

18 MR. GRIFFON: I think he is  
19 actually looking at the Executive Summary.

20 DR. ZIEMER: Is that where I want  
21 to be?

22 MS. MUNN: Yes.

23 MR. GRIFFON: If you go to the  
24 front.

1 MS. MUNN: Right under the  
2 Executive Summary, the primary findings, and  
3 the very last sentence in that section says,  
4 "The Board feels that the audit and the  
5 finding resolution process whereby the Board,  
6 NIOSH and the Board's contractor --"

7 DR. ZIEMER: Got you.

8 MS. MUNN: "-- collectively  
9 resolved the findings, has been an effective  
10 means of improving on NIOSH dose  
11 reconstruction program."

12 MR. GRIFFON: And that was  
13 speaking to that the process was working  
14 basically. But I thought to answer the  
15 question that the Board sent down to the  
16 Subcommittee, really I tried to put in the  
17 Executive Summary the breakout of the types of  
18 cases we reviewed, the best estimate, the  
19 over-estimate, the under-estimate, and say, a  
20 little bit of inclusion on how we felt about  
21 each of those types of cases, instead of  
22 saying here is how we felt about the overall  
23 100 cases, we decided to break it out because  
24 we didn't do many best estimates, even though

1 it ends up being I think seven out of 100, we  
2 were targeting in our sampling roughly 40  
3 percent to be in the 45 to 50 POC range. So  
4 we didn't as many of those types of cases as  
5 we would like to do in our -- or we had  
6 planned to do in our audit process.

7 But we did want to at least give  
8 some conclusionary remarks.

9 DR. ZIEMER: And I appreciate  
10 that. I want to re-express my concern,  
11 however, on what the charge is to this Board.

12 And I know this has been a bit of a struggle  
13 to determine how to say this or convey this in  
14 a way that can satisfy all the members.

15 But we are charged with advising  
16 the Secretary on the scientific validity and  
17 appropriateness of the procedures used in dose  
18 reconstruction; that is the charge.

19 And in my mind we have not been  
20 able to state that that measure has been met.

21 Now if we are unable to state that, that's  
22 fine; we won't state it. But I just want to  
23 point out to the Board that we -- this report  
24 does not tell the Secretary that the program

1 has met that level.

2 And if you do not believe we are at  
3 the position of saying that, that's fine; we  
4 will send the Secretary what we have, and what  
5 our evaluation is at this point. I don't  
6 object to doing that, but I do want to point  
7 out that the actual charge, in my mind, we  
8 have not been able to address.

9 MR. GRIFFON: That's true. And  
10 that -- I mean that was our feeling that 100  
11 cases in I don't think we are ready to make  
12 that final bright line test, or response. I  
13 think we chipped away at the edges of it in  
14 that introductory section.

15 DR. ZIEMER: And I would agree  
16 that this is better than the previous report.

17 I just want to make the Board aware of that,  
18 that ultimately that is what we are charged to  
19 do. And you know, the bottom line may be no,  
20 it may be yes, or it may be somewhere in  
21 between, we think that this does at least get  
22 at the impact of doing this, and if the  
23 improvements hadn't occurred and so on so it  
24 is helping the process. So I think that is

1 fine, and we can go forward with this.

2 I am not telling you this to  
3 object. I am not objecting to the report. I  
4 simply want the Board to be aware of what we  
5 ultimately need to be able to state or  
6 explicitly address at some point.

7 So I have that in the back of my  
8 mind. Wanda.

9 MS. MUNN: I think many members of  
10 the Subcommittee feel that we haven't had  
11 enough of best estimate cases in the pipeline  
12 for us to be able to make that kind of a clear  
13 statement one way or the other. I think that  
14 is what Mark was trying to imply in his  
15 wording here with respect to the small actual  
16 number of cases.

17 DR. ZIEMER: Yes but let me add,  
18 though, however, I don't think that it's  
19 dependent only on best estimate cases. The  
20 methodology covers all the ways that dose  
21 reconstruction are done. So we should not  
22 put our hats on saying, best estimate cases  
23 are the test. If the overestimates and the  
24 underestimates are not scientifically

1 dependable ways of doing dose reconstruction  
2 then we have to say that. If they are, in my  
3 mind, we should say so. That's all I'm  
4 saying.

5 MR. GRIFFON: And I just think, we  
6 broke those out on purpose and we wanted to  
7 chip away at that question but we were not  
8 ready to go to that final extent.

9 DR. ZIEMER: I'm okay with that.  
10 I just want to keep the ultimate goal in our  
11 minds as we move towards it. It won't be long  
12 before we'll have another 100.

13 MR. GRIFFON: Right, and we've had  
14 a lot more best estimates.

15 DR. ZIEMER: And we're moving  
16 along.

17 Incidentally, this doesn't speak to  
18 the motion, but I'm not sure that we have the  
19 teams on the 11th set yet. We just finished  
20 the 10th set.

21 MR. MAURO: I'm sorry, that's  
22 correct.

23 DR. ZIEMER: And John, I believe  
24 we just finished doing the reviews of the 10th

1 set. And I'm not sure we have -- I don't  
2 think I've seen the 11th set yet, the team  
3 assignments.

4 MR. MAURO: We're halfway through  
5 the 11th set. The 10th set has already  
6 completed action in there. So that is done,  
7 all the one on one discussions behind us, all  
8 the divisions in light of that.

9 Just to let you know that the next  
10 set of -- to get to the next team, just to let  
11 you know by the time of the next meeting in  
12 July we certainly will be ready to fill up the  
13 pipeline again.

14 DR. ZIEMER: Thank you.

15 Back to this motion on the report  
16 to the Secretary, Wanda, did you have an  
17 additional comment, or any other comments?  
18 Anyone wish to speak pro or con? I haven't  
19 heard any cons other than perhaps my own  
20 words. And they were not intended to be  
21 against the motion as I pointed out. I  
22 support it.

23 Are we ready to vote then? If the  
24 motion carries, this report will be prepared

1 for the new Secretary of Health and Human  
2 Services. We do have some new rules  
3 apparently on how these are transmitted, and  
4 we will work with Ted and Nancy to get this  
5 transmitted.

6 I don't think this is quite in the  
7 category of the SECs with the 21-day limit,  
8 but this will go forward as soon as we get the  
9 clean copy of the report, and the appropriate  
10 -- I may need a cover letter, a transmittal  
11 letter, which I would add to this just to  
12 transmit it to the Secretary. And if that's  
13 agreeable, I don't see any reason to return  
14 the cover letter report -- or the cover  
15 letter, or the transmittal letter, to the  
16 Board. It would simply be, here is the  
17 report, sort of thing.

18 MR. KATZ: Okay, just before the  
19 vote, I know Jim had a quizzical look about  
20 the new rules. Just to explain that the --  
21 we've just got -- I just got as the DFO a note  
22 from CDC -- and this doesn't apply to our  
23 board uniquely; it's to all FACA committees --  
24 there is a new process in place for how

1 committees communicate with the Secretary of  
2 HHS, and there is more process I think than I  
3 was aware of. But as I understand from Nancy,  
4 in effect, it's not that dissimilar from how  
5 things are done now. But there is a process  
6 for all the communications that come from the  
7 committee to go through the agency before they  
8 go out to the Secretary. I don't need to get  
9 into the details of that.

10 DR. ZIEMER: We will take care of  
11 that.

12 Okay, we are ready to vote. Let's  
13 do a roll call vote.

14 MR. KATZ: So Brad Clawson.

15 MR. CLAWSON: Yes.

16 MR. KATZ: Mr. Griffon?

17 MR. GRIFFON: Yes.

18 MR. KATZ: Dr. Melius?

19 DR. MELIUS: Yes.

20 MR. KATZ: Dr. Poston.

21 Yes.

22 MR. KATZ: Dr. Roessler.

23 DR. ROESSLER: Yes.

24 MR. KATZ: Dr. Ziemer.

1 DR. ZIEMER: Yes.

2 MR. KATZ: Mr. Schofield.

3 MR. SCHOFIELD: Yes.

4 MR. KATZ: Mr. Presley.

5 MR. PRESLEY: Yes.

6 MR. KATZ: Ms. Munn.

7 MS. MUNN: Yes.

8 MR. KATZ: Dr. Lockey?

9 DR. LOCKEY: Yes.

10 MR. KATZ: Mr. Gibson.

11 MR. GIBSON: Yes.

12 MR. KATZ: Ms. Beach.

13 MS. BEACH: Yes.

14 MR. KATZ: That's all.

15 DR. ZIEMER: The motion carries.

16 Thank you very much.

17 We are going to take our break.

18 No, Mark -- you got five minutes, Mark.

19 MR. GRIFFON: The other item that

20 we had before us from the Board actually, and

21 we ended up discussing it at the April 16th

22 meeting and the phone call meeting, was

23 reexamine the case selection process.

24 And I think the Board asked us --

1 you know, we are 11 sets in -- is this working  
2 appropriately? Can you examine it?

3 And the bottom line, after quite a  
4 bit of conversation on our subcommittee, and  
5 with SC&A's input as well, we felt like it is  
6 working pretty well.

7 We had a breakout, NIOSH's Stu  
8 Hinnefeld provided us a case breakout on what  
9 our targets were versus what we actually had  
10 done, and also SC&A's Kathy Behling they've  
11 developed a database now similar to the one  
12 used in the Procedures Subcommittee, where we  
13 are beginning to -- it's in draft form, but we  
14 are starting to looking at tracking the cases.

15 And that also allows for sort of statistics  
16 reports to come out.

17 But we looked at -- a couple of  
18 items we looked at. One was the overall  
19 number of cases that we should review. And  
20 we've been working on this 2.5 percent. It  
21 was the number from the previous audit of the  
22 other program. And you know that would  
23 roughly get us, it's a moving target because  
24 more pieces are coming in, but roughly 500 to

1 600 total cases for the review. Right now we  
2 are a little over 200 -- that's right, isn't  
3 it? -- yes. So you know we are on target.

4 Then the other question we looked  
5 at was, do we need to -- and we have certainly  
6 been targeting the best estimate cases. We  
7 were projecting 40 percent of our cases that  
8 we audit, that we review, would be in this 45  
9 to 50 percent range. And right now the  
10 problem with that is that those cases aren't  
11 available in the final adjudicated hopper so  
12 to speak, so that pool has been sort of --  
13 that has been sort of the plug in our case  
14 processing. We can't really add more cases  
15 without having a bigger pool of cases there to  
16 get those best estimate cases up.

17 The interesting fact, though, is  
18 that Stu looked, and we asked him, look at the  
19 overall cases that you've done dose  
20 reconstructions on, how many of those were  
21 best estimate cases? And he said roughly 8  
22 percent; it wasn't a perfect number, he  
23 admitted that, but roughly 8 percent of the  
24 20,000 at that point when we asked the

1 question were best estimate type cases. That  
2 would be about 1,600, and if we -- based on my  
3 numbers, if we went our 40 percentile, we  
4 would be looking at 200 to 240 cases in the  
5 best estimate territory.

6 I think they are there, and out of  
7 1,600 that's close to 15 percent of the  
8 overall cases in the hopper so far for NIOSH.

9 So and to process faster I think  
10 the -- really we can't process much faster  
11 because we have to wait for that pool to fill  
12 up with final adjudicated. Because I know Jim  
13 is going to tell me something about that pool.

14 DR. NETON: Well, I just have a  
15 question. I don't know whether Stu broke out  
16 the ones that were truly best estimates, or  
17 were they, a lot of those cases, the one-size-  
18 fits-all dose reconstructions where there  
19 really is not what you said are traditional  
20 best estimates.

21 MR. GRIFFON: We did ask for truly  
22 best estimates.

23 DR. NETON: It sounds a little on  
24 the high side.

1                   MR. GRIFFON:     I can show you what  
2     Stu sent us, but yes, we did ask that.     We  
3     said we didn't want the one-size-fits-all  
4     included.

5                   DR. NETON:        We can work through  
6     that, but I just had that question.

7                   MR. GRIFFON:     And we thought -- we  
8     also agreed that, let's touch base on this  
9     issue again in six or 12 months and see if we  
10    may come to a different -- if we are not right  
11    on those number of cases we may have to  
12    adjust.     But right now we felt it was working  
13    reasonably.     All the other targets that we  
14    were looking at targeting, the distributions  
15    were actually fairly good.     We were getting  
16    the right number of cases for decades we  
17    wanted to sample.     We were getting probably a  
18    higher percentage in the high number of years  
19    worked, but we were pretty reasonable in our  
20    other sort of breakouts of the selection  
21    criteria.     And we saw at this point really no  
22    need to change that approach.     So I guess I  
23    will leave it there, and others on the  
24    Subcommittee can comment.

1 DR. ZIEMER: Jim, separate  
2 comment?

3 DR. MELIUS: A separate comment.  
4 I think one is our new communication  
5 procedure. I just would like to be assured  
6 that on all our communications, when they are  
7 mandated by the Act, which this one is as well  
8 as our SEC evaluations, that however it is  
9 being communicated through does not delay them  
10 inordinately, and remind them that this is an  
11 independent function that we are mandated to  
12 do.

13 MR. KATZ: That is absolutely my  
14 concern. I will assure you, that will work.

15 DR. ZIEMER: And I might add to  
16 that, I'm aware of the Health and Human  
17 Services and CDC committee structures. And we  
18 are quite unique both in our makeup and our  
19 activities. So the other groups are pretty  
20 much across the board appointed by HHS, and  
21 are within HHS' regular reporting structure.

22 So we need to be assured for  
23 example that if there is a CDC review of  
24 things that it doesn't get bogged within the

1 agency for some reason.

2 DR. MELIUS: Then I have a second  
3 item I'd just like to suggest as an agenda  
4 item for the next meeting. Whether it's a  
5 significant or a serious quality assurance  
6 issue, I'd like to have -- is it possible to  
7 include that on the agenda for the next  
8 meeting so there'd be a briefing from NIOSH on  
9 what their procedures are, and so we can sort  
10 of see what progress. I mean these are the  
11 first hundred cases. I mean there are issues,  
12 whether they are significant or serious,  
13 whatever. I think it behooves us to get an  
14 update from them and discuss this issue at the  
15 Board level. I think it's been awhile since  
16 we discussed this issue. At one point a long  
17 time ago there was a committee that looked at  
18 this, or excuse me, work group. So that's  
19 all.

20 MR. GRIFFON: Let me just go back  
21 to the case selection thing a little bit. I  
22 know it's a little bit drier topic. But I  
23 guess I would offer that I know you don't have  
24 all the data in front of you here. The other

1 thing I would offer is that if we don't -- I  
2 think there should be changes, and I don't  
3 think the Subcommittee thinks we should change  
4 anything now. But I could offer that maybe  
5 not at every board meeting, but maybe at every  
6 other -- or maybe at every board meeting, once  
7 we have this database up and running, I can  
8 sort of give the -- the statistical reports  
9 will be easy to generate, and we can give an  
10 overview of where our projected versus what we  
11 have so far. And that will give the Board a  
12 sense of how we're doing in our case selection  
13 process. You will have more data in front of  
14 you to look at while we are discussing this.  
15 And I will commit to doing that at every board  
16 meeting or every other, which ever you choose.

17 DR. ZIEMER: Okay, let's go ahead  
18 and take our break now.

19 (Whereupon, the above-entitled matter went  
20 off the record briefly.)

21 DR. ZIEMER: If you would please  
22 take your seats. We have one additional item  
23 from the Subcommittee on Dose Reconstruction.

24 Mark Griffin.

1                   MR. GRIFFON:    Yes, I just have one  
2                   final    item    on    the    report    from    the  
3                   Subcommittee.   And I consider - I mean this  
4                   has been one of my things ongoing for awhile,  
5                   so it's kind of important to me.   But this  
6                   question of -- and in our letter report it's  
7                   actually highlighted as number two in the  
8                   primary findings of the case files should  
9                   include internal guides or instructions used  
10                  by the district instructor, and should include  
11                  supporting data analysis.

12                  I haven't fully inspected the  
13                  transcripts, but I know that over a year ago  
14                  we had these discussions and I was surprised  
15                  to find out at the April 16th subcommittee  
16                  meeting that NIOSH was still not doing this.  
17                  I know we had the discussions on the Board as  
18                  well, and I thought we had a commitment from  
19                  NIOSH to do this to include where they were  
20                  used, and we understand they are not used on  
21                  every site on all cases, to include these DR  
22                  instructions in the case file.

23                  And I mean the reason -- and I also  
24                  compromised, and I think all of us kind of

1       compromised on this -- was that it might be a  
2       major effort to go retrospectively to do this,  
3       because they would have to find these -- these  
4       are not controlled documents, these DR  
5       guidelines that they use, so to find the right  
6       revision that was used during a certain case,  
7       when the case was done, would be very  
8       difficult retrospectively.

9                But we said going forward, we  
10       totally expect these to be used. And this is  
11       well over a year -- I'm guessing almost two  
12       years ago that this initially came up, and  
13       they are still not being put in the case  
14       files.

15               Now Stu gave me another of what I  
16       thought was a commitment at the last  
17       subcommittee meeting. But I'm not sure that  
18       we don't need a formal motion here, a  
19       recommendation from the Board, that NIOSH do  
20       this. This has been one of the problems,  
21       especially in the best estimate cases, one of  
22       the problems we've had reviewing the cases is  
23       we don't know -- it's sort of like the show-  
24       your-work thing in school. If we don't have

1 all the work there to review, it's harder for  
2 us to do our audit function. And a lot of  
3 times in the best estimate cases, we were  
4 getting our response from NIOSH at the  
5 meetings that well, we think what this dose  
6 reconstructor was doing in this situation was,  
7 he selected this value because -- you know,  
8 and it sort of seemed like after their  
9 response, explanations of how and why and what  
10 was done, and we thought it would be really  
11 beneficial to have a little more of the  
12 thought process right in the case file. And  
13 the DR guidelines there, and the dose  
14 reconstructor was following it or was not  
15 following it, then it is there and we can  
16 track along and see.

17 So the guideline along -- and we  
18 have also talked about this show-your-work, if  
19 you do several -- a lot of times with internal  
20 dose estimates they will go through a series  
21 of trials. And we have talked about that, and  
22 I think they have been better at adding some  
23 of those trial runs. If they end up using  
24 class M, but they tried -- they ruled out

1 other possibilities as the most claimant  
2 favorable, show it right in the file.

3 And I think they have been better  
4 at doing that lately, but these guidelines  
5 have not yet been included.

6 And I just wanted to be maybe even  
7 more clear at this meeting that I think they  
8 should be included. I don't know if we need a  
9 formal recommendation from the Board. I hope  
10 NIOSH gets the message and starts doing that.

11 DR. ZIEMER: Well, of course this  
12 Board does not task NIOSH. We can request  
13 things, and often they are agreed to. We  
14 normally don't like to get to the level where  
15 we have to make a recommendation to the  
16 Secretary to invoke some pressure.

17 But maybe we could hear from NIOSH.

18 Is this something that there is a plan to do,  
19 or it got overlooked? Do you need something  
20 more formal from the Work Group or the Board  
21 to delineate more exactly what -- this comes I  
22 would say in the form of a friendly request,  
23 really, and we're wondering if it can be done  
24 readily and so on.

1                   MR. GRIFFON:     Less friendly than  
2     it was two years ago.

3                   DR. ZIEMER:        It's getting less  
4     friendly every minute.     But you understand  
5     what I mean by that.     We are not tasking  
6     NIOSH.

7                   DR. NETON:        I don't think we  
8     necessarily need to have a formal motion from  
9     the Board to check this.   I need to go back  
10    and check with Stu.   Apparently Mark is under  
11    the understanding that Stu made a commitment  
12    that we would start doing that proactively  
13    from here forward, and if Stu committed to  
14    that we certainly would follow up and do that.

15     If I find out something different though, and  
16     there is some rationale why it's not possible,  
17     we would certainly be happy to come back and  
18     communicate that to the Board and discuss it  
19     further.

20                  MR. GRIFFON:     Well, that's what we  
21     had done -- I'm having a little deja vu here  
22     because that is what we did two years ago, and  
23     Stu reported back that it would be very  
24     difficult for the contractor to go back.   And

1 that's when I thought we decided that going  
2 forward that would be done, but going  
3 backwards was too much of a burden. And I  
4 don't have a problem with that.

5 DR. NETON: This is not something  
6 I have been intimately involved with. But I'd  
7 be happy to go back and discuss this with Stu  
8 and report back to the Board as to our status.

9 I suspect it's going to be that we committed  
10 to do it, but until I talk with Stu about it  
11 in some detail I can't commit.

12 DR. ZIEMER: I'm going to suggest  
13 that it be reported back to the Work Group,  
14 the status of that.

15 Is Stu entirely clear on what it is  
16 that we are requesting? If there is any  
17 ambiguity we can get it spelled out.

18 DR. NETON: I think one of the  
19 issues may be there are different flavors of  
20 these guidelines and instructions, and some  
21 are more formal than others, and to what  
22 extent we need to sort of memorialize these  
23 documents which really are not what I would  
24 consider to be control documents in the sense

1 that they are numbered and signed off  
2 completely by NIOSH; they are more informal  
3 guidelines.

4 I will go back and we will research  
5 that, and can get back to you with our  
6 finding.

7 DR. ZIEMER: And then if we are at  
8 a point where we need something more formal  
9 action-wise, the Work Group can recommend  
10 that. But perhaps we could also add to the  
11 agenda to at least have a report on that.  
12 That will spur us to make sure that it is not  
13 falling between the cracks, and ask Ted to  
14 specifically ask for an update on the status  
15 of that item for the next board meeting.

16 Thanks, Mark.

17 Phil, did you have an additional  
18 comment?

19 MR. SCHOFIELD: Yes, I'd like to  
20 back Mark's comments. We had some  
21 modifications that none of us could figure out  
22 what the -- how they did anything without the  
23 documentation in there. We were all at a  
24 loss. And in one case in particular that was

1 just -- couldn't understand how they got to  
2 that point.

3 DR. ZIEMER: Okay, thank you.

4 Okay, then we can proceed with our  
5 other subcommittee report. Wanda, do you have  
6 any update for us, status report?

7 MS. MUNN: The Procedures  
8 Subcommittee is continuing to meet  
9 approximately every month depending on the  
10 schedule and the Work Group load that the  
11 parties involved and the agency and the  
12 contractor have.

13 We are maintaining the extensive  
14 electronic database that we need to track and  
15 archive the procedures, the large number of  
16 findings that are generated by the SC&A  
17 reviews. The overall process is continuing to  
18 function very well. We have occasional  
19 challenges with it, but for the most part it  
20 does well.

21 If you will excuse me a minute, I  
22 will go up and punch up the slide that will  
23 show you the summary report of where we are  
24 right now.

1           No magic has occurred. And again,  
2 F8. Voila. I hope you can all see it all  
3 right. I know it's difficult for those of you  
4 back up against the wall.

5           You'll notice that these are  
6 segregated into groupings by date. That's the  
7 way we've chosen to approach them. In the  
8 database itself as you probably all know by  
9 now the procedures, the individual procedures,  
10 are listed alphabetically. We find it easier  
11 to get to them, but when we actually start to  
12 work with them we segregate them into groups.

13          We have three separate groups there, and the  
14 dates that show in between, with only one or  
15 two procedures involved were additional  
16 procedures that this body has for some reason  
17 or another chosen to insert into our database,  
18 to SC&A's review, at a time other than the  
19 grouping that we normally go through.

20          The total number of findings as of  
21 the first part of this month, as of our last  
22 meeting, was 538. The number that are open is  
23 154. I think we have all told you before what  
24 open and in progress and in abeyance and

1 addressed and transferred. I'm going to talk  
2 a little more about transferred later. But  
3 our open items total 154; in progress,  
4 actively working right now, 28. We have 75 in  
5 abeyance; 15 that are addressed in some other  
6 finding other than the one that we're working  
7 on; 29 that have been transferred; and 237  
8 that are closed.

9           You can see the percentages there  
10 for yourself. And get some feel for where our  
11 current numbers lie.

12           I'm going back to my chair.

13           Our ability to work with these  
14 findings on a real-time basis in our sessions  
15 has been very helpful for all of us. It helps  
16 keep the database quite current, and being  
17 able to filter whatever parameters we want  
18 from the O drive keeps all the Board members  
19 and the personnel that are involved able to  
20 obtain specific information that they want  
21 very quickly from anything that's been  
22 selected for review.

23           The bulk of the Subcommittee effort  
24 during this year has centered almost entirely

1 around requested revisions to the letters, and  
2 reviewer script, questionnaires that were used  
3 for the energy employee and survivor CATIs.

4 As you know that has been a major  
5 topic for the full board, and has been in our  
6 area of responsibility, so we've been working  
7 that extensively. Each one of those documents  
8 has been scrutinized at considerable length  
9 and discussed extensively.

10 We've suggested a number of wording  
11 changes incorporated into the active draft  
12 that NIOSH is working with at this moment for  
13 consideration. Our remaining suggestions for  
14 changes are relatively minor in scope, and we  
15 have clearly identified what they are. At our  
16 next meeting, scheduled in Cincinnati on June  
17 9th we expect to complete those proposed  
18 subcommittee revisions incorporating all the  
19 comments that have been brought forward, so  
20 that NIOSH will have our suggestions ready for  
21 you before very long.

22 The subcommittee is requesting the  
23 agreement of the full board on a proposed  
24 process to eliminate some duplication of

1 effort and to clarify areas of responsibility  
2 with regard to procedure reviews. We have  
3 mentioned a couple of times in the past how we  
4 should proceed with respect to transferring of  
5 items. We have asked our contractor to  
6 segregate some specific procedures for us that  
7 are site-specific in nature. It's very clear  
8 to us that when we have tasked SC&A with  
9 reviewing procedures that are site-specific,  
10 if we are working those findings they are  
11 findings which may be affecting the activities  
12 of the Work Group as well. We would make  
13 these suggestions in the hope that we would  
14 not find ourselves in a position where both  
15 the Procedure Subcommittee and the Work Group  
16 would be dealing with the same issue oblivious  
17 to the actions of the other.

18 So our subcontractor has provided  
19 for us a list of known procedures which are  
20 site-specific in nature. I did not make a  
21 slide of them, but I will read for you the  
22 number of outstanding issues that we have that  
23 are related to site-specific procedure.

24 For Y-12, we have seven; for

1 Savannah River Site, five; Rocky Flats, five;  
2 Hanford, two; K-25, two; X-10, two; Bethlehem  
3 Steel, two; Paducah, one; Pinellas, one;  
4 Mallinckrodt, one; and General Steel, one.  
5 I'm sorry I don't have that list of actual  
6 procedure names for you, but those are the  
7 numbers.

8 What we are proposing is that when  
9 a site-specific work group has already been  
10 appointed for one of these procedures, it will  
11 be the responsibility of the chair of the  
12 Subcommittee to notify the chair of the Work  
13 Group and the Board probably by email that the  
14 responsibility of resolution of those findings  
15 is being transferred to the Work Group.

16 It was the feeling of our  
17 Subcommittee that it was the logical  
18 responsibility of the Work Group to be dealing  
19 with those findings directly. The entire  
20 procedure will then show on our subcommittee  
21 master database as transferred, and it will  
22 stay there as transferred.

23 As those findings reach closure  
24 within the Work Group we would anticipate that

1 the Work Group chair would notify the  
2 Subcommittee chair and the Board that that  
3 particular item had been closed, and the  
4 circumstances over which it had been closed.

5 Then the master database being  
6 maintained here will reflect those changes and  
7 show the item as closed.

8 In cases where the Work Group  
9 doesn't exist, the Subcommittee might,  
10 depending on how extensive the findings are,  
11 might request that the Board assemble a work  
12 group for the specific purpose of addressing  
13 those findings if nothing else. But that  
14 would depend upon the circumstances.

15 And the Subcommittee will continue  
16 to do what it is doing, and will be very  
17 pleased to hear comments from the Board, and  
18 their reaction to our suggestion with respect  
19 to this process.

20 DR. ZIEMER: Thank you, Wanda. I  
21 think what you have described as a suggested  
22 procedure; I don't know that it requires  
23 necessarily formal board action unless there  
24 are concerns about it. But basically what the

1 Subcommittee is saying is that if there are  
2 procedures that they are reviewing that are  
3 site-specific, say for General Steel  
4 Industries, then they will transfer that with  
5 notification to the appropriate work group,  
6 that they believe that that work group should  
7 deal with that issue since it is a site-  
8 specific issue.

9 So I think we would want to have  
10 some discussion on this to see if there are  
11 some concerns about doing this, or whether or  
12 not that seems to be a good way to approach  
13 those procedures which are clearly site-  
14 specific.

15 MS. MUNN: We are open to  
16 suggestions.

17 DR. MELIUS: I agree with the  
18 general procedure. My only cautionary note,  
19 and I think this would be the responsibility  
20 of SC&A would be the best way of handling  
21 this, is that you make sure that we retain  
22 some consistency in terms of how we are  
23 reviewing the site specific procedures.  
24 Because often I think there is sort of a

1 subpart of another set of procedures that may  
2 apply to other sites and so forth, so they  
3 don't exist in isolation all the time -- some  
4 do, but some don't, and I think we need to  
5 make sure that there is some consistency from  
6 site to site in terms of what we are  
7 recommending, and what changes we recommend to  
8 NIOSH and so forth.

9           So I think as long as SC&A can keep  
10 track of that for us, I think that is probably  
11 the best way of handling it. And again there  
12 may be issues where it is a concern, we could  
13 refer it back to the procedures committee, or  
14 communicate with the Procedures Subcommittee  
15 in a way that would deal with that issue.

16           DR. ZIEMER:       Well, it's a good  
17 point, and I think the Procedures Subcommittee  
18 has thought about that as well, because there  
19 are indeed procedures that are more complex-  
20 wide, and Wanda, you can speak to this, but I  
21 believe they have made an effort to identify  
22 those. For example, it might arise, such as  
23 the high-fired oxide issue, at one site, and  
24 then there is a recognition that it is more

1 broadly applicable, so we would have to deal  
2 with those on a case-by-case basis. But  
3 perhaps the chair could comment.

4 MS. MUNN: I would be challenged  
5 to do the math right here, but needless to say  
6 the numbers that I did not read to you with  
7 respect to the number of procedures that we  
8 have that are site-specific are the numbers  
9 which we have deemed to be more generally  
10 applicable across the Board.

11 Of course as Jim points out there  
12 are some procedures which have a finding or  
13 two that may apply to a specific site only,  
14 but for the most part what we are trying to do  
15 is segregate those site-wide -- I mean  
16 complex-wide -- procedures from the site-  
17 specific procedures, and those that are  
18 clearly site-specific, address them that way.

19 DR. ZIEMER: Thank you.

20 Other comments? Then I believe if  
21 there is no objections your Subcommittee will  
22 proceed along those lines and make the  
23 appropriate contacts as you identify those  
24 procedures which are indeed site-specific and

1 which can best be handled by the appropriate  
2 work groups.

3 MS. MUNN: We will attempt to do  
4 that at our next meeting, and several of the  
5 Work Group chairs can anticipate getting  
6 communications from me, as will the rest of  
7 the Board and Mr. Katz.

8 DR. ZIEMER: Yes, Josie, sorry I  
9 missed you.

10 MS. BEACH: Oh, no, I just put it  
11 up. I'm just curious of what timeframe you  
12 are thinking that might take, Wanda, not to  
13 put any pressure on you.

14 MS. MUNN: No, we expect -- we are  
15 going to be meeting in Cincinnati in June as I  
16 said, on June 9th, and that's when we expect  
17 to do this. We already have numbers; all I  
18 have to do is identify the specific work  
19 groups that are involved.

20 MS. BEACH: You expect to be done  
21 with that by the first meeting in June?

22 MS. MUNN: Oh, we anticipate -- it  
23 is fairly direct. I don't anticipate any  
24 complications. Yes, we expect to do that.

1 MS. BEACH: Thank you.

2 DR. ZIEMER: Then I think we are  
3 ready to proceed with updates from the various  
4 work groups. And Ted, perhaps we can just go  
5 down the list, indicate either that there is  
6 no action to report, or that you give us an  
7 update on when and where there is going to be  
8 a meeting or any specific action items that  
9 you think the Board needs to be aware of.

10 MR. KATZ: Sure, Dr. Ziemer, the  
11 first is Blockson. And I just wanted -- I  
12 don't know if there needs to be clarification  
13 for the record. You know this was discussed  
14 yesterday, Blockson. And there was agreement  
15 I think that Mark would receive from material  
16 from OCAS to review, and Mark was questioning  
17 whether there needs to be -- if there needs to  
18 be any kind of process involved with respect  
19 to work group and so on, so I don't know if  
20 you want to address that.

21 DR. ZIEMER: On Blockson, I  
22 believe that the information was going to be  
23 provided for Mark. And I see no particular  
24 reason for it to go back to the Work Group.

1 It's not obvious to me that it would need to  
2 be returned to the Work Group, but Mark would  
3 have the opportunity to review that. Mark is  
4 not here; I was going to ask -- oh there he  
5 is, okay. Mark, we certainly need to have a  
6 way of sharing the outcome of that with the  
7 full Board.

8 MS. MUNN: And I would have a  
9 request with respect to specificity. We asked  
10 the last time at our last meeting when we were  
11 addressing Blockson issues, we asked to be  
12 very clear about what exactly was wanted. And  
13 it had been the assumption that what Jim Neton  
14 brought to us would fulfill the requested  
15 information. But since they are asking for  
16 more, real specificity would be greatly  
17 appreciated.

18 DR. ZIEMER: And I think we had  
19 previously agreed that it didn't need to go  
20 back to the Work Group, did we not?

21 MS. MUNN: Yes, we did.

22 DR. ZIEMER: Yes, and so Mark  
23 hadn't had the opportunity to look at that  
24 dataset.

1                   MR. GRIFFON:    I was just wondering  
2                   just in terms of process if I get the  
3                   analytical file and have some questions on  
4                   parameters, do I -- can I email directly to  
5                   NIOSH, and should I cc all the Board members?

6                   I just don't know how to --

7                   DR. ZIEMER:       Well, let me suggest  
8                   something.

9                   MR. GRIFFON:       If I just hold all  
10                   my questions until we meet again then we could  
11                   be in the same position.

12                   DR. ZIEMER:       Let me suggest the  
13                   following. This is top of the head, but if  
14                   you have questions, direct them to NIOSH;  
15                   share them with the Board. And then I guess  
16                   whatever responses are generated could be  
17                   shared equally.

18                   MR. NETON:        I guess that sounds  
19                   fine to me. Just for completeness I was going  
20                   to distribute this file to the entire Board,  
21                   just in case Mark raises issues they can at  
22                   least open the file and see which parameters  
23                   or such that he is concerned with.

24                   DR. ZIEMER:        That makes sense.

1 MS. MUNN: It makes perfect sense,  
2 especially since this entire debate is now at  
3 the Board level. I'd appreciate having all  
4 board members advised simultaneously.

5 DR. ZIEMER: That way when we  
6 return for our next meeting, hopefully we will  
7 have seen not only that information from  
8 NIOSH, we will have seen the questions and  
9 whatever responses there are, and perhaps be  
10 in a position to take some action.

11 MR. GRIFFON: So this would be on  
12 the agenda for the July meeting? And then I  
13 guess I just have to ask the question then  
14 since the Work Group isn't operating any more,  
15 do we need to sustain the Work Group?

16 DR. ZIEMER: I suppose we should  
17 sustain the Work Group until there is a final  
18 action on Blockson.

19 DR. MELIUS: Purgatory.

20 DR. ZIEMER: I'm not sure you want  
21 that in the record, but go ahead.

22 MR. KATZ: So next on the list then  
23 is Chapman Valve.

24 MR. POSTON: There has been no

1 action on Chapman Valve. Does Dr. Lockey know  
2 that we are somewhat surprised that NIOSH is  
3 not following the recommendation? Until today  
4 we didn't know that there was no action. So  
5 we hadn't been doing anything. I'll try to  
6 get the committee together for the next  
7 meeting.

8 MR. KATZ: Then we heard yesterday  
9 from security. But there is more to discuss  
10 on that that Jim raised.

11 DR. ZIEMER: Well, the security  
12 document is with the DOE, and we had a motion  
13 yesterday on that. And I think we keep the  
14 Work Group -- it's an ad hoc work group but  
15 keep them in place until the final adoption.  
16 But I think we are hopeful that that will take  
17 effect in a couple of weeks.

18 MR. CLAWSON: Right. We have the  
19 pending -- we already voted on it pending  
20 everything?

21 DR. ZIEMER: That is correct.

22 DR. MELIUS: Excuse me. I raised  
23 an issue yesterday and I don't know if we want  
24 to discuss it now, or we want to discuss it at

1 some later point today. But I think at least  
2 in my mind it needs to be discussed, and that  
3 is sort of the larger question, how are we  
4 going to deal with the issue of classified  
5 information in terms of this program, and  
6 really our activities, our review of  
7 information from these sites, our presentation  
8 of this information either in terms of work  
9 groups, in terms of board actions, in terms of  
10 communication with the petitioners and so  
11 forth. And I don't think we can postpone --  
12 the other one with that issue would be  
13 authority as I understand led to some  
14 decisions by NIOSH in terms of not holding  
15 work group meetings, or at least not calling  
16 them work group meetings. And this is all  
17 very confusing to people. And I think it  
18 really comes down to that issue which we  
19 talked about a long time ago with the Iowa  
20 site, which was how do we handle those types  
21 of sites in terms of the SEC. I mean come up  
22 with a site profile too, but really the SEC.

23 DR. ZIEMER: Well, actually, I  
24 have that down as a separate item, because it

1 wasn't in the purview of this particular work  
2 group to deal with that, so if there is no  
3 objection we will just finish the Work Group  
4 reports, and then that is the next thing.

5 MR. KATZ: Okay, so Fernald; Mr.  
6 Clawson.

7 MR. CLAWSON: Okay, with Fernald  
8 Work Group we've met five times, if my figures  
9 are right. We are still reviewing readiness,  
10 reviewing completeness of data accuracy for  
11 the urine bioassay validation of the HIS-20  
12 database. The recycled uranium white paper  
13 that was dated on March 3rd. We are reviewing  
14 radon breath data for adequacy. The K-65  
15 radon emission issue, the breathing zone  
16 general air sample data associated with the  
17 daily weight of the average thorium-232  
18 intake.

19 And NIOSH has given us a White  
20 Paper on that, and we are reviewing that at  
21 this time.

22 MR. KATZ: Thank you, Brad. Any  
23 questions for Brad?

24 DR. MELIUS: Yes, are you still

1 waiting for data from Fernald? Or is that  
2 taken care of? You went through this  
3 quickly, and I thought the report that SC&A  
4 prepared for updating us on Fernald was long.

5 I mean there were lots of issues; I don't  
6 think you need to go through all of them. But  
7 I am just trying to understand where are we  
8 overall with this. Is this going to resolve  
9 soon? Is this going to take a lot of time?  
10 It appears to me to be a number of significant  
11 issues to be resolved there.

12 MR. CLAWSON: Personally, just  
13 being the Work Group chair, I think we've got  
14 several issues that are going to take some  
15 time. John is the head for SC&A, he can kind  
16 of give a rough estimate of where we are at.  
17 It's like at almost every site we are looking  
18 at data integrity, and also the -- how much  
19 data we really have.

20 MR. MAURO: I will try to give it  
21 the 30-second sound bite to each of these six  
22 issues.

23 The first issue has to do with  
24 sampling plan. There is an enormous amount of

1 bioassay data from the workers, urine samples  
2 where they measured uranium in urine.

3           And there is a coworker model that  
4 has been developed by NIOSH for reconstructing  
5 the doses to those workers who were not  
6 bioassayed or inadequately bioassayed.

7           The question becomes how do we know  
8 that the coworker model will in fact be  
9 appropriately bounding for all the workers.  
10 We, SC&A, did a lot of work looking into this  
11 issue.     And where we came out was an  
12 interesting place.   Effectively we found, we  
13 looked at all the different buildings, all the  
14 different categories of workers, all the  
15 different time periods, and there is a lot of  
16 data.

17           I guess you have to get the essence  
18 of it.   The essence of it is, are there  
19 workers out there who don't have bioassay data  
20 that there is reason to believe they may have  
21 experienced exposures that are higher than  
22 what would be assigned by the coworker model?

23           And that is really the essence of the  
24 question.

1           And Jim, during the Work Group  
2 meeting, said, no, we will look at that. We  
3 will go and grab data from workers who were  
4 not bioassayed; it's only a small fraction.  
5 And we'll see whether or not there is reason  
6 to believe these workers who weren't monitored  
7 may very well have experienced exposures that  
8 would be underestimated because of the nature  
9 of their work and where they worked and when  
10 they worked by the coworker model. So that's  
11 how item one is. So the action item now is,  
12 and the first bullet -- I assume everyone got  
13 my email -- the very first bullet, that is  
14 with NIOSH right now. They are looking into  
15 that.

16           The second has to do with  
17 validation of the HIS-20 database. This is a  
18 relatively easy problem. The first one Jim  
19 probably has a better sense of the time  
20 schedule to do that. The second item is in  
21 SC&A's hands. The HIS-20 database is an  
22 electronic database that was compiled going  
23 from hard copy to electronic. NIOSH performed  
24 a very comprehensive audit using MIL-Spec

1 procedures, for sampling the hard copy to see  
2 how faithfully it was transferred into  
3 electronic copy. Got a big report out there.  
4 We have been mandated to review it. Our  
5 statistician is purely looking at, did they  
6 implement the MIL-Spec standard in a way and  
7 come to conclusions that say, yes, the data  
8 that was in hard copy was in fact faithfully  
9 transferred into electronic copy.

10 The ball is in our court. A couple  
11 of weeks of work.

12 Third item, recycled uranium; big  
13 item. Don't know, right now you saw our  
14 summary; we have a number of issues that we  
15 are concerned about. I'm not going to go into  
16 details.

17 There is basically a fundamental  
18 approach that NIOSH has adopted. Bottom line,  
19 100 parts per billion plutonium and  
20 radionuclides, and we were not able to  
21 independently verify that that in fact is  
22 bounding. And we are in the midst of  
23 discussion on these matters. And SC&A is  
24 basically through with our investigations to

1 the extent that we could, and it's really a  
2 bunch of questions that we have posed to  
3 NIOSH, and I believe to the extent to which  
4 those questions can be answered will be a  
5 subject at the next work group meeting.

6 The next item is radon breath  
7 analysis. We did not discuss that at the last  
8 meeting on the 22<sup>nd</sup>, the 23<sup>rd</sup>. We have a  
9 report, where we performed a review of the use  
10 of radon breath sampling to determine body  
11 burdens of radium, from workers at Fernald who  
12 handled radium and thorium.

13 We have a number of observations  
14 and findings in that report. However, that  
15 report has not yet been discussed at the Work  
16 Group. It is one of the subjects that just  
17 didn't make it to the table, nor into the last  
18 Work Group meeting. So that is still very  
19 much a subject for additional discussion.

20 Finally, K-65 silos, we discussed  
21 that at length at the last meeting. SC&A and  
22 NIOSH have a big difference of opinion on this  
23 one. In effect we believe the radon release  
24 rates from the silos have been underestimated

1 by at least a factor of 10, and we are in the  
2 midst of some technical discussion on these  
3 matters. Jim is looking at it, maybe has  
4 something new to add. But when we left the  
5 meeting we agreed to disagree.

6 And finally on that end the ball is  
7 in NIOSH's court on the radon emanation. We  
8 posed our questions and concerns; they have  
9 it.

10 The last item is in our ballpark,  
11 namely, there is a set of data and a coworker  
12 approach to reconstructing thorium-232  
13 inhalation rates. There is a lot of data.  
14 All of that data has been loaded up on the O  
15 drive, and NIOSH has been given -- NIOSH, I'm  
16 sorry, SC&A has been given the responsibility  
17 to look at that data, sample the data, and  
18 convince ourselves that in fact that data is  
19 of sufficient adequacy and completeness to  
20 allow you to reconstruct and place a plausible  
21 upper bound on the inhalation doses of all  
22 workers from thorium-232.

23 And the way we look at as always is  
24 by time, location and job category. So we're

1 in the process right now of looking at that  
2 data, and the ball is in our court to prepare  
3 a report to the Work Group.

4 DR. ZIEMER: A couple of questions  
5 here. Mark and then John.

6 MR. GRIFFON: And I knew there was  
7 a reason I should have looked at John's report  
8 before the meeting. But I think one of the  
9 biggest items that's an SC&A action item is  
10 missing on that, and maybe I'm wrong. But and  
11 it might be just a complete disconnect,  
12 because we have discussed this topic at  
13 length. But it is the data completeness  
14 question related to the individual case files.

15 In other words -- did you cover  
16 that in there?

17 MR. MAURO: I covered it in here,  
18 but I overlooked it.

19 MR. GRIFFON: Okay, then that is  
20 different than the coworker models.

21 MR. MAURO: Absolutely. It's in  
22 the write-up, but I neglected to mention it in  
23 my oral presentation.

24 Yes, we are currently looking at --

1 we have downloaded the 15 cases that we have  
2 already audited, during the DR process, the 15  
3 Fernald cases. And we are pulling another 15,  
4 so we have a total of 30, and we are going to  
5 write a report to folks about the completeness  
6 of the data for those 15 cases. And we feel  
7 that that is a very good place to get a  
8 snapshot, you are absolutely right.

9 DR. ZIEMER: Jim.

10 DR. NETON: I can just offer a  
11 brief update to a couple of items that John  
12 mentioned.

13 The first one, Mark Rolfes has just  
14 informed me, we have completed our analysis of  
15 the unmonitored worked at Fernald, and out of  
16 something in excess of 1,000 cases we have  
17 identified 80 cases of workers who have no  
18 bioassay monitoring data, and we will be  
19 prepared to provide a report on the status of  
20 those workers and the type of jobs they  
21 performed, that sort of thing, at the next  
22 work group meeting. So indeed it is a very  
23 small fraction of the Fernald workforce, which  
24 is not surprising in light of the fact that I

1 believe there is something in the order of a  
2 half a million bioassay samples for uranium  
3 that were taken over the history of the plant.

4           The second issue relates to John's  
5 discussion of their belief that the radon  
6 emanation rates from the silos were off by an  
7 order of magnitude. That was not our opinion;  
8 that was the report that was issued by John  
9 Till of Radiological Assessment Corporation  
10 who evaluated the Fernald offsite emissions.  
11 It was a report that was reviewed by the  
12 National Academy of Sciences, and was reviewed  
13 by the National Academy as being  
14 scientifically valid and accurate.

15           SC&A has identified an interesting  
16 twist and analysis of the data by Hans Behling  
17 that we are looking into, and we will be  
18 prepared to report on that at the next  
19 meeting.

20           However, I would say that I think  
21 we somewhat agree that this is not necessarily  
22 an SEC issue, it's a matter of whether the  
23 doses on site are an order of magnitude higher  
24 or not.

1 DR. ZIEMER: John, did you have a  
2 comment?

3 MR. POSTON: Not now. Jim  
4 answered my question. I think everybody is  
5 aware of the number of calculations of  
6 emanations from the silos. This is not  
7 something new. And as Jim pointed out, it's  
8 even been reviewed by the National Academy of  
9 Sciences. It sorts of begs the question, what  
10 are you going to do to make it any better.

11 DR. ZIEMER: Thank you. Any other  
12 comments on Fernald? Brad, did you have an  
13 additional comment?

14 MR. CLAWSON: Yes, I've heard the  
15 Academy of Science and all these wonderful  
16 people and so forth, don't those things ever  
17 change. So many of them do change as they  
18 find new information where they get a new  
19 process. I don't want us to hang our hat on  
20 that, because I do agree. And I appreciate  
21 Jim, because I was very impressed with his  
22 research into this, but I think that John has  
23 brought forth a very interesting -- Hans and  
24 so forth, I thought it was very interesting.

1 DR. NETON: I'm sorry; I didn't  
2 mean to imply that we are not taking their  
3 analysis seriously. I just wanted to put it  
4 in context; it's not a NIOSH-derived model.  
5 It's a previous model that had been thoroughly  
6 deeply vetted. We are looking into it.

7 MR. CLAWSON: And I want to tell  
8 you right up front I appreciate that, because  
9 I appreciate your interest into the actual  
10 science of this. I watched Jim really  
11 fervently working, and it did, it brought up  
12 some interesting points.

13 DR. NETON: Thank you.

14 DR. ZIEMER: Thank you. Okay,  
15 let's go ahead.

16 MR. KATZ: Hanford.

17 DR. MELIUS: At Hanford our work  
18 is at a standstill now waiting for NIOSH which  
19 has been -- had to obtain a lot of data,  
20 mostly on neutron exposures, from Hanford. We  
21 talked about it here before. There have been  
22 significant delays with DOE. I think that is  
23 to some extent has been worked out.

24 But then secondly for NIOSH to then

1 redo their neutron exposure models. That work  
2 I understand is underway and at least some of  
3 that work is expected to be finished within  
4 the next month or two. Arjun and I had a call  
5 with Sam Glover a couple of months ago, and  
6 that was his estimate at that point in time.  
7 So Arjun and I, and it did make sense, do we  
8 need to take any more action on the part of  
9 the Work Group until that activity was  
10 completed. And Arjun and I plan to do a  
11 conference call with Sam hopefully within the  
12 next week or so, and sort of figure out what  
13 the schedule would be for NIOSH to complete  
14 their reports in order that the Work Group  
15 would have -- or SC&A would have something to  
16 review on this issue, and secondly then the  
17 Work Group could proceed.

18 I don't know if Jim or Larry have  
19 anything to add in terms of timing or anything  
20 on how that is proceeding, but I know it's  
21 underway and I haven't heard otherwise.

22 MR. ELLIOTT: I think you have  
23 accurately portrayed the situation. And I  
24 don't have anything to add other than we are

1 very concerned about where Hanford is at and  
2 how much time has been expended and how much  
3 more time is needed.

4 It's not clear to me though that we  
5 have all the data yet, so I'm asking Sam, and  
6 I will be on the call with you next week.  
7 Because I need to understand exactly where  
8 we're at on this one.

9 DR. MELIUS: I mean it's the  
10 situation we thought we had before, you don't  
11 know until you're actually working, looking at  
12 what you have received and what you haven't  
13 received, and start to work on the actual  
14 model, do you have enough.

15 MR. ELLIOTT: And right now we  
16 have hundreds of claims pended for this site  
17 for this reason.

18 DR. MELIUS: No, it's a serious  
19 issue. Well, we'll be following up and then  
20 reporting back at our July meeting.

21 MR. KATZ: Thank you. Brad? Oh  
22 no, sorry, Phil. Idaho?

23 MR. SCHOFIELD: Okay, on the Idaho  
24 National Labs, SC&A just did a site profile

1 review on it. We will be having a meeting on  
2 that on June 10th. And then I'll go ahead and  
3 do Pinellas at the same time. On the 11th we  
4 will be looking at the SEC for Pinellas. We  
5 have had a hold up there until we were able to  
6 meet with DOE about some security issues,  
7 about what we could discuss, and I think we  
8 are set to go forward.

9 MR. KATZ: Any questions? Thanks  
10 Phil. Linde.

11 DR. ROESSLER: The Linde work  
12 group along with NIOSH and SC&A has completed  
13 the evaluation of the site profile. We  
14 announced that at the last meeting. With  
15 regard to the SEC I'll remind you that class  
16 was added to the SEC status. This was the  
17 October 1st, 1942 to the October 31st, 1947  
18 operating period. So what the Work Group is  
19 ready to address is the January 1st, 1954,  
20 through July 31st, 2006, the residual  
21 radiation period, which has qualified for  
22 evaluation.

23 We had hoped to get right at that  
24 and have a report by this meeting. But for

1 two reasons we have been delayed. SC&A have  
2 not completed the evaluation of the NIOSH  
3 report, and also the petitioner asked that we  
4 delay so that the petitioner has time to  
5 review the document. So we are now hoping to  
6 give a report at the July meeting. We're  
7 hoping we can convene the Work Group soon.  
8 And we are waiting now for SC&A to tell us --  
9 and John, it's looking like he's saying yes --  
10 to give us their evaluation of the NIOSH  
11 report, and then we'll get to work on that.

12 DR. ZIEMER: While we are on the  
13 topic of Linde Ceramics, I think it would be  
14 appropriate for me now to mention the letter  
15 from Senator Schumer of New York, a copy of  
16 which was placed on your table and a copy of  
17 which was distributed electronically to the  
18 Board a little over a month ago. This letter  
19 came to us after our last meeting. Under the  
20 Board's rules replies to congressional members  
21 have to be -- need to be approved by the  
22 Board. I have drafted a potential response  
23 which I would like to put before the group  
24 now.

1           Basically Senator Schumer's letter  
2 as you look at it indicates that he supports  
3 an SEC class for the later time period which  
4 is currently under consideration. And he also  
5 mentions keeping the petitioner in the loop;  
6 that would be [Identifying information  
7 redacted]. And the response letter I put  
8 before you, it's a straw-man letter, basically  
9 it acknowledges in the first paragraph, it  
10 acknowledges receipt of his letter and also  
11 acknowledges his concerns about the SEC period  
12 or potential SEC coverage for the period 1954  
13 to 2006. It also points out that we now have  
14 the Evaluation Report; it was received in  
15 November. It has not been formally presented  
16 by the way; it's the one that Jim just  
17 mentioned. But the Board has the Evaluation  
18 Report; that we have passed the contractor to  
19 review that, and that at the request of the  
20 petitioner we have delayed the discussion  
21 until the July meeting. So basically it says  
22 what you just told us, Jim.

23           And then it indicates that we will  
24 indeed keep [Identifying information redacted]

1 apprised of progress and actions of the Work  
2 Group. So if it would be appropriate to have  
3 a motion to approve this letter or some  
4 version of it.

5 DR. ROESSLER: Before we do that,  
6 I think it might be appropriate to bring up  
7 one sentence in his letter that I don't think  
8 you have addressed.

9 In his third paragraph -- first he  
10 talks about agreeing to review the SEC  
11 petition for those who worked at Linde between  
12 1954 and 2006. Then he continues, he says: I  
13 continue to urge you to qualify the SEC  
14 petition for those who worked at Linde between  
15 1947 and 1953, and I don't think you addressed  
16 that.

17 DR. ZIEMER: You are quite  
18 correct. That was an inadvertent omission.  
19 We can have a friendly amendment to the letter  
20 if it becomes a motion.

21 Dr. Melius?

22 DR. MELIUS: I was just going to  
23 ask for some clarification from NIOSH. Just  
24 the Linde petition issue.

1           MR. RUTHERFORD:     Okay, we had two  
2     petitions, one for the residual period, and  
3     one for the operational period.     The  
4     operational period we did not qualify because  
5     it indicated that there was no personal area  
6     monitoring.     We had personal area monitoring  
7     data.     We went back and forth a number of  
8     times with petitioner trying to get that basis  
9     to qualify it, and we couldn't get that.

10           Ultimately we did not qualify the  
11     petition.     It went to the administrative  
12     review panel, and they concurred with our  
13     findings.

14           And again, so we qualified the  
15     residual period.     The reason we qualified the  
16     residual period was because it was supported,  
17     the basis was supported, a lack of monitoring  
18     data for that period.     But the operational  
19     period from '48 to '54, whatever it was, was  
20     not supported.

21           DR. ZIEMER:     Well, of course, this  
22     Board does not qualify the petition.     To  
23     address that I need some additional sentences,  
24     you are quite right.     I actually overlooked

1 that. But if we had a motion to put this on  
2 the floor we could certainly amend it in some  
3 appropriate way. But I feel like we do need  
4 to respond to the Senator's letter, so this  
5 would be a starting point. We can completely  
6 redo it, but at least you have a straw man to  
7 work from.

8 MR. PRESLEY: So moved.

9 DR. ROESSLER: Second.

10 DR. ZIEMER: Okay, it's moved and  
11 seconded to consider this response. Now it  
12 would be appropriate for someone to move to  
13 amend. And if necessary actually perhaps in  
14 the interest of time we could defer action on  
15 the motion until after our lunch break, so we  
16 don't have to wordsmith here. I'm sorry, it  
17 was an oversight on my part, I simply missed  
18 that part.

19 Is there any objection simply to  
20 defer action on the motion until we have a  
21 chance to allow someone to make an appropriate  
22 amendment?

23 There appears to be no objection.  
24 And that will also give you a little more time

1 to digest the letter. But I did want to get  
2 it out so you could have a look at it.

3 We will proceed.

4 MR. KATZ: Los Alamos.

5 MR. GRIFFON: Very very quick  
6 update. The Los Alamos Evaluation Report was  
7 completed and NIOSH presented on it. And  
8 there are a couple of areas where they are  
9 continuing to either to try to get additional  
10 data or to supplement the report; I forget how  
11 it was phrased.

12 In the meantime SC&A has been  
13 tasked to look at the Evaluation Report, and  
14 I've talked to them. And they are getting  
15 underway with their Evaluation Report review,  
16 along with the -- their evaluation process for  
17 any full review of an SEC Evaluation Report.  
18 That would include interviews and the things  
19 they do along with the actual written reports.

20 Of course, I guess, I cautioned  
21 SC&A that if there are these areas that are  
22 sort of held in ongoing research, I don't want  
23 to get into this situation where SC&A is  
24 reviewing something that is being modified by

1 NIOSH, so they are going to kind of put holds  
2 on those items that continued research is  
3 ongoing.

4           Once I'll be in touch with NIOSH as  
5 well as SC&A, once we're at a point where we  
6 have enough to bring to a work group, I will  
7 schedule a work group meeting.

8           MR. KATZ:   Any questions?

9           Mound.

10          MS. BEACH:   At this time Mound has  
11 a work group scheduled for a two day meeting  
12 for May 27th and the 28th.   We do have a  
13 number of topics to discuss in those two days.

14          It's looking like it's going to be a very  
15 full two day schedule at this point.   We are  
16 going to cover White Papers from both SC&A and  
17 NIOSH, some of those include neutron doses,  
18 high-fired Pu-238, radon, quite a list. I  
19 believe everybody got the one-page brief.   And  
20 that is all I'll say at this point.   Hopefully  
21 we will be able to close a couple of the items  
22 during that work group meeting and get to the  
23 bottom of some of these during that timeframe.  
24          Thank you.

1 MR. KATZ: Any questions?

2 Okay, and then NTS has discussed  
3 already, reported. And Pantex.

4 MR. CLAWSON: At this time the  
5 Pantex work group has not met yet. We have  
6 been trying to do some security issues up  
7 front before we get into it. One of our big  
8 issues is how to be able to take care of this  
9 classified information in a public setting.

10 We have made one trip to Amarillo  
11 where we did try to take care of some of these  
12 issues, but due to things beyond our control  
13 we weren't able to do that. We were able to  
14 speak with petitioners and learn a little bit  
15 more information. We have tomorrow scheduled  
16 a security briefing with Pantex, and DOE  
17 headquarters personnel, to be able to deal  
18 with this. SC&A has issued their report. We  
19 are still waiting for a report back from NIOSH  
20 on their SC&A report. At this time we don't  
21 have a work group scheduled yet.

22 MR. KATZ: Questions?

23 DR. MELIUS: Just a quick  
24 question, I think you've done this, but just

1 for the record, there were some issues raised  
2 by the petitioners last night about  
3 communication and being unaware of activities  
4 of the Work Group and so forth. And I believe  
5 you have talked to them, but if you just want  
6 to update us. I just want to make sure that  
7 they are aware of what is going on and  
8 understand and will be going forward.

9 MR. CLAWSON: One of the  
10 petitioners I was given her email, and so I  
11 let her know that I was the Work Group chair  
12 and this is what is a little bit troublesome  
13 to me is that no notification went out to  
14 them. So and I know that there are  
15 disconnects and so forth like that. And I  
16 just wanted to -- we will take that and go on  
17 from there.

18 DR. ZIEMER: Larry.

19 MR. ELLIOTT: I spoke with  
20 [Identifying information redacted] last night,  
21 and she had been contacted. She admitted that  
22 she had been contacted about the Redondo Beach  
23 meeting. She admitted that she had been  
24 contacted and consulted about the petition in

1 the qualification process. But she failed to  
2 recognize that that is part of the interaction  
3 that we have with folks.

4 It is our responsibility, I feel,  
5 to make sure that through our SEC counselor  
6 that we contact these petitioners and that  
7 they are notified as to when a work group  
8 meeting is going to be held. So that is on  
9 us, I feel, and we have been doing that.

10 And I took a little issue with  
11 [Identifying information redacted] last night  
12 about the fact that she articulated that she  
13 had not been contacted. But she has. And she  
14 told us she could not be available for the  
15 Redondo Beach meeting. She would prefer that  
16 the meeting was held here, of course. It was  
17 explained to her at the time that the Board  
18 set the agenda on where they hold their  
19 meetings, and that they can't hold meetings at  
20 every location where there is an SEC petition  
21 that is going to be discussed at that point in  
22 time. She understood that; she accepted that  
23 last night.

24 So I just wanted for the record, we

1 think we have an obligation to talk to the  
2 petitioners, and we do. And we will make sure  
3 that the petitioners know about the Work Group  
4 meetings, when you schedule it. Mr. Wiley is  
5 interested in knowing when this work group  
6 meeting gets scheduled, and I'll make sure  
7 that he knows.

8 DR. CLAWSON: And Larry, that was  
9 one of the questions that I was kind of  
10 wondering about, whether it fell into worker  
11 outreach or what. It's like having this  
12 meeting here in Amarillo, many of the people  
13 last night were saying that the reason they  
14 found out about it was because it was on the  
15 news. And I thought -- and this may be my  
16 mistake -- but I thought that when we had  
17 petitioners like Pantex or so forth like that,  
18 be it they had been not compensated or  
19 whatever, that they were notified of the  
20 meetings and so forth like that in the area.

21 MR. ELLIOTT: Let's be clear. We  
22 do send letters to all active claimants. We  
23 told them about this meeting. They have a  
24 letter. We told them who to contact if they

1 wanted more information about the meeting.  
2 Laurie contacted the SEC petitioners that had  
3 a stake or interest in this meeting, and told  
4 them what was on the agenda. And since it's  
5 in Amarillo, she called and talked to  
6 [Identifying information redacted]. The Board  
7 chair wants to know which petitioner is going  
8 to be available for which session, and that's  
9 part of Laurie's job is to feed that  
10 information to the Board chair so he knows who  
11 is going to be available and when. And so we  
12 are making those things happen. I'm sorry if  
13 people on the outside feel that we need to do  
14 a better job, and we will try. But I don't  
15 know how much more I can do.

16 DR. CLAWSON: And we understand  
17 that. It's just like anything, when anybody  
18 makes a comment about us we try to follow up.

19 MR. ELLIOTT: As I do too, you see  
20 me pull them out and see if I can find out  
21 what the root cause is because I want to cure  
22 it. And in this instance all I can say is, we  
23 made the contact. We will continue to try to  
24 improve and make more -- we sent out a media

1 announcement, we put it in what we thought, we  
2 were told, would be the right local media to  
3 present that in. We talked to reporters  
4 before we came down here.

5 You saw me yesterday. I understand  
6 my face on the TV gets people in the room. I  
7 don't know why. Maybe they want to take a  
8 poke at me. But you know we are happy to do  
9 that, and we want to make sure folks know that  
10 you guys are meeting. So we are trying to do  
11 all of those things. If you have ideas or  
12 thoughts on where we can improve let me know.

13 DR. ZIEMER: Thank you. Robert.

14 MR. PRESLEY: It was in the  
15 newspaper. We were here a couple of days  
16 early, and we saw it in the newspaper. They  
17 had a big article in the newspaper about the  
18 meeting.

19 DR. ZIEMER: We can proceed.

20 MR. KATZ: Rocky Flats.

21 MR. GRIFFON: The Rocky Flats work  
22 group hasn't met, and one item that is sort of  
23 outstanding on the Work Group's agenda is the  
24 Ruttenber Database. Larry gave an update

1 yesterday on that. And all I would ask is  
2 that once the NIOSH report is finalized that  
3 they bring it to the Work Group. I did commit  
4 to the petitioners and congressional staffers  
5 that we would discuss it in the Work Group.  
6 So once that product is final we will call a  
7 work group meeting, either by phone or in  
8 person, and look at that, look at what's  
9 resolved there, and we may or may not have to  
10 go further than that.

11 We haven't asked SC&A to look at  
12 that database yet, but it is on the O drive.  
13 I've tried to familiarize myself with it, but  
14 I haven't gone further than that. I might ask  
15 SC&A to do the same before our work group  
16 meeting certainly. We'd ask them to look at  
17 NIOSH's report, but that is down the line. So  
18 I guess that is what we are waiting for that  
19 product, and I understand it's pretty close to  
20 being ready.

21 DR. ZIEMER: Thank you. Larry?

22 MR. ELLIOTT: Just to be clear on  
23 the process we intended to send the report to  
24 the whole board, and you guys in the Work

1 Group decide what you are going to do with it.

2 But we were going to give the whole board the  
3 chance to review the whole report.

4 MR. GRIFFON: Yes, distribution is  
5 fine. Yes, send it to the whole Board, that  
6 is fine. I just wanted to honor my agreement  
7 to have a work group discussion of it.

8 DR. ZIEMER: Thank you.

9 We are going to go ahead and take  
10 our lunch recess at this point. We are past  
11 the appointed hour. I would like to encourage  
12 us to be back by the appointed time. That  
13 leaves us one hour and 15 minutes. Do we need  
14 that long? Okay, I guess we do.

15 Okay, we will recess for lunch.  
16 Return promptly so we can start at 1:30.

17 (Whereupon, the above-entitled matter went off  
18 the record at 12:17 p.m. and  
19 resumed at 1:30 p.m.)

20 DR. ZIEMER: We are ready to  
21 resume our deliberations. Just for the record  
22 Dr. Lockey had to leave, so -- but of course  
23 we still have a quorum so we are able to  
24 proceed.

1                   We are going to finish up the Work  
2 Group reports; there's only a couple left to  
3 do.       Then we will move immediately to  
4 discussion of the security issues that have  
5 been raised earlier by Dr. Melius, and we want  
6 to have those while we still have the DOE  
7 staff people with us this afternoon.

8                   So Ted, where are we on the Work  
9 Groups?

10                  MR. KATZ:    Yes, we are up to Santa  
11 Susana.        I don't know, Mike, if there is  
12 anything to add?   I don't think so.   Then  
13 Savannah River Site.

14                  MR. GRIFFON:   Yes, Savannah River  
15 is in a similar situation as LANL that I  
16 reported earlier, that the Evaluation Report  
17 was presented by NIOSH.   And there are a  
18 couple of areas that are sort of reserved for  
19 further research, specifically the issues of  
20 thorium especially in the early years; pre-  
21 1960, I believe.   And then neutron dose  
22 reconstructions, how they are going to  
23 approach neutron dose reconstructions.

24                  I've asked -- and we have tasked

1 SC&A with reviewing the Evaluation Report.  
2 Same sort of process as LANL, review the  
3 Evaluation Report, conduct interviews that you  
4 would normally do for the follow up for our  
5 evaluation process, but in these areas where  
6 NIOSH says they're still developing it doesn't  
7 make sense to -- for SC&A to spend resources  
8 in those areas obviously.

9           One concern I just wanted to raise,  
10 I got an update from Tim Taulbee on the status  
11 sort of in preparation for this meeting. And  
12 in his email he indicated to me that due to  
13 the quote perceived low priority of this  
14 Savannah River petition resources have been  
15 pulled. So he wasn't sure how quickly these  
16 coworker models and other things would be  
17 developed.

18           He also put in here that data  
19 access was a challenge. There was a slow  
20 down--and this might have been the site  
21 resource issue. So I don't know if NIOSH can  
22 speak to either one of these. I mean if it is  
23 perceived that it is a low priority from the  
24 Board, I don't think it's true. I haven't had

1 a work group meeting, but it's only because we  
2 don't have these things completed. And I just  
3 wanted to make sure that the resources are  
4 being dedicated to this so we can finish up.

5 DR. NETON: I think they are. I  
6 saw Tim's email as well, and have not had a  
7 chance to talk to him about it. I am not sure  
8 where that phrase is coming from, low priority  
9 of this project; I don't view it that way.

10 MR. RUTHERFORD: Actually, Stu had  
11 said he had talked to you, and this is -- I'm  
12 just relaying how the priorities kind of  
13 shifted a little bit. Stu had indicated that  
14 he had talked to you; that you weren't in a  
15 big hurry at the time because there were so  
16 many other things on the plate right now you  
17 weren't in a big hurry to convene that work  
18 group.

19 Now if that was misinterpreted,  
20 that's no problem. One of the things that we  
21 have done is, some of the resources that we  
22 are working on, the data capture and the data  
23 coding, had shifted to the Hanford to close  
24 out a couple of those issues, since Hanford

1 has been on an out for quite some time. So we  
2 shifted those resources to lock down a couple  
3 of those things, and then that would only  
4 delay the work at Savannah River for a couple  
5 of weeks.

6 So I don't think there is a huge  
7 delay.

8 MR. GRIFFON: And it might have  
9 been. I mean I did talk to Stu; this was  
10 probably at a DR Subcommittee meeting or  
11 something. But I expressed the concern that  
12 from the Board's standpoint, that's where it's  
13 a little bit of a disconnect, but from the  
14 Board's standpoint I think I was talking about  
15 we need to prioritize, because I feel like we  
16 come back to work groups and we rehash issues  
17 that we have been to at the last meeting,  
18 because they are so far apart we have to sort  
19 of review. And I was just talking that maybe  
20 we should prioritize, Fernald and Mound and  
21 some other ones were probably furthest along  
22 and we should probably try to close them out.

23 But that wasn't any official board  
24 position, and I would hope it wouldn't in

1 anyway tell NIOSH to hold off on doing this  
2 work. So anyway.

3 MR. KATZ: SEC Work Group.

4 DR. MELIUS: Our Work Group has  
5 not met. We should be setting up a meeting  
6 shortly. SC&A just finished up a week or two  
7 ago on a response to NIOSH on the Dow site.  
8 Hopefully we are making progress on  
9 [Identifying information redacted] FOI  
10 requests and other information requests, and  
11 think it will be timely there.

12 We also at the same meeting would  
13 need to deal with the 250-day issue. We need  
14 to meet. But I think now with the --  
15 relatively shortly should be the time for  
16 that.

17 MR. KATZ: Okay, and I can just --  
18 on the question of the Dow, the FOIA, I know  
19 the last bits there were a couple of documents  
20 that DOE needed to review, because they had  
21 never been reviewed -- the DOE documents had  
22 never been reviewed under the current  
23 clearance process, and they have been reviewed  
24 just recently. So you should be getting the

1 last bit of that, which is great.

2 TBD 6000.

3 DR. ZIEMER: The TBD 6000/6001  
4 work group met on March 11th, and the main  
5 focus there is on Appendix BB, which is  
6 basically General Steel Industries.

7 We are dealing with the Landauer  
8 film badge data. SC&A has provided some  
9 input, and we've had some input from  
10 [Identifying information redacted], and NIOSH  
11 is reviewing that data, and we still have some  
12 issues to resolve. But many of the issues at  
13 General Steel revolved around the film badge  
14 data as well as exposure to unbadged people.

15 So we are still dealing with those issues.  
16 We will be meeting again very soon.

17 MR. KATZ: That concludes I think  
18 -- oh no, I'm sorry, Worker Outreach, Mike.

19 MR. GIBSON: Oh, nothing new to  
20 add other than we have a work group meeting  
21 scheduled June 16th in Cincinnati.

22 MR. KATZ: Okay, and I left out --  
23 skipping here -- Surrogate Data, too, which is  
24 also --

1 DR. MELIUS: You would think that  
2 Surrogate Data would have no information --  
3 only to report from other committees.

4 MR. GRIFFON: Can I just ask a  
5 question on the worker outreach before we go  
6 into surrogate data?

7 On worker outreach, I asked this  
8 question of Mike during one of our breaks, but  
9 from what I understand, there used to be at  
10 least on the O drive a database with all the  
11 comments and stuff. Can someone give me an  
12 update on that? I don't seem to find the  
13 database on the O drive that has the collected  
14 comments from all these worker outreach  
15 meetings. I thought that existed, and then I  
16 heard there was an updated version of it or  
17 something. Has anybody -- maybe you can get  
18 an answer back to us or whatever.

19 And sort of as a -- maybe --

20 MR. ELLIOTT: The whisper database  
21 doesn't exist anymore; it's gone. And it's  
22 been consumed in another ORAU software  
23 program. I don't know if it's on the O drive  
24 or not. The ATL outreach efforts that are

1 summarized in summary minutes of those  
2 interactions are on the website.

3 MR. GRIFFON: Well, that's all  
4 fine and good, but is there a database? That's  
5 what I'm asking.

6 MR. ELLIOTT: There is. I don't  
7 know if it's on the O drive. I don't know  
8 where it's at. I'll have to get that info for  
9 you.

10 MR. GRIFFON: Because part of the  
11 question is to have it in the database to see  
12 if there are similar comments, and also to see  
13 what happens with these comments. Those are  
14 some of the issues we have. So I was just  
15 wondering.

16 MR. ELLIOTT: Well, there is a  
17 tracking system. That's what you want to see;  
18 that's what you're asking for. The tracking  
19 system, I'm sure you all have been given that,  
20 but we will reissue that to you.

21 MR. GRIFFON: Maybe I just don't  
22 know where it is. It might be that I'm not  
23 finding it.

24 DR. ZIEMER: Jim.

1 DR. MELIUS: Does this database  
2 include comments that people submit in the  
3 public comment periods at the Board meetings?

4 I thought at one point ORAU had been tasked  
5 to collect that information and provide some  
6 sort of record, possibly --

7 MR. ELLIOTT: No, ORAU had not  
8 been tasked to do that. ORAU was at one point  
9 in time, on their own initiative, they were  
10 tracking those kind of things for their own  
11 management of their other tasks. And that got  
12 generated into this whisper database that was  
13 just unsearchable and unusable. It was an  
14 application that we did not ask for. The  
15 government doesn't hire contractors to develop  
16 these applications; we want to give them an  
17 application. So we couldn't accept that  
18 application.

19 The Board public comment period is  
20 only kept in the transcript record at this  
21 time. There is no concerted effort to tease  
22 out from board public comments issues that  
23 need to be followed up on. We follow up on  
24 those, you see me do it here at the meetings.

1 It's not a formal documented process.

2 MR. GRIFFON: And just a related  
3 question, it's maybe a little off topic, but  
4 there also exists at least I understand there  
5 exists a questionnaire database that has all  
6 the CATI questionnaires in it. Is that on the  
7 O drive? I haven't been able to find that  
8 either. Maybe it doesn't exist?

9 MR. ELLIOTT: CATIs are kept  
10 within the claim files. So each claim file  
11 has a CATI for every claimant that is  
12 interviewed. There is no compilation of  
13 those, and I'm not going there because DOE  
14 wants to review every one of those, and I'm  
15 not going to let them, flat out. I'm just  
16 going to be that candid about it. No. If  
17 they were in a compilation they would have  
18 access to them. If they are contained within  
19 the individual specific claim file, we've  
20 convinced them that they don't need a security  
21 review.

22 MR. GRIFFON: Oh, I see.

23 MR. ELLIOTT: Okay? This is one  
24 of the things I fought hard for, and I'm not

1 willing to relinquish, and I think rightfully  
2 so for the claimants.

3 MR. GRIFFON: I understood it  
4 existed, so I must have misunderstood that.

5 MR. ELLIOTT: Unless I am speaking  
6 out of my hat. The CATIs are kept within the  
7 claim files. That's where you are going to  
8 find them. You won't find a compilation of  
9 those in a relational, searchable database.

10 MR. KATZ: Okay then Surrogate.

11 DR. MELIUS: At last.

12 The Surrogate Data Work Group --  
13 I'll remember this next time -- Surrogate Data  
14 Work Group did meet. We had a little  
15 difficulty organizing a meeting just because  
16 of everyone's calendar and other conflicts,  
17 and Dr. Lockey was out of the country for an  
18 extended period. So we postponed trying to  
19 deal with sort of the general criteria issues  
20 related to the use of surrogate data until we  
21 had a full work group meeting or at least a  
22 more complete work group meeting, more people  
23 definitely would going to be available.

24 We did spend time reviewing the

1 Texas City Chemical's SEC because that is  
2 based on largely on surrogate data, and heard  
3 from the petitioners about any issues they  
4 raised; heard from both NIOSH and SC&A on the  
5 status of their review on it.

6 And my understanding, which has  
7 been somewhat confused by LaVon's report  
8 today. So I'll ask for an update. But there  
9 -- and then I can -- maybe after this we can  
10 talk more about where we go from here. But  
11 NIOSH has, after the Evaluation Report was  
12 received, had obtained some additional  
13 information from DOE about the site. And that  
14 has never been incorporated into an Evaluation  
15 Report, and would need to be because it could  
16 potentially change the current NIOSH  
17 evaluation and what would happen to the site  
18 significantly.

19 SC&A has never had the opportunity  
20 to review that information also, so it's not  
21 incorporated into SC&A's review of the  
22 Evaluation Report. The Evaluation Report was  
23 issued in December or January of '08 I  
24 believe. The SC&A report in July of '08. Now

1 what I'm a little confused on is where NIOSH  
2 is in terms of planning to do a revised  
3 Evaluation Report. At the Work Group meeting  
4 we were told that they wanted to wait until  
5 after the Blockson issue was addressed,  
6 because that is also an issue that would come  
7 up with Texas City. And then LaVon seemed to  
8 imply in his report that no, they were going  
9 to go ahead and do the revised Evaluation  
10 Report.

11 Now maybe I misheard or whatever,  
12 but if someone could just provide an update.

13 MR. RUTHERFORD: I-- I don't know  
14 how I came across it, but we are -- we all are  
15 waiting on the radon issue to be resolved as  
16 well. Now there is additional documentation  
17 that we have to update the Evaluation Report  
18 to include that documentation. But finalizing  
19 that radon model still is on the plate if I'm  
20 correct.

21 DR. MELIUS: Okay, because one of  
22 the difficulties we've had here, and I'm not  
23 sure how it occurred, but the information that  
24 was received from DOE if I understand

1 correctly has only recently been made  
2 available to the Board. The letter, if I  
3 understand this right, was put on the O drive,  
4 but the actual information from DOE wasn't --  
5 I'm not even sure it still has, so SC&A was  
6 not aware of it. It's even more confusing,  
7 Jim did mention -- Jim Neton did mention it in  
8 his I believe April 2008 presentation to the  
9 Board, though reviewing the transcript I  
10 became even more confused.

11 DR. NETON: Yes, it's true. I  
12 mentioned the existence of those new data, the  
13 new references, during my presentation of the  
14 Evaluation Report in Tampa I believe is where  
15 that was. And it is true that we posted the  
16 letter from the Department of Energy, the  
17 transmittal letter which included the  
18 attachments which were those documents. And  
19 for some reason we only -- there was a mix-up  
20 within our office -- we only posted the letter  
21 and not the attachments that went along on the  
22 O drive. That has since been rectified, and  
23 all the documents are on the O drive, and I  
24 think an email went out to all the working

1 group members at least indicating where they  
2 are located on the O drive, and SC&A was also  
3 copied on that email. So everything is out  
4 there now in the open, and we are starting to  
5 move forward with the revision of the ER based  
6 on that new information.

7 But as LaVon suggested, we do feel  
8 it's important for a complete document to have  
9 some approach for the radon reconstruction  
10 which would be not dissimilar to what we are  
11 proposing for Blockson Chemical.

12 DR. MELIUS: So a couple of things  
13 follow from this. One is, I think it would be  
14 -- and I haven't talked this over with other  
15 work group members -- but I think it would be  
16 helpful if SC&A reviewed the new information,  
17 at least became familiar with it, even though  
18 it's not in an Evaluation Report yet, I think  
19 it'd be helpful in our overall thinking about  
20 how to proceed. It's out there, and they  
21 actually commented on this issue in their  
22 report; it has something to do with how much  
23 information is available regarding production  
24 periods at this pilot facility.

1           So if the other members -- if  
2 that's okay with the other members of the Work  
3 Group I'd like to proceed with that. I don't  
4 think it's a big task, but it'd be worth  
5 doing.

6           Secondly I think it does sort of  
7 change how we've been approaching the overall  
8 surrogate data issue. We had been hoping to  
9 use some examples such as Texas City as one  
10 where -- as an example of surrogate data. I  
11 think the problem is to use the current Texas  
12 City Evaluation Report and look at that in  
13 terms of surrogate data doesn't make sense,  
14 because it's really not a complete report,  
15 until we get the new information that was  
16 added to it.

17           And I think a lot of the judgments  
18 that are made on the use of surrogate data  
19 depends on how much information is available  
20 on a site. And the less information, in some  
21 sense, the less -- the more justification one  
22 needs for using surrogate data, or how do you  
23 tie the surrogate data to the site is limited  
24 by that. So I don't think that makes sense

1 going forward.

2           So one approach, I think the  
3 surrogate data working group will need to meet  
4 again. We need to talk about the general  
5 criteria, perhaps also think of some other  
6 approaches that we can use to come up with  
7 some examples. I'm reluctant to use Bethlehem  
8 given our long history with that, but at some  
9 point we also need to deal with that site so I  
10 don't want to put it off too long.

11           But I think we first need a meeting  
12 to talk about the general criteria, and then  
13 we'll move from there.

14           DR. ZIEMER: Thank you. I'm not  
15 sure whether we need formal tasking on what  
16 you suggested. It's not a great effort, but  
17 I'll ask Ted, do we need to task SC&A on that  
18 issue.

19           MR. KATZ: I think they are so  
20 tasked.

21           DR. ZIEMER: Under the existing  
22 task you are saying?

23           MR. KATZ: Yes.

24           DR. ZIEMER: Okay, fine, I just

1 wanted to make sure. I think that completes  
2 our work group reports.

3 I'd like to have us move now to the  
4 --

5 DR. MELIUS: Can I make one other  
6 comment?

7 DR. ZIEMER: Okay, you are eating  
8 into your security time.

9 DR. MELIUS: I know, but this  
10 includes sort of self criticism also. But I  
11 think it also points out the need to do at  
12 least periodic communication between work  
13 group chairs, SC&A and NIOSH on where things  
14 stand. Because this went on -- everybody  
15 thinking it was on the O drive. Everybody at  
16 NIOSH thinking they had told people about it,  
17 et cetera. And I think if we had done what we  
18 are doing for example like at Hanford trying  
19 to do at least, even when there are delays,  
20 some periodic quick technical calls, whatever  
21 you want to call them, just to keep updated, I  
22 think it would have been better for all of us.

23 And I'm not faulting anybody per  
24 se. All of us I think are equally guilty in

1 this. But it's a difficult situation and I  
2 think we should try to avoid it in the future.

3 When there are these things we sort of delay  
4 ourselves thinking we are waiting for  
5 something else to happen.

6 DR. ZIEMER: Right, and SC&A is  
7 before each meeting has been preparing a kind  
8 of summary of where we are on things. I don't  
9 know to what extent that would cover some of  
10 your concerns, but nonetheless it's a good  
11 suggestion.

12 MR. MAURO: A couple of  
13 observations. The ground rules we've been  
14 working on is, once we deliver a work product  
15 to the Board, we stop all work until the Work  
16 Group forms or until the Work Group gives us  
17 direction. For example this action item  
18 related to following up on Texas City, that  
19 would not be something we would automatically  
20 do until the Work Group told us. So for all  
21 intents and purpose, we have just been given  
22 that mission.

23 The second item you had mentioned -  
24 - I just lost my train of thought.

1 DR. ZIEMER: The summary?

2 MR. MAURO: The summary material.

3 When I prepare the summary material, I  
4 usually limit my -- for example in this  
5 particular meeting I limited it to Mound,  
6 Fernald and NTS. It's basically a judgment  
7 call when there has been a lot of activity,  
8 lots of work group meetings, lots of White  
9 Papers going back and forth, lots of direction  
10 given, I will submit a summary on that. I  
11 don't submit a summary on everything.

12 And it's really right now a  
13 judgment that I make. However if you feel  
14 that a summary of that nature is appropriate  
15 for all active work groups certainly we could  
16 do that also, probably a lot briefer than the  
17 ones I send.

18 DR. ZIEMER: Well, I would say for  
19 now we will put the burden on the Work Group  
20 chairs to make sure the coordination is  
21 carried out. They can sort of monitor their  
22 own work groups. I don't see the need to task  
23 SC&A at this time with additional things. I  
24 think Jim has pointed out the potential

1 problem we have of thinking that someone else  
2 is doing something. So I guess right now it  
3 would just behoove the chairs to continue to  
4 track with their contact, or both contacts,  
5 SC&A and the NIOSH contact, and make sure that  
6 things are on track. Thank you.

7 MR. KATZ: And can I just add to  
8 that? And I'd encourage all the chairs to  
9 copy me when you are doing that, these  
10 communications, because then I can sort of  
11 help out in the tracking process.

12 DR. ZIEMER: Now let's move to the  
13 issue of security, particularly with respect  
14 to the issues that Dr. Melius raised earlier  
15 in the meeting.

16 DR. ZIEMER: As I've thought  
17 about this and others have probably thought  
18 about it too, it seemed to me that to get  
19 underway we need to identify the kinds of  
20 issues that would arise. And I think Jim, you  
21 sort of delineated some of them, somewhat  
22 broadly, but in certain cases with more  
23 specificity. And think about what kind of  
24 problems could arise with respect to the

1 handling of classified information. For  
2 example, to point out an example, how can the  
3 Work Group function if they are dealing with  
4 classified material? Or how does the Board  
5 function if there is classified material  
6 involved? How do we involve the petitioners  
7 which normally have free access to our work  
8 group meetings and so on?

9 So one of the things we need to do  
10 is identify those potential problems. It may  
11 be that we don't have a full grasp of what  
12 kind of problems could arise until we actually  
13 get into it, but certainly the DOE folks here  
14 and others who have been dealing with the  
15 classified material can help us define that,  
16 and also I think I'd like to get a feeling for  
17 whether or not we are going to need to think  
18 about having a subset, a work group, look in  
19 greater detail than we might be able to get  
20 into at this meeting or at a regular board  
21 meeting in terms of what the issues are, and  
22 how one might deal with them.

23 Are there some policy things that  
24 need to be determined in terms of whether or

1 not we will have to meet full disclosure of  
2 information to the full board in order to make  
3 decisions on, for example, SECs?

4 So with those kinds of background  
5 comments, Ted, you have some additional ones,  
6 and then we'll get some others after that.

7 MR. KATZ: Yes, just to preface  
8 this discussion, let me just explain a little  
9 bit about at least what has come up to this  
10 point with my involvement. As has been  
11 mentioned there's been issues with Pantex,  
12 with Pinellas, with a few sites where we have  
13 sensitive information and concerns about this.

14 And what we have done so far, we  
15 have not -- we have not had working group  
16 meetings regarding those sites, regarding  
17 those issues. But what we have done is sent  
18 members of the Working Group as well as  
19 members of the SC&A staff and members of OCAS  
20 to meet with the security experts at DOE  
21 responsible for those facilities to have  
22 serious discussions not about any  
23 deliberations with respect to the Board on the  
24 petitions or what have you, the site profile,

1 what have you, per se, but only to have  
2 discussions about process in terms of how can  
3 we have the discussions that we need to have  
4 as a working group while maintaining  
5 protection of classified and sensitive  
6 information. And they have been -- so they've  
7 been sort of explaining to the DOE security  
8 people this is the nature of information that  
9 we really need to have debates about on the  
10 Board to be able to come to understanding  
11 about what our position is with respect to  
12 this petitioner site profile. And then giving  
13 it -- giving DOE with that understanding an  
14 ability to give them guidance as to how can  
15 you present this information without it posing  
16 security problems. And that -- so that has  
17 been the full nature of the interactions with  
18 DOE as I understand it, at least in terms of  
19 the guidance I've given them in terms of  
20 having these meetings with them, so that they  
21 could pave the way for having -- because the  
22 goal is certainly to have work group meetings  
23 and board meetings where everything that needs  
24 to be discussed is discussed in the open, not

1 a closed classified meeting which legally is  
2 possible, but that is not our aim on this  
3 board to have anything behind the curtain in  
4 effect that has to be debated and discussed to  
5 come to a conclusion. So that is where we are  
6 coming from at least, and that's what's  
7 happened to date.

8 DR. ZIEMER: Phil, did you have a  
9 comment at this point?

10 MR. SCHOFIELD: Yes. Joe  
11 Fitzgerald, who was along with Brad and Bob  
12 and Josie, attended the meeting in D.C. with  
13 the security people. And they gave us kind of  
14 general guidelines, what we can and cannot say  
15 and do. It is going to have an impact on  
16 several of the sites. Because there were  
17 several things, they gave us more leeway than  
18 we had before. But we still -- there are some  
19 things that we just will not be able to  
20 discuss except in very generic terms. But --  
21 I don't know if everybody on the Board got his  
22 notes from that meeting which are pretty good.

23 DR. ZIEMER: Okay, maybe we could  
24 hear from NIOSH and also DOE if you have some

1 comments for us at this point would be good  
2 also. Larry.

3 MR. ELLIOTT: It is important for  
4 the Board to be comfortable in understanding  
5 what information is behind the curtain. But I  
6 think we want you to understand that we see it  
7 starting with our work in researching whatever  
8 the issue is, developing the site profile,  
9 evaluating a petition and understanding what  
10 it is we can say about it, what we can't say  
11 about it.

12 So when we bring something to the  
13 table, our goal is that it -- unlike I think  
14 we learned out lesson in the Iowa experience.

15 We are not going to come to this board with a  
16 proposal on how we are going to handle  
17 something that we can't talk about in public.

18 I can't say it any clearer than that. We  
19 are going to bring something that we can talk  
20 about in public.

21 That doesn't mean that there might  
22 be information that is behind that that the  
23 Board wants to become familiar with and  
24 understand. But our goal is to bring

1 something to the table that has not been  
2 classified, not in any way sensitive  
3 information.

4 In our discussion in Germantown we  
5 talked about, I talked about the fact that  
6 some of the information that was of concern  
7 for that day was not necessarily an SEC issue  
8 in our mind but really an implementation issue  
9 of within a site profile, and how we implement  
10 that, and the Board would need to see that,  
11 and we would perhaps say how we were going to  
12 do X differently at different sites, because  
13 of the constraints in classification at  
14 different sites.

15 But it is still our goal not to  
16 bring anything to the Board that can't be  
17 discussed in public. But I understand and I  
18 appreciate the Board's interest to be  
19 comfortable in knowing what is behind that.

20 DR. ZIEMER: Greg or Gina, do you  
21 have any comments at this point?

22 DR. ZIEMER: Greg.

23 MR. LEWIS: Sure, thank you, Paul.

24 I would say we have general

1        comments.    We agree with what Larry said as  
2        far as the history and what we have done to  
3        get here.    And we have the same goal.    We want  
4        to allow you to discuss the things that you  
5        need to discuss to be able to make your  
6        decisions and we'd like to be able to discuss  
7        it without getting into territory that can't  
8        be aired in public, and there are a number of  
9        tools that we can provide to do that, both  
10       these briefings that give you some guidelines  
11       about what to say.    We also review documents,  
12       if there are ever statements you'd like to  
13       prepare we can review that, specifically  
14       language-wise to get a very detailed specific  
15       statement that you can read in front of the  
16       public.

17                        So there are a number of different  
18       tools that we are prepared to provide, and we  
19       are willing to work with you to get the  
20       information you need in the manner that you  
21       can use it.

22                        DR.    ZIEMER:            Larry, additional  
23       comment?

24                        MR.    ELLIOTT:            I think it is

1 important to note for the record that the  
2 Board and SC&A have more Q-cleared people than  
3 ORAU and NIOSH/OCAS have. And I just think  
4 that is important to put on the record so that  
5 folks in the audience and folks in the public  
6 understand that you are taking this serious.  
7 We understand how serious you are taking it.  
8 But there are more cleared people on this  
9 Board and in SC&A than there are at OCAS and  
10 ORAU collectively.

11 DR. ZIEMER: The issue is not  
12 going to be access to the information, it's  
13 going to be how we are able to deal with it in  
14 a public forum in a manner that provides the  
15 proper protection yet is sufficiently  
16 transparent so that all Board members and all  
17 members of the public have some level of  
18 confidence in how the material is handled and  
19 how decisions are made.

20 DR. ZIEMER: Wanda Munn, then Dr.  
21 Melius.

22 MS. MUNN: Doesn't our concern  
23 here really at the base become whether or not  
24 any of these sites have such inadequate

1 bioassay and dosimetry data that we have to  
2 use extraordinary methods of dose  
3 reconstruction? At base isn't the question  
4 whether we have adequate personnel records for  
5 these?

6 DR. ZIEMER: I guess you are  
7 asking do we need to go to process and source  
8 term information that might jeopardize the  
9 classification issues. I don't know the  
10 answer to that. Is that the question?

11 MS. MUNN: Well, that's almost the  
12 question but not quite. The real question is,  
13 are we certain to begin with that the sites we  
14 are concerned with do not have adequate  
15 personnel data for us to make the dose  
16 reconstructions? Because if the records exist  
17 then the number of secure meetings or secure  
18 documents that we might have to see might be  
19 very small.

20 DR. ZIEMER: I don't know that we  
21 know the answer to that. But in almost every  
22 case, even where there is a plethora of  
23 dosimetry data there seems to always be a  
24 subset where some sort of cohort or coworker

1 dataset or other estimating methods have to be  
2 used.

3 Larry.

4 MR. ELLIOTT: I think the answer -  
5 - I would frame it as a slightly different  
6 question. It does go back to the touchstone  
7 for an SEC situation: can we effectively bound  
8 dose. Or more precisely estimate dose. And  
9 so when we get into that for an SEC question,  
10 are there things that weren't monitored or  
11 aspects of the process that yielded exposure  
12 or dose that can't be accounted for in the  
13 monitoring process?

14 And if we've got to speak about  
15 that in a classified setting, I'm telling you  
16 we are not going to come to the table with  
17 that. To me, I'm going to say that's an  
18 83.14, we're just done. We can't talk about  
19 it in public; we're just done. Okay? But  
20 that doesn't cure your problem, because there  
21 are situations, we can come to the Board and  
22 we can say, we can effectively bound the dose  
23 for this site, for that issue. And we'll be  
24 using words that we have been able and

1 approved to use that won't violate national  
2 security, but there will be information behind  
3 that that you may want to see, individual  
4 board members may want to see.

5 Does that help? Yes, it does. The  
6 touchstone here is, can we effectively bound  
7 dose. Can we sufficiently reconstruct dose?  
8 And if we get into situations like we  
9 attempted to do at Iowa, which was not a well  
10 designed or a well envisioned modeling effort,  
11 I'll give you that. We missed the boat there.

12 We don't want to come to this table and say,  
13 here's the way we have modeled that dose, but  
14 we can't tell you what the parameters are  
15 because they are classified. We are not going  
16 to do that.

17 DR. ZIEMER: Jim.

18 DR. MELIUS: I actually agree with  
19 both Wanda and Larry, and I think the issue is  
20 not going to come up if we just simply accept  
21 what NIOSH has proposed. But when we have  
22 questions about it, and -- or when the  
23 claimants or petitioners have questions about  
24 it.

1           And I think, thinking back to last  
2 night, I think we heard lots of issues that  
3 were process and procedural issues, and so  
4 forth, at Pantex, that the claimants and  
5 petitioners were concerned about and that they  
6 raised.

7           And I question whether we are going  
8 to be able to handle those in the same manner  
9 that we handle them now. Again it's all well  
10 intended, and I think it is necessary to do to  
11 try to see what we can talk about and so  
12 forth. But not everybody on the Board is Q-  
13 cleared, not everybody in the public  
14 petitioners are Q-cleared, and we have not  
15 operated in a Q-cleared setting for the  
16 actions and activities of the Board. And that  
17 would be a major change in the Board and how  
18 the Board's activities were perceived, because  
19 people, petitioners and so forth, are very  
20 skeptical of this program, and very concerned  
21 about it, as we heard at length last night.

22           And I just don't see a very good  
23 way of doing this. And I see us very quickly  
24 on Pantex or one of these other sites running

1 into a situation here I ask a question or  
2 somebody else on the Board asks a question  
3 saying, okay, show me, why is this? Or why  
4 are you proposing this way? Or what about  
5 this? Or trying to link something that a  
6 petitioner or a claimant said to understand it  
7 in the context of what's being proposed. And  
8 that is going to raise a security issue. Then  
9 what are we going to do? And am I going to  
10 feel comfortable -- you say, I'm sorry, we  
11 can't talk about that. Or two or three of us  
12 have to go off in a closed room and talk about  
13 that and come back and say whatever. I think  
14 that -- certainly it's a major change in the  
15 program, and I think we have to decide how far  
16 we want to go one doing that, and also what  
17 level of resources we are going to spend in  
18 doing that. Because we could spend an awful  
19 lot of time trying to figure this out and  
20 still might not get a resolution. We already  
21 have enough problems resolving issues on SEC  
22 evaluations without adding another problem to  
23 that list, and to that. At one point we also,  
24 and I think I hear Larry talking differently

1 now on behalf of NIOSH, but at one point we  
2 were told that security could not be the basis  
3 for making something an SEC. That was sort of  
4 a mysterious legal opinion that we never could  
5 get much follow up on. But I think that is  
6 still relevant, basically relevant to how we  
7 should have to decide how to proceed here and  
8 so forth. But I just am very skeptical that  
9 we are going to be able to move forward on a  
10 site like Pantex or some of these other sites  
11 where it seems the security issue is also the  
12 key issue related to the Special Exposure  
13 Cohort for that evaluation. And it's a  
14 problem.

15 DR. ZIEMER: Thank you. Other  
16 comments? Ted?

17 MR. KATZ: I would just suggest, I  
18 appreciate fully what you said, Jim. I guess  
19 I would just propose that we give this -- now  
20 that there are several work groups that are  
21 sort of on the brink of this, of sort of  
22 trying to go forward this way, that we give it  
23 a run for its money, and if we -- when we  
24 actually bang our nose up against the wall if

1 we do, we can then evaluate how do we deal  
2 with this.

3 But I think it's hard to deal with  
4 it in the abstract, not actually knowing  
5 exactly whether these problems can actually be  
6 mechanically fixed a piece at a time as they  
7 occur, or whether we do really run into a  
8 situation where we can't operate with  
9 transparency the way we want to.

10 DR. MELIUS: And I think we  
11 already have an example, which is Pantex,  
12 which is already causing problems.

13 MR. ELLIOTT: I think it's  
14 appropriate for the Board to call attention to  
15 this, but it's not a change. This is not a  
16 change. We have been operating like this; you  
17 just didn't realize it. We have not brought  
18 anything to the table that you had brought  
19 question on that resulted in going behind the  
20 screen. So we have done effectively what I  
21 have been relating to you as our goal. But  
22 you are right, Dr. Melius, in the example of  
23 Pantex, we are dealing with a whole other  
24 kettle of fish. And it could go awry, and so

1 I think it's good to call attention to it.  
2 But I just want you to understand, there is no  
3 change. We have been -- at NIOSH we have been  
4 operating this way to bring to the table a  
5 nonsensitive but sensible--I hope--approach on  
6 how we are going to handle the issue. If we  
7 can't do that, then we are going to add a  
8 class. I am not going to bring something to  
9 the table that I can't talk about in public.

10 DR. ZIEMER: Additional comments?  
11 You would have to wait until the public  
12 comment period, sir, sorry.

13 Ted has suggested that -- sort of  
14 pragmatically, that we face the issue or  
15 issues as they come with eyes wide open I  
16 guess or something like that.

17 I'm struggling in my own mind as to  
18 whether or not we could effectively develop  
19 any kind of policy in the abstract, not  
20 knowing exactly the nature of the hurdles that  
21 we would come to.

22 Larry, I guess what you are saying,  
23 and you have said that Pantex is a new kettle  
24 of fish and perhaps the security issues will

1 be more salient here than they were in other  
2 places, or more impinging on what we do that  
3 would I guess remain to be seen. But if at  
4 some point, even though one could discuss in  
5 open meeting how general approaches, if in  
6 fact board members, or members of the public  
7 could not gain information on how, for  
8 example, the coworker model would be either  
9 developed or applied or some sort of important  
10 parameter of dose reconstruction, are you  
11 telling us then that NIOSH would default to a  
12 position of saying that because we cannot  
13 disclose the needed information we would have  
14 to then defer to an 83.14?

15 MR. ELLIOTT: Well, I think that  
16 is the worst case scenario. I am not saying  
17 that is going to be the rule. I think  
18 actually that will probably be the exception.

19 But it is an option. It's an option that is  
20 based not necessarily on the fact that there  
21 is something behind the screen that we can't  
22 talk about. In my opinion it's an option that  
23 is based on, well, are we going to have to  
24 develop some modeling approach that we really

1 can explain in public to account for that kind  
2 of dose. And if that is the case I'm going to  
3 say no. I don't want to do that. I don't  
4 think that's right. If we scientifically  
5 can't explain how we're modeling this because  
6 there are parameters that we can't speak  
7 about, we're not going to do that. That's in  
8 83.14 in my opinion.

9 DR. ZIEMER: Let me just -- well,  
10 let me ask actually counsel to come to the mic  
11 to speak to this since there are legal  
12 implications here.

13 MS. HOWELL: With all due respect  
14 that is not a legal basis for moving for an  
15 83.14.

16 DR. ZIEMER: Which is what we  
17 bumped into in Iowa I believe.

18 MS. HOWELL: Right. I mean just  
19 because it can't be publicly discussed does  
20 not mean it can't be scientifically done by  
21 persons with the correct clearance. So I  
22 think that this is a little bit more of a  
23 thorny issue both legally and policy-wise, and  
24 it can be discussed further. We can look into

1 some things further. But I would hesitate to  
2 agree with what Larry has said.

3 MR. ELLIOTT: And I appreciate  
4 that legal counsel. But I'm telling you, I'm  
5 not going to put something up here that's  
6 going to be something we can't defend  
7 publicly. So the lawyers can do what they  
8 want, and they can talk to the Secretary, but  
9 I'm not bringing that stuff forward. To me,  
10 that's where we're at.

11 DR. ZIEMER: It looks like there  
12 are probably two levels of this, one of which  
13 is a legal level, and that would have to be  
14 solved at the Agency level I presume. The  
15 other will be a practical -- yes.

16 MR. ELLIOTT: -- on 8313(b) and  
17 (c). And if we've got to go to extra extremes  
18 to try to research something and model it, I  
19 got a time element I can call. And that's  
20 what I'll do.

21 DR. ZIEMER: Okay, thank you.  
22 Josie.

23 MS. BEACH: I personally would  
24 like to see maybe further exploration of this

1 in a work group possibly. Because waiting  
2 until it hits us I don't think is a good  
3 method. I've already come across it with  
4 Mound, and I don't really have any clear  
5 direction on the one item we have to deal with  
6 how we are going to discuss it. So I would  
7 like to propose that maybe we get a work group  
8 together.

9 DR. ZIEMER: We need more work  
10 groups, right?

11 Brad, do you have a comment and  
12 then Phil.

13 MR. CLAWSON: I understand what  
14 Josie is talking about, because we are both  
15 stubbing our noses right now. And this has  
16 been the concern from the beginning. I have  
17 no problem with proceeding forward. But I  
18 have a problem with when do we get to that  
19 wall and how far do we push it and so forth  
20 like that.

21 And this is a very complex  
22 question. How do I come back to the Board and  
23 say, we've addressed this, we've addressed  
24 this, and then certain questions come into it

1 that I can't.

2 DR. ZIEMER: Phil?

3 MR. SCHOFIELD: Some of these  
4 questions that we're going to run into are the  
5 key to a lot of these sites. Pinellas is one  
6 that if we can't deal with these in some  
7 generic way, we're sunk.

8 DR. ZIEMER: Robert.

9 MR. PRESLEY: Get Wanda.

10 DR. ZIEMER: Wanda.

11 MS. MUNN: Again I have to point  
12 out, if we are dealing with a black box  
13 situation where we cannot publicly discuss  
14 what's inside the black box, if the employees  
15 who were inside that black box have adequate  
16 bioassay and monitoring data for reasonable  
17 dose reconstructions to begin, then it should  
18 not be necessary for anyone to explain what  
19 went on in the black box as long as we have  
20 the data.

21 If we don't have the data, then  
22 that's an entirely different question. But  
23 I'm hearing the assertion if not the basic  
24 assumption that that kind of data is not

1 likely to exist inside these very sensitive  
2 areas. And I don't know that we have a basis  
3 for making that assumption.

4 DR. ZIEMER: Robert.

5 MR. PRESLEY: Well, I've kept my  
6 mouth shut. This is what I do for a living.

7 One thing that I think this Board  
8 ought to understand is, we have people on this  
9 Board that are competent. We have working  
10 group leads that are competent on these areas  
11 where we are going to have classification  
12 problems.

13 Now if these working groups and the  
14 people cannot get together to have a Q-  
15 clearance and come up with a recommendation  
16 back to the Board, that is unclassified, then  
17 we really have a problem. The Board ought to  
18 be able to accept a decision of the people  
19 that are on these working groups that have the  
20 classification and the knowledge to make a  
21 decision on this stuff.

22 The other thing is, every site that  
23 we are going to go to has a classification  
24 office. When you get to an area and need

1 something that is more than, say, a urinalysis  
2 report or something like this, or there's a  
3 document that mentions a material that is  
4 unmentionable, then those documents can be  
5 redacted hopefully to a point where the Board  
6 can get them, and if they would be  
7 unclassified.

8 I can see very, very, very few  
9 instances where things could not be redacted  
10 down to a Board level.

11 Now it may take awhile to do that,  
12 and it's going to end up having to go through  
13 headquarters in Washington to be done, but it  
14 can be done. People don't realize that the  
15 areas we are getting into today are national  
16 security, still national security. So we are  
17 going to have to work with it -- you don't  
18 work around it, you are going to have to work  
19 with it. But there are ways that it can be  
20 done.

21 DR. ZIEMER: Thank you. Brad,  
22 additional comment?

23 MR. CLAWSON: And I agree with  
24 that to a point. But back to what Wanda was

1 saying about the black box, as we've got into  
2 every one of these sites there is partial  
3 information, which is subsidized with other  
4 information, and a lot of times one  
5 information isn't classified, the other isn't,  
6 but when you put them together, they become  
7 that. And that's -- the urinalysis and so  
8 forth like that, there's holes just like any  
9 other site, and I'm speaking of Pantex and  
10 with Mound. But part of what a work group  
11 chair that we are getting into -- and don't  
12 let me speak for Josie -- but we've still got  
13 issues that we are trying to have certain  
14 meetings to talk about stuff, and we can't  
15 really hold it as a work group, because we  
16 want to hold the transparency of what the Work  
17 Groups are, but talk about tritium, it's one  
18 that we've got to get out of the way and  
19 stuff, and we can't really meet at a work  
20 group. And this is why it's getting kind of  
21 frustrating as a work group chair.

22 MR. ELLIOTT: Let me give an  
23 example based on what Brad just brought up,  
24 tritium. Highly soluble in tritium, highly

1 insoluble tritium compounds. I can say that.

2 But there are other things I can't say.

3 I can say that at Pinellas it's not  
4 a big issue. We heard that from DOE. That's  
5 what we heard; that's not what the public has  
6 heard yet. That's why the Board's process is  
7 so valuable and the transparency, so that the  
8 public can understand that the Board has been  
9 engaged in this and has heard what they needed  
10 to hear.

11 So at Pinellas, highly insoluble  
12 tritium compounds are not an issue per se from  
13 a dose. Also highly insoluble tritium  
14 compounds we must recognize have a primary  
15 effect on respiratory tract, not the rest of  
16 the cancers -- lung and respiratory tract. So  
17 we've got to keep that in mind.

18 And with that we've got to look,  
19 okay, given that side of Pinellas, it may not  
20 be a big issue; but at Mound it's a different  
21 story. Savannah River is different than  
22 Mound. Pantex is different than Savannah  
23 River and Mound. At Mound we may be able to  
24 say -- this all goes back to TIB-66, how are

1 we going to implement highly insoluble tritium  
2 compounds at different sites.

3 I say that's a site profile issue;  
4 it's not an SEC issue. We say we can bound  
5 that dose. And we're not bounding it based  
6 upon a model that has parameters that we can't  
7 talk about in public, and we are not  
8 implementing it at a given site unless we can  
9 talk about how we are implementing it and use  
10 the right words.

11 I don't know if that helps, but I  
12 hope it helps the public understand what we  
13 are talking about here. This is a critical  
14 example because it cuts across by my count  
15 five sites. And each site is different.  
16 Mound is probably on one end of the spectrum  
17 the biggest, baddest actor, and we have to be  
18 very careful about what we say and how we dose  
19 these compounds. Pinellas is at the other end  
20 of the spectrum. And then we got the three  
21 sites in the middle.

22 So that's an example, and we plan  
23 to come forward and tell the Board and the  
24 public and the petitioners, this is how we are

1 working at Pinellas. This is how we are  
2 implementing TIB-66 at Pinellas. And the site  
3 profile, this is what it's going to say.

4 Mound is going to be an entirely  
5 different situation. We will tell the Board  
6 something entirely different than what we are  
7 doing at Pinellas. But it's going to be  
8 something we can say in public.

9 MR. KATZ: Can I just add a  
10 thought that Larry raised in my mind that may  
11 make a difference in this situation too is  
12 that I think that between the SC&A Q-cleared  
13 staff and the OCAS Q-cleared staff and Board  
14 members who are particularly versed in dose  
15 reconstruction, those individuals -- I mean I  
16 think there will be a difference in -- I  
17 understand Brad and Phil's concerns because  
18 they are just looking at all the information  
19 that can't be spoken.

20 But only certain of the information  
21 is necessarily going to be germane for how to  
22 do dose reconstructions, I think. And that's  
23 why I think practically going forward I think  
24 a lot will be learned from the SC&A staff and

1 the OCAS staff and the Board members who are  
2 health physics trained in terms of really what  
3 information is absolutely necessary to be  
4 discussed in the public forum, versus the  
5 larger scope of information, and clearly a lot  
6 of that will never come out from behind the  
7 curtain and shouldn't. But if it needn't,  
8 then it won't necessarily be an issue.

9 So I can see that it's sort of an  
10 imposing -- it looks like a high hill for now,  
11 but I do think that some experience with this  
12 will be very illuminating in what the real  
13 problems are.

14 DR. ZIEMER: Greg.

15 MR. LEWIS: I just wanted to  
16 reiterate there are a number of tools that we  
17 are willing and able to provide that will  
18 allow you to talk about these in terms of the  
19 briefings so you can discuss in public; also  
20 reviewing any documents or statements you'd  
21 like to prepare and read to the public, as  
22 well as setting up secure space to do work.  
23 So if somebody would like to prepare some  
24 documents in a secure area there are members

1 of the Board, SC&A, NIOSH, OCAS, that all have  
2 access to a secure area so they can prepare  
3 certain statements and documents that we will  
4 then review and determine exactly what you are  
5 and aren't able to say, hopefully leaving in  
6 the information that you feel is important  
7 while keeping out the things that we need to  
8 keep out of the public domain. So I just want  
9 to reemphasize that.

10 DR. ZIEMER: Jim.

11 DR. NETON: We want to make this  
12 practical, then, with what was just suggested,  
13 does that mean that I would submit a question  
14 in writing, I would hear a presentation, I  
15 would submit the question in writing. Because  
16 the answer would need to be reviewed. And  
17 either they would -- DOE would either have  
18 somebody on site here at the Board meetings to  
19 review that which I am skeptical of or that  
20 they would be sent and we would then wait 2-  
21 1/2 months to the next board meeting and I  
22 would get an answer, and then I would ask the  
23 follow up question, and then the follow up  
24 question would go on. That is my first issue.

1           My second practical issue is when  
2 are we going to have a work group meeting on  
3 Pantex, and how is that going to operate?

4           MR. KATZ:    So can I just respond a  
5 little bit to this?

6           So on the first point the folks  
7 that are involved on the Board and SC&A and  
8 OCAS are getting guidance about parameters --  
9 general guidance too, not just specific to the  
10 issue that they may have at hand, but so that  
11 when they come to a public forum and are  
12 having a discussion they have a decent  
13 understanding of their working parameters.

14          So I imagine some of the questions  
15 you might raise they will already be prepared,  
16 what can I say, what can't I say.    You may  
17 raise a question that they are not prepared  
18 for or that they feel like they're on the edge  
19 with that, in which case I'm sure they would  
20 refrain.    And you may be in exactly that  
21 situation where there needs to be feedback  
22 from DOE before they can go forward.

23          But at least to some extent I think  
24 there will be work done to try to anticipate

1 what are the questions that might be raised  
2 and how can I deal with this in a public  
3 forum, or at least that's the hope.

4 The second question was Pantex,  
5 when will it get going. And again as far as  
6 preparations to date there are a number of  
7 board members who are going to be visiting  
8 Pantex for just this kind of briefing  
9 tomorrow, and SC&A staff and OCAS staff for  
10 exactly this, to get this guidance so that  
11 they can get this -- go forward with this.  
12 They had hoped to go forward earlier. They  
13 had -- as Brad mentioned -- they had gone to  
14 Pantex, a number of these individuals earlier.

15 There was a misfortunate with the scheduling  
16 with other things going on in Pantex; they  
17 couldn't do all of what they wanted to do.  
18 But presuming that this meeting is effective  
19 tomorrow, then there will be coming a time  
20 when they can schedule a work group meeting  
21 and get going.

22 DR. MELIUS: So that work group --  
23 is that a public work group meeting?

24 MR. KATZ: Yes, that is a public

1 work group meeting, absolutely. That is the  
2 whole idea.

3 DR. MELIUS: With a public  
4 transcript?

5 MR. KATZ: With a public  
6 transcript, absolutely.

7 DR. ZIEMER: Josie and Brad, and I  
8 think Phil had expressed a felt need to have a  
9 work group deal with some of these things in  
10 more detail.

11 One thought I had, Brad, would be  
12 to simply keep the Security Work Group in  
13 place for a time, and if you felt the need to  
14 discuss and develop both concerns and  
15 resolutions on some of these, perhaps that  
16 could be handled.

17 I'm somewhat reluctant to set up a  
18 new work group because in my mind, although  
19 we've discussed a lot of things, the  
20 parameters are still pretty fuzzy in terms of  
21 exactly what will or will not take place. We  
22 do need to gain some experience; perhaps this  
23 week's experience at Pantex, because I think  
24 Pantex and Pinellas have exemplified this and

1 Mound and Fernald to some extent as well. But  
2 as we gain a little experience that might  
3 delineate in more detail exactly where the  
4 glitches will be if there are to be any, or  
5 whether or not we will see a clear path.

6 And I'm just wondering if that  
7 wouldn't be a way just to keep the Work Group  
8 in place and give you the prerogative to, as  
9 you see some of these issues emerging, to call  
10 the group together and deal with it in more  
11 detail, and perhaps develop recommendations  
12 for the Board if you deem it necessary.

13 MR. CLAWSON: I think that's a  
14 good suggestion, actually. Because it'd be  
15 the same people if we made another work group.

16 DR. ZIEMER: But you are the folks  
17 who are the present time are dealing with the  
18 security issues on behalf of the Board. Most  
19 of the folks involved I think all have  
20 clearances and have dealt with the issues, so  
21 you certainly have a better feel for it if  
22 there are going to be problems.

23 You also understand what NIOSH is  
24 doing in terms of minimizing the impact of the

1 security issues on our ability to have  
2 transparent meetings. So I think we'd be in a  
3 position to at least evaluate and recommend if  
4 necessary to the Board.

5 John, do you have some wise words  
6 for us?

7 MR. MAURO: I don't know about  
8 wise, but a few words.

9 SC&A is an interesting microcosm of  
10 the problem you are discussing on a higher  
11 level. I don't have a Q clearance. I am  
12 responsible for the technical quality of all  
13 our deliverables. Before our work products  
14 leave our house, I read everything -- usually  
15 a team of people read everything. And I have  
16 to understand that what we are delivering to  
17 you makes sense to me. And if it doesn't make  
18 sense to me I'm not happy.

19 Now I'm going to know, because this  
20 happened in Iowa, I'm going to know when the  
21 piece of information we are about to deliver  
22 has in it -- trust me, I can't tell you about  
23 it but this is okay. I'm going to be almost  
24 like the first line of defense from SC&A's

1 perspective, you can think of it that way.  
2 That is, any work product that SC&A is working  
3 on in any capacity eventually comes out as a  
4 White Paper or an official report regarding an  
5 issue. And I'm sort of like the first barrier  
6 to that. And I -- if it's any help I'm the  
7 first place where that is going to be tested;  
8 that is, are we delivering a product that I  
9 don't understand the reason, the rationale  
10 behind it, because there is some information  
11 in it that cannot be explained to me.

12 I just wanted to leave you with  
13 that thought, because there are I guess  
14 filters, and I'm one of the filters.

15 DR. ZIEMER: Well, and that is  
16 quite analogous to the situation I think Mr.  
17 Presley described to some extent, that if you  
18 have that you have a set of folks who are  
19 cleared and a set of uncleared, and you get to  
20 a point where you say how comfortable are the  
21 uncleared folks in simply saying, yes, we will  
22 agree to this even though we don't know what  
23 it is. Sometimes we are comfortable doing  
24 that, and other times we are not so

1 comfortable. So that is part of the dilemma.

2 And certainly if we are not comfortable, you  
3 can figure what the general public is going to  
4 - they're going to be mighty uncomfortable.  
5 They are not so comfortable with it to start  
6 with.

7 Mike has got a comment here, and  
8 then --

9 MR. GIBSON: That is just what I  
10 was going to say. What about the plants  
11 sitting out there, who have basically this  
12 process through administering instructions, it  
13 will take due process, and they are just going  
14 to be left holding the bag if we're saying,  
15 trust you.

16 DR. ZIEMER: Well, and I think  
17 Larry has expressed to us the desire on the  
18 part of NIOSH to try to avoid that having to  
19 be the case, that everything that they -- that  
20 they would need to know about how things are  
21 done is transparent. In the event it isn't  
22 then we certainly have a problem.

23 Phil.

24 MR. SCHOFIELD: First I would like

1 to let Greg Lewis know that we really  
2 appreciate all the work he's done on this  
3 issue for us in helping us get things done.

4 At the meetings in Germantown they  
5 gave us a lot more leeway than we used to  
6 have; they moved a lot of barriers. But I've  
7 already seen some questions that are very  
8 specific, and this is because some of the  
9 workers, this is what they did everyday. So a  
10 lot of things are going to have to be -- some  
11 of the things are going to wind up being  
12 answered in a more generic sense or  
13 terminology, but we can still deal with those  
14 issues. We just have to be aware of what we  
15 say. We can't control what they say, but in  
16 some of Larry's comments, and a lot of  
17 comments I agreed with him. It is an issue  
18 that we need to be aware of as a board.

19 DR. ZIEMER: I'm going to suggest  
20 as a path forward if it's agreeable that we do  
21 give our Security Work Group the flexibility  
22 to continue to look at this issue, to report  
23 back to us at the next Board meeting,  
24 particularly as you look at the outcome of the

1 Pantex review that occurs this week and any  
2 follow ups as well as your own work groups,  
3 report back to the Board if you have either  
4 particular concerns or particular issues that  
5 you have identified. I think we need to be  
6 monitoring this. I don't feel that we're in a  
7 position today to come up with either policies  
8 or directives as to how we will proceed. I  
9 think the problem has been identified; we  
10 thank Dr. Melius for raising the issue. And I  
11 think we have people who can now monitor this  
12 and keep us apprised of how we should proceed.

13 Mike, do you have an additional  
14 comment on this? No?

15 Would that be agreeable as a path  
16 forward so that we continue to look at this  
17 issue?

18 MR. CLAWSON: I just have one  
19 question as the Work Group chair for the  
20 Security Group. Are we just going to be  
21 monitoring this? Or are there issues that we  
22 have to handle or look into for these? I  
23 guess this is my issue. I guess I'm wondering  
24 what we are tasked with. Because we have

1 already been told that we cannot hold a work  
2 group that is not open to the public, and  
3 being the Security Work Group if it's a  
4 classification issue then we would need to  
5 handle it --

6 DR. ZIEMER: As I see it right now  
7 you would be discussing conceptually the kinds  
8 of problems you are running into; you would  
9 not be discussing particular data at  
10 particular sites, other than to say, at Pantex  
11 we have this kind of problem. You understand  
12 what -- what I think I'm saying. I don't  
13 think I even have a good enough feel for this  
14 to know more precisely how to task this, other  
15 than to ask the group to monitor it and as you  
16 identify concerns that you raise those to the  
17 Board. And if in relation to those concerns  
18 you have suggested solutions, you raise those  
19 to the Board.

20 This again is kind of top of the  
21 hat. I'm certainly open to those more  
22 experienced to help us. Robert.

23 MR. PRESLEY: I see items coming  
24 up in the future where a security work group

1 would look at a given piece of paper and say  
2 yes, this piece of paper we do need for dose  
3 reconstruction. Then they would then ask  
4 whatever site they're at to have their people  
5 look at that to see if it can be redacted down  
6 to where it can be let out unclassified. And  
7 then if it can't, if they say no we can't do  
8 that, then we are going to have to go back and  
9 look again and say, do we really need to do  
10 this, or is there some other way we can get  
11 around this?

12 Like I said a minute ago, I don't  
13 see many many cases where we cannot have  
14 something redacted down that could be used for  
15 dose reconstruction. And that's what I -- I  
16 see this work group running into items,  
17 reports, procedures, papers, things like that  
18 where they would have to look at it and make  
19 the decision on, yes, this is needed, or this  
20 is not needed for dose reconstruction.

21 DR. ZIEMER: And that indeed might  
22 be part of the responsibility down the line.  
23 It's probably not there yet.

24 Gina.

1 MS. CANO: Dr. Ziemer, sorry, I just  
2 wanted to make an official statement. DOE is  
3 committed to work with the Board. We have  
4 been working with the Board, I think we have  
5 made some progress I guess in the past couple  
6 of years in regards to providing the necessary  
7 information. We don't want to withhold  
8 information, and there have been many  
9 instances where we have actually recommended  
10 alternate wording for reports.

11 So our classification officers will  
12 work with the Board, or those that are Q  
13 cleared, to make sure that you are saying what  
14 you need to say but in an unclassified manner.

15 So our classification officers are  
16 taking this seriously, and they know that this  
17 is an important program, and they are  
18 committed to assist you.

19 DR. ZIEMER: Thank you, and we  
20 certainly do recognize that commitment and we  
21 have seen it at work in the last two years as  
22 your crew has been aboard, and we do  
23 appreciate that, and that will be very helpful  
24 as we move forward.

1 Brad.

2 MR. CLAWSON: And I wanted -- in  
3 no way, shape or form I wanted to give the  
4 impression that DOE had not been working with  
5 us. Because DOE, I want to thank Greg or  
6 Gina, Pat, everybody, because they have gone  
7 to great lengths, and they don't know how much  
8 it has helped us like with Germantown, with  
9 the headquarter declassifiers and so forth,  
10 that they have also offered to be able to, if  
11 there are issues at certain sites that we can  
12 contact them and they can help us through  
13 this, they are making great leaps and bounds  
14 to be able to do this. I wanted to tell them  
15 thanks personally.

16 DR. ZIEMER: Larry.

17 MR. ELLIOTT: If I could be so  
18 bold to suggest that I think it's a good idea  
19 to have the Security Working Group at the  
20 ready. I think it's beneficial because those  
21 members of that security working group, are  
22 they work group chairs for the sites that have  
23 the most imminent issues? And so as those  
24 chairs of those respective work groups deal

1 with those issues, I would envision that in  
2 certain instances they are going to want to  
3 share across to the other chairs if not to the  
4 Security Work Group and say, at this site this  
5 is how -- or we are seeing that issue dealt  
6 with. And we know that NIOSH is dealing with  
7 it differently at that site. And I think that  
8 kind of coordination will help if you have  
9 that group in place. So I just applaud that.

10 DR. ZIEMER: Very good. Thank you  
11 for that.

12 If there is no objection we will  
13 proceed on that basis, and appreciate the  
14 Security Work Group being willing to take that  
15 responsibility and help guide the Board as we  
16 move forward in that area.

17 I'd like to return to an item that  
18 we postponed from before lunch, and that is  
19 the letter to Senator Schumer.

20 DR. ZIEMER: We didn't table the  
21 motion. The chair simply deferred action by  
22 concurrence with everyone. So I simply  
23 declare that the motion is now before us, and  
24 the motion was to approve the draft letter

1 that the chair had prepared as a response to  
2 Senator Schumer. And also we recognize that  
3 there was a need to address some information  
4 regarding the earlier period for which a  
5 petition was not qualified, and so it would be  
6 in order to have a motion to amend. And the  
7 chair recognizes Jen Roessler. Oh, I  
8 recognize you.

9 DR. ROESSLER: I move to amend the  
10 motion that we made earlier with regard to the  
11 letter to Senator Schumer about the Linde  
12 petition, particularly addressing some changes  
13 in the letter. Perhaps the best way would be  
14 to read the letter with the changes in it.

15 DR. ZIEMER: Okay, and I think we  
16 have prepared copies. Zaida was going to  
17 provide us copies of your amendment.

18 DR. ROESSLER: So as soon as we  
19 get it, this will then address --

20 DR. ZIEMER: And this is a markup  
21 copy that has the original letter with the  
22 inserted changes which address the issue of  
23 the unqualified years.

24 DR. ROESSLER: So Board members

1 are getting copies and then we will read it  
2 into the record.

3 (Pause)

4 I'll start reading:

5 "Dear Senator Schumer, this will  
6 acknowledge receipt of your letter of March  
7 23rd, 2009, concerning a Linde Ceramics SEC  
8 petition.

9 In particular you expressed your  
10 support for SEC coverage of Linde workers for  
11 the period from 1954 to 2006, and concern that  
12 the petition for the 1947 to 1954 period  
13 failed to qualify for review."

14 DR. ZIEMER: Well, what has  
15 happened here in this next one is just that  
16 for some reason the spacing changed. It's all  
17 one paragraph.

18 DR. ROESSLER: Oh, I got it.  
19 "With respect to the 1954 to 2006 period the  
20 Advisory Board on Radiation and Worker Health  
21 received the Evaluation Report (ER) from NIOSH  
22 concerning the Linde Ceramics petition in  
23 November, 2008. And in February, 2009 the ER  
24 was assigned to the Board's Linde Ceramics

1 work group for review.

2 "The Board also tasked the Board's  
3 contractor, SC&A, to assist the Work Group in  
4 their review of the ER.

5 "At the request of the petitioner  
6 the Board has deferred the formal presentation  
7 of the NIOSH Evaluation Report and the related  
8 recommendations of the Work Group to the July  
9 2009, Board meeting.

10 "At that time the Board expects to  
11 have more detailed deliberations on the Linde  
12 Ceramics petition, the Evaluation Report and  
13 the SC&A review.

14 "Regarding the 1947 to 1954 period,  
15 the Advisory Board does not have the legal  
16 authority or responsibility to qualify  
17 petitions. That responsibility rests with  
18 NIOSH. Thus the Board is unable to take  
19 specific action on qualifying the earlier  
20 period.

21 "As you suggested we will continue  
22 to keep [Identifying information redacted]  
23 appraised of the schedule of work group  
24 activities and board progress concerning the

1 Linde Ceramics petition.

2 "Thank you for providing your  
3 comments and concern regarding the Linde  
4 Ceramics workers."

5 DR. ZIEMER: So that is the motion  
6 to amend. Is there a second?

7 MS. MUNN: Second.

8 DR. ZIEMER: So we have before us  
9 the amended letter.

10 DR. MELIUS: Can I raise a  
11 question?

12 DR. ZIEMER: You certainly may.

13 DR. MELIUS: Okay, this is for  
14 counsel. The new paragraph on the qualifying  
15 petitions, I thought I recalled that in the  
16 Act the Board could -- did have the right to  
17 review or to qualify petitions. We had put in  
18 the regulations that we were not involved with  
19 it, at one point in the drafting of the  
20 initial regulations -- it was before your time  
21 working with us -- we were considering  
22 whether the Board should be involved in the  
23 initial review of incoming petitions and the  
24 qualification form. And I think it has the

1 same effect, but I just wanted to make sure  
2 that, since Senator Schumer is on the  
3 Judiciary Committee, that we be correct  
4 legally. Because I think that under the Act  
5 he may be able to -- the Board may be able to,  
6 could have reviewed petitions. We decided we  
7 didn't want to be involved in that.

8 DR. ZIEMER: I don't honestly  
9 recall that. And are you suggesting that we  
10 modify this for example leave out the word,  
11 legal, and simply say we don't have the  
12 authority or responsibility?

13 DR. MELIUS: Yes, I would say the  
14 authority to qualify or review petitions.

15 MR. KATZ: If I could suggest, you  
16 could certainly say that under the  
17 regulations, you don't have a role, and that  
18 way sort of skirt this trouble.

19 DR. MELIUS: Yes.

20 DR. ZIEMER: So then, does not have  
21 legal authority or responsibility to qualify  
22 petitions under the existing regulations?

23 DR. MELIUS: Yes.

24 DR. ZIEMER: I will take that.

1 DR. ROESSLER: What about the  
2 word, responsibility? Does that stay in?

3 DR. ZIEMER: The typographical  
4 "concerning" would be just changed to  
5 "concern" in the last paragraph.

6 Any other comments or suggested  
7 amendments?

8 If not, we'll just take a voice  
9 vote on this. If the motion to amend passes,  
10 the amended letter becomes the letter. If it  
11 fails we return to the original version.

12 We are voting on the motion to  
13 amend the letter, and if that motion carries  
14 it becomes the letter.

15 Are you ready to vote?

16 Okay, all in favor of the motion to  
17 amend say aye.

18 (Chorus of ayes)

19 DR. ZIEMER: And the opposed, no?

20 (No audible response)

21 DR. ZIEMER: Any abstentions?

22 The motion carries. Thank you very  
23 much.

24 We also have as a carry forward

1 from yesterday we had approved the wording of  
2 the Santa Susana Petition, but we did not have  
3 the final wording on the Standard Oil  
4 development company petition; is that correct?

5 DR. MELIUS: Vice versa.

6 DR. ZIEMER: I'm sorry, just the  
7 other way around. Okay.

8 I had a 50-50 chance of getting it  
9 right.

10 MR. KATZ: Can I -- I don't know  
11 which order this needs to go in, but also I  
12 think counsel just needs to give us some edits  
13 on the motions themselves. I think there was  
14 some discrepancy that needs to be corrected.

15 MS. HOWELL: For both Santa Susana  
16 and the Standard Oil SEC the language of the  
17 Class definition in what the Board -- in the  
18 Board write-ups is not the same as the SEC  
19 Evaluation Report from NIOSH and the language  
20 needs to track. And part of that was because  
21 one of the presentations, the slide had  
22 different language than is in the actual  
23 Evaluation Report.

24 But if they could both be changed

1 to reflect what's actually in the NIOSH  
2 Evaluation Report.

3 DR. ZIEMER: Can you give us --  
4 let's take the one that we had already  
5 approved, which was Standard Oil.

6 MS. HOWELL: Okay.

7 DR. ZIEMER: It's the definition  
8 of the Class itself which is in the second  
9 paragraph?

10 MS. HOWELL: Yes, and I also had a  
11 couple of other grammatical --

12 DR. ZIEMER: Could you read for us  
13 the correct definition?

14 MS. HOWELL: Sure. The Advisory  
15 Board on Radiation and Worker Health -- this  
16 is the language prior to the definition; there  
17 were two grammar changes -- the Advisory Board  
18 on Radiation and Worker Health (the Board) has  
19 evaluated SEC petition dash 00129 concerning  
20 workers at the Standard Oil Development  
21 Company in Linden, insert a comma, New Jersey,  
22 under the statutory requirement established by  
23 EEOICPA and incorporated into 42 CFR Section  
24 8313 -- there's an extra period there.

1           And then this next sentence is the  
2 actual class definition.       "The Board  
3 respectfully recommends a Special Exposure  
4 Cohort SEC status be afforded to all atomic  
5 weapons employer (AWE) employees" and the  
6 NIOSH Evaluation Report -- someone could be  
7 looking at it while I'm saying this to make  
8 sure I've got all of it -- the language "who  
9 worked at" is not in the NIOSH definition. It  
10 says, all atomic weapons employer (AWE)  
11 employees of the Standard Oil Development  
12 Company. So take out the words, "who worked  
13 at", and insert "of",       "The Standard Oil  
14 Development Company in Linden," insert comma,  
15 "New Jersey."

16           Then insert the words, during the  
17 period before "from." And I think that will  
18 correct everything.

19           DR. ZIEMER:       Let me ask, though,  
20 so under this revision a person could have  
21 been an employee of Standard Oil but never  
22 have been at the plant, never have worked at  
23 the plant but been on their payroll?

24           MS. HOWELL:       That's right.       Does

1 that create a problem for DOL? Because the  
2 other thing would be for you guys to keep your  
3 language and for NIOSH to revise their report.

4 (Off-mic comment.)

5 DR. ZIEMER: You have to come to  
6 the mike. You will need to be at the mike.

7 Maybe this would not be an issue.  
8 But as I hear what Emily read to us, it seems  
9 to me it's possible to have someone employed  
10 by them who doesn't physically work at the  
11 plant. I mean many plants have this.

12 MR. KOTSCH: Yes, one thing is, I  
13 can't recall what definition we saw when we --  
14 you know, when the department approved --  
15 basically said that is an acceptable  
16 definition for both of these things.

17 DR. ZIEMER: Okay, I guess though  
18 we will need to have the language parallel  
19 what was in the Evaluation Report, which is  
20 what Emily read to us, and you will have to  
21 determine whether you can administer it. I  
22 think probably what they are saying is if a  
23 person was employed by Standard Oil you have  
24 no way of guaranteeing that they never were at

1 that plant, so therefore they would be  
2 covered.

3 It just struck me as a little  
4 strange.

5 Mike.

6 MR. GIBSON: It could also be read  
7 that if the vendor worked at the site, even  
8 though he wasn't a DOE employee -- or AWE  
9 employee -- would be covered.

10 DR. ZIEMER: It says atomic weapons  
11 employees. So I think that eliminates the  
12 Coke guy.

13 MS. HOWELL: I mean you can leave  
14 them different where NIOSH may determine that  
15 it needs to change theirs. But if you are  
16 more comfortable with this language, that's  
17 fine. It's something that we wind up having  
18 to make note of.

19 DR. ZIEMER: I don't think it was  
20 a comfort level. I think it was what was on  
21 the slide, and we need to track your report.

22 This may be a red herring. I'm  
23 just concerned that -- in reality, you want to  
24 cover the people who work there, regardless of

1 who --

2 DR. MELIUS: Would it be proper,  
3 can we designate our chair to deal with this  
4 issue when he submits the final, after  
5 consultation with -- because we have  
6 essentially approved both versions. I think  
7 we just need to clarify with DOL, and it's not  
8 fair to Jeff.

9 DR. ZIEMER: Okay. We have the  
10 two editorial changes, and then we will go  
11 with whichever version you say we should.

12 MR. KOTSCH: I don't think it's an  
13 amendment to our ER. I think we can -- you  
14 propose what you want to propose in your  
15 language. I don't see it as that much  
16 different, DOL saying they can administer  
17 either language, and we would take care of the  
18 designation package to the Secretary  
19 explaining why the words may not match up  
20 exactly.

21 DR. ZIEMER: Well, okay. I mean I  
22 don't see an ER amendment change on two words.  
23 We'll be okay. So any other changes?

24 MS. HOWELL: To the Santa Susana, if

1 I can switch over to that for a second, in  
2 this one I do think is a little different than  
3 the Standard Oil one. The only distinction  
4 between your class definition and the NIOSH  
5 Evaluation Report, the word, or, that you guys  
6 used between DOE contractors "or"  
7 subcontractors who worked in any area of Area  
8 4, the Evaluation Report says "and." And I'm  
9 not as worried about that, but you also insert  
10 the location of Ventura County, California for  
11 Santa Susana, and that does not appear in the  
12 NIOSH Evaluation Report. And I checked with  
13 LaVon and he was uncertain as to whether there  
14 might be any portion of Area 4 that is in a  
15 different county. And I would just suggest  
16 that in order to avoid any potential problems  
17 that you eliminate that language since it  
18 doesn't appear in the Evaluation Report.

19 DR. MELIUS: Well, excuse me, but  
20 on page 18, top sentence, consists of 2,850  
21 acres and is located in the Simi hills of  
22 Ventura County, California; the first  
23 sentence. That's where I took it from. I  
24 mean you can still leave it out; it's not a

1 big deal.

2 MS. HOWELL: The issue is, it's not  
3 in the Class definition itself. So it may be  
4 nitpicking.

5 DR. ZIEMER: Okay, but in the  
6 official definition as you gave it, the "in"  
7 Ventura County, California is left out.

8 MS. HOWELL: Yes.

9 DR. ZIEMER: And I see no reason  
10 not to -- so let's just exclude that.

11 And what was the other one?

12 MS. HOWELL: The actual definition  
13 has "and" DOE contractors "and" subcontractors  
14 as opposed to "or."

15 DR. ZIEMER: That's an editorial  
16 that is easily handled.

17 I don't know that we officially  
18 read this one into the record yesterday, this  
19 motion. We only did the Standard Oil, right?

20 Jim, are you willing to read this  
21 into the record?

22 DR. MELIUS: Like anyone's going  
23 to listen to it.

24 DR. ZIEMER: We won't guarantee

1 you we will listen. We're just asking you --  
2 the court reporter will listen.

3 DR. MELIUS: Let me take out  
4 Ventura County.

5 By the way the "and" is in the  
6 first page of the Evaluation Report, or NIOSH  
7 proposed classes to be added to the SEC which  
8 is where I copied that part from.

9 (Off-mic comment.)

10 DR. MELIUS: Okay, the Board  
11 recommends that the following letter be  
12 transmitted to the Secretary of Health and  
13 Human Services within 21 days. Should the  
14 chair become aware of any issue that in his  
15 judgment would preclude the transmittal of  
16 this letter within the time period, the Board  
17 requests that he promptly informs the Board of  
18 the delay and of the reasons for this delay,  
19 and that he immediately works with NIOSH to  
20 schedule an emergency meeting of the Board to  
21 discuss this issue.

22 "The Advisory Board on radiation  
23 and Worker Health (the Board) has evaluated SEC  
24 petition 00093 concerning workers at the Santa

1 Susana Field Laboratory Area 4 under the  
2 statutory requirements established by EEOICPA  
3 incorporating 42 CFR Section 8313.

4 "The Board respectfully recommends  
5 Special Exposure Cohort (SEC) status be  
6 afforded all employees of the Department of  
7 Energy, its predecessor agencies, and DOE  
8 contractors and subcontractors who work in any  
9 area of Area 4 of the Santa Susana Field  
10 Laboratory for a number of work days  
11 aggregating at least 250 work days from  
12 January 1st, 1955 through December 31st, 1958,  
13 for in combination with work days within the  
14 parameters established for one or more other  
15 classes of employees in the SEC.

16 "This recommendation is based on  
17 the following factors. Number one, the Santa  
18 Susana Area 4 facility was involved in the  
19 development and testing of nuclear reactors  
20 and related research.

21 "Two, NIOSH found that there was  
22 insufficient monitoring data or information on  
23 radiological operations of these laboratories  
24 in order to be able to complete accurate

1 individual dose reconstructions involving  
2 internal and external radiation exposures for  
3 Area 4 workers during the time period in  
4 question. The Board concurs with this  
5 conclusion.

6 "Number three, NIOSH determined  
7 that health may have been endangered for  
8 workers exposed to radiation in Area 4 during  
9 the time period in question. The Board  
10 concurs with this determination.

11 "Based on these considerations, the  
12 discussions held at our May 12th and 13th  
13 2009, Advisory Board meeting in Amarillo,  
14 Texas, the Board recommends that a special  
15 exposure corps petition be granted. The Board  
16 notes that NIOSH is continuing to evaluate  
17 information on exposures at this facility  
18 during later time periods, and will make a  
19 recommendation regarding this -- these time  
20 periods sometime in the future.

21 "Enclosed is the documentation from  
22 the Board of meetings where this Special  
23 Exposure Cohort class was discussed. The  
24 documentation includes transcripts of the

1 deliberations, copies of the petition, the  
2 NIOSH review thereof, and related materials.  
3 If any of these items are unavailable at this  
4 time they will follow shortly."

5           Just one other editorial note. I  
6 believe we had discussed this in earlier  
7 meetings, the CDC website was down when I was  
8 writing this so I couldn't get access to the  
9 website to check it out. But hadn't we talked  
10 about this and then reported it back? I  
11 couldn't remember. Maybe I'm wrong, but --

12           DR. ZIEMER:       No, there was the  
13 discussion and agreement that the later years  
14 -- but that doesn't need to be part of this  
15 letter per se.

16           I did have a question between what  
17 I'm seeing and what you read, in the second to  
18 last paragraph on the front page, the last  
19 sentence, will make a recommendation regarding  
20 this time period or these time periods?

21           DR. MELIUS:       These time periods.  
22 During later time periods. It reads wrong. I  
23 was going to give you the correction.

24           DR. ZIEMER:       Regarding --

1 DR. MELIUS: -- at this facility  
2 during later time periods.

3 DR. ZIEMER: Later time periods.

4 DR. MELIUS: And will make a  
5 recommendation regarding these time periods  
6 sometime in the future.

7 If you want to be also  
8 grammatically correct, I believe the second  
9 bullet down is, there was insufficient -- it  
10 really should be, there were insufficient --

11 DR. ZIEMER: Data were; yes.

12 MS. BEACH: If you want a couple  
13 more, in the first bullet there is an extra  
14 period, and there is an extra space between  
15 Susana and Area 4.

16 MR. CLAWSON: I would like to tell  
17 you all, I apologize for my emails.

18 (Laughter)

19 MR. CLAWSON: And future emails.

20 DR. ZIEMER: Nancy Adams will be  
21 assisting us in getting the formal copies out,  
22 so we need to make sure that she has an  
23 electronic version. Nancy, is Nancy here?

24 DR. MELIUS: She's in the hallway?

1 DR. ZIEMER: Okay, I will touch  
2 base with her.

3 DR. MELIUS: It is also my claim  
4 to find another DOE facility some place else  
5 and rename it Santa Susana Laboratory Area 4,  
6 so then it will automatically be eligible,  
7 since location doesn't appear to matter.

8 DR. ZIEMER: Okay, some other  
9 county.

10 We have another issue regarding our  
11 calendar --

12 MR. POSTON: Mr. Chairman, could we  
13 take a time out?

14 DR. ZIEMER: Time out? Yes.

15 MR. POSTON: It's 10 after 3:00.

16 DR. ZIEMER: You mean a break time  
17 out? Okay, while you are taking a break, why  
18 don't you look at your calendar for July, and  
19 see whether or not you can --

20 DR. MELIUS: Is this our last  
21 item?

22 DR. ZIEMER: This is our last  
23 item.

24 DR. ROESSLER: What about Biloxi?

1 DR. ZIEMER: I thought we were  
2 done with Biloxi.

3 MR. POSTON: Well, then, let's  
4 proceed.

5 DR. ZIEMER: Ted has a comment.

6 MR. KATZ: Yes, so for scheduling.

7 So right now we are scheduled for July 27th  
8 through 29th, which is a Monday through  
9 Wednesday. You can tell from this meeting  
10 that there is a lot on the agenda, which means  
11 it's going to be three very full days. And  
12 someone may have had a conflict at one point,  
13 but everyone I've asked doesn't seem to. We  
14 could shift from the 27th to the 29th of July  
15 over to 28th to 30th July, that would mean no  
16 one would have to travel on Sunday, which  
17 would be a good thing, unless someone has a  
18 conflict with that.

19 MS. MUNN: I have family  
20 commitments on the evening of the 30th. So do  
21 whatever you want.

22 DR. ZIEMER: You would have to  
23 leave early?

24 MS. MUNN: I would have to leave

1 early on Thursday. I made that commitment  
2 based on our calendar here in July.

3 DR. ZIEMER: Are we certain we  
4 have a full three days' worth of stuff?

5 MR. KATZ: It sounds like we do,  
6 but I wouldn't shift it and lose a board  
7 member doing that.

8 DR. ZIEMER: Okay. I believe  
9 that's all of the items that need to come  
10 before us today.

11 We will have a break, and then we  
12 have a public comment period at 4:00 p.m.

13 Thank you.

14 (Whereupon, the above-entitled matter went off  
15 the record at 3:53 p.m. and resumed  
16 at 4:02 p.m.)

17 DR. ZIEMER: We are ready to begin  
18 our public comment session of our advisory  
19 board meeting.

20 The public comment session, I'll  
21 provide just a couple of guidelines here.

22 Number one, we ask that you limit  
23 your remarks to no more than 10 minutes. Also  
24 there are some policies related to both

1 freedom of information and Privacy Act issues,  
2 and Mr. Katz, our Designated Federal Official,  
3 will go over those rules with us here briefly.

4 MR. KATZ: Welcome, first of all,  
5 to anyone who is new, who has just come for  
6 this public comment session.

7 And I just want you to understand,  
8 we have a transcript being made of this public  
9 comment session, a verbatim transcript, so  
10 everything that you say, if you come up and  
11 want to give comments, will be recorded, it  
12 will end up in a transcript that will be put  
13 on the Internet, on the web, on the NIOSH  
14 website so that other people can read and see  
15 what people had to say here.

16 So if you give your name, for  
17 example, you don't have to, but if you give  
18 your name, that will appear in the transcript.

19 A couple of things will -- some things will  
20 be redacted though. Any personal information  
21 you give about yourself will be included. If  
22 you give medical information about yourself  
23 that will be included, and so on.

24 But if you discuss other people,

1 third parties, then their names and  
2 identifying information about those  
3 individuals will be redacted.

4 So when you see the transcript  
5 ultimately on the NIOSH website, it normally  
6 takes about 45 days or so for the transcript  
7 to appear. But their names will be blacked  
8 out or any other truly identifying information  
9 will be blacked out. But the statement you  
10 make about them generally otherwise will still  
11 be in there.

12 So you need to understand that. If  
13 you want more detailed accounting of these  
14 rules there is out on the table there is a  
15 sheet, a Redaction Policy that explains this  
16 in detail. And that is also in detail on the  
17 Internet, on the NIOSH web page, OCAS web  
18 page.

19 That's it, thanks.

20 DR. ZIEMER: Thank you very much.

21 We have several individuals here  
22 this afternoon that wish to address the  
23 assembly. Also we may have folks on the phone  
24 lines, as soon as we hear from the folks

1 assembled here we will open the opportunity to  
2 those of you on the phone who wish to comment  
3 as well.

4 I'm going to just proceed with the  
5 names here in the order in which you signed up  
6 for public comment beginning with Paul  
7 Teichmann.

8 Paul, you may proceed.

9 MR. TEICHMANN: Good afternoon,  
10 gentlemen. To introduce myself I am Paul  
11 Teichmann. I have been a worker at Pantex for  
12 over 35 years.

13 I claimed thymus cancer sometime  
14 back, and as far as I know my claim has been  
15 denied. Anyway I do have a statement, and I  
16 will give the Board a copy of the statement  
17 along with some attachments.

18 Now one of these attachments may  
19 have some sensitive information so you can  
20 protect that as well. It won't be read here  
21 for the comments.

22 First of all I wanted to thank the  
23 Board, especially for coming to Amarillo. I  
24 know you have worked hard, and we appreciate

1 the economy of those that y'all brought to the  
2 site. Also I want to thank the DOL and NIOSH  
3 for their work.

4 Any comments I make I hope the  
5 people at NIOSH won't take negatively or  
6 personally.

7 I do know that they have been given  
8 a job. In fact my notes here say the  
9 reconstruction is a monumental task if not  
10 impossible.

11 And I say that because of the  
12 armchair quarterback approach that they have  
13 taken. They cannot get to the truth or what I  
14 understand is the truth of some of the  
15 problems that I have noted at the site.

16 Practices are much looser since--  
17 or excuse me, practices prior to the Tiger  
18 Team findings at Pantex were much looser, as  
19 was the reporting, the event reporting. So  
20 since the Tiger Team things have tightened up  
21 considerably.

22 And my contention is that possible  
23 exposure to whatever at Pantex could have been  
24 greatly exaggerated prior to Tiger Team

1 coming.

2 My interview with NIOSH went very  
3 well except for the fact that the interviewer  
4 did not understand an air-handling unit.

5 Now all the buildings at Pantex  
6 have environmental control, and all that air  
7 is passed through an air handling unit where  
8 it is processed for heating, cooling,  
9 dehumidification and primarily air filtration.

10 My contention is that any  
11 contaminants in that facility would be  
12 concentrated on the air filtration system.  
13 Now we got into a long discussion about some  
14 of the constituents may or may not be. But --  
15 okay, maybe those constituents were plated out  
16 or had an affinity for the water on the air  
17 conditioning coil. So I think that was a  
18 gaffe in the NIOSH reconstruction area.

19 Uncle Sam dangled this carrot in  
20 front of us, yet it is our responsibility as  
21 workers to prove to NIOSH and to whomsoever,  
22 at least my experience has been, that our  
23 illnesses are work related. Amarillo is kind  
24 of a small town. And the doctors here depend

1 very much on the workers at Pantex for their  
2 business, and Pantex as an employer with their  
3 fine insurance for their cases. And it's  
4 difficult for one to crawl out on a limb and  
5 say, yes, that particular problem was caused  
6 by that particular exposure at that site.

7 Now it may not have that problem in  
8 large cities where only a few clientele of the  
9 medical community comes from the general  
10 public, or wherever.

11 The process of application is easy,  
12 but the burden of responsibility falls  
13 squarely on the applicant, if there is any  
14 questions at all.

15 In keeping up those to correspond  
16 with has been a problem, at least for me, and  
17 I do have noted here, mystery. I quit  
18 reporting my skin cancers for that very  
19 reason; I'm not sure who to send the  
20 information to next.

21 There are four times I've been  
22 discouraged by my government. First of all  
23 was when the USS Pueblo was captured.  
24 Secondly the treatment of the returning

1 Vietnam vets. Thirdly, the treatment of the  
2 Cold War workers. And I'm not going into  
3 number four.

4 Without such investigation alluded  
5 to above, I would suggest that the taxpayer  
6 money be shifted from paying to theoretical  
7 possibilities, to aiding the Cold War workers  
8 who are suffering.

9 If you want to call it a Stimulus  
10 Package, call it a Stimulus Package.

11 There was a recent article in the  
12 paper about a shipment that went to New  
13 Mexico, and it was found to be contaminated.  
14 And the paper also said that no one at the  
15 origin of the shipment was contaminated. Hm.

16 Was that container damaged in shipment?

17 The -- now I know better than to  
18 believe everything in the newspaper -- but how  
19 was contamination determined at the receiving  
20 end but not at the shipping end unless it was  
21 damaged in shipment?

22 It looks like someone's monitoring  
23 needs to be questioned.

24 I have attached in my handout, and

1 if you will tell me who to give it to at the  
2 end of the presentation I'll do that, five  
3 different attachments. One is called "Horror  
4 Stories". Now these horror stories I have no  
5 proof of. All I know is, whenever I was  
6 investigating or talking about my situation  
7 with other employees, I heard stories, stories  
8 that did not set right. And my personal  
9 experience with whistle blower program made me  
10 very nervous. And I can easily see why people  
11 that I spoke with wanted to remain anonymous.

12 So there are very few names mentioned in my  
13 notes here, but those with the exception of  
14 one has agreed to respond to any questions.

15 My second attachment has to do with  
16 a narrative of radiation exposure. And while  
17 I was writing this up a few minutes ago I  
18 didn't see a particular interest of mine.

19 When they tore down the old boiler house at  
20 Pantex, a facility I spent quite a bit of time  
21 in, they kept the boiler tubes for -- to be  
22 shipped off to a waste site. And my knee jerk  
23 reaction was, why did they cap those tubes?  
24 If it was a water tube boiler, and I assumed

1 that contamination was from the natural gas  
2 and on the outside of the tubes.

3 Now maybe some radiological people  
4 may know the affinity of water and such  
5 contaminants, and the fact that it may have  
6 been indeed in the water tubes and that's why  
7 they capped them.

8 The -- my type cancer is thymus  
9 cancer. And how many of you have heard of  
10 thymus cancer? It's apparently pretty rare;  
11 is that what you understand?

12 At the time I looked at the  
13 registry at the Harrington Cancer Center, and  
14 I was the first case; since there has been one  
15 other.

16 The cause of thymus cancer on the  
17 first brochure I got from the American Cancer  
18 Society was unknown; possibly exposure to  
19 radiation. Very weasel words there; possibly.

20 The first question Dr. Perryman  
21 asked me at the Cancer Center was, where were  
22 you exposed to radiation? I told him where I  
23 worked; the subject was never broached again.

24 And I think that I've said probably

1 enough, and who would I present this to?

2 DR. ZIEMER: Mr. Katz, thank you  
3 sir.

4 The next person we will hear from  
5 is Brenda Britten.

6 MS. BRITTEN: I was going to tell  
7 you about some incidents that I was in at  
8 Pantex. I was working on the swing shift. I  
9 think it was about 1989, but y'all can verify  
10 this with the Tiger Team reports. I was  
11 working at 1226 on the swing shift. I was  
12 working in a bay with one other person,  
13 [Identifying information redacted]. They had  
14 open bays, and the bay next to us had a  
15 tritium alarm that went off. And we shut the  
16 operation down and stepped out in the hall  
17 like we were supposed to -- out of the bay  
18 like we were supposed to with everyone else  
19 with their bays. And a supervisor came down  
20 on a bicycle, and he said, hey, y'all go back  
21 to work, that was a false alarm.

22 So we went back in the bay, and we  
23 were running units that were really, really  
24 loud with high hoists, so unbeknownst to us it

1 was a real alarm and they evacuated the  
2 building.

3 So [Identifying information  
4 redacted] and I were working. About an hour  
5 and a half later, some doors opened at the end  
6 of the building, and some guards came in on  
7 bicycles and when they opened the doors and  
8 saw us, they just froze. And they said, what  
9 are y'all doing in here? And we said, we're  
10 running 83s. What's the problem?

11 And they said the building has been  
12 shut down for about an hour and a half; two  
13 hours. It's been airing to the outside. It's  
14 a tritium alarm. And we were locked in the  
15 building. So we were escorted to medical  
16 where we discovered that all the other people  
17 had been over there being monitored and being  
18 watched, in medical, on swing shift, they only  
19 had one nurse. He had not been trained on  
20 what to do with a tritium accident. He did  
21 not know what to do. He was frantically  
22 calling the doctors in town who were telling  
23 him what to do. Engineers had to come from  
24 town; they were so ticked off that they had to

1       come out there at 10:00 or 11:00 o'clock at  
2       night. They were angry at us.

3               So after the evening evolved they  
4       just told all of us they need urine samples  
5       and told us that none of us were exposed to  
6       anything.

7               And the year the Tiger Team came --  
8       like I said, I can't remember the exact year  
9       they came -- I called to make a report. It  
10      was the very last day they were there. And we  
11      were so -- most of us were so afraid to call  
12      and make a report. Everybody was terrified;  
13      it was the first time anyone had come in like  
14      that to make a report and follow up on things  
15      that had been called into Washington about  
16      problems. And people were afraid to make a  
17      report, and they were angry that anyone else  
18      that made a report for fear that they might  
19      lose their jobs.

20              So on the very last day they were  
21      there, I went to another area outside my work  
22      area on my break and made a call because I was  
23      so afraid that my peers would hear me make a  
24      call and there would be retaliation against

1 me.

2                   And a man thanked me for calling;  
3 he took my information. And I talked to him  
4 on the phone from home several other times.  
5 And he said other people had made -- coworkers  
6 had made reports on that. And he told me that  
7 when they went to medical and checked on the  
8 accident that [Identifying information  
9 redacted] and I were in on that night, there  
10 were no medical records on it; there were no  
11 records anywhere in that plant on the fact  
12 that [Identifying information redacted] and I  
13 were left in that building and totally  
14 exposed. There were no records in medical;  
15 there were no records in our personal files.  
16 And he said that was one of the things that  
17 they really talked to the medical director  
18 about, was how they pulled files, people's  
19 medical records and data that looked bad for  
20 them.

21                   I think it was about a year and a  
22 half later that [Identifying information  
23 redacted] started showing up with cancer, and  
24 he suffered terribly. He had bladder cancer

1 and colon cancer and bone cancer. And he  
2 never told his family anything about what  
3 happened. He was an old military retired guy  
4 that just toughed out everything, and never  
5 accused anyone.

6 I believe that was in '89, and by  
7 '90 I was in -- I was becoming increasingly  
8 ill. And by September of '90 I was in  
9 Houston, Texas, at Baylor Medical Center with  
10 a doctor, Dr. Bernard Patton, who was a  
11 tenured professor there. And he worked with  
12 me for a week doing testing. And he was  
13 pretty sure that I had ALS. All the tests  
14 came back negative, and he was puzzled. So he  
15 tested me again and again, and he tested me  
16 for MS and all the other neurological --  
17 myasthenia gravis. And he was very puzzled.  
18 And so he kept me there a second week, and he  
19 began doing more complex tasks. And he did a  
20 lot of horrendous testing, one of which was --  
21 they did muscle biopsies to the bone with my  
22 laying there awake, they gave me no medicine,  
23 no pain killer, not even a Valium, because  
24 they didn't want to disrupt the values they

1 were going to find in the biopsy. They did a  
2 nerve biopsy on my ankle where they cut it and  
3 pulled a nerve, and at that point three  
4 medical guys that were there, students, lay  
5 their body across me that way, and three lay  
6 their body across me that way, while they  
7 jerked a nerve out with no anesthesia. I tell  
8 you it was pretty horrendous.

9           And from that data he could see  
10 antibodies attacking the nerves, the muscles,  
11 the fascia in the vascular system throughout  
12 my body. And he said, he had no explanation  
13 except for where I worked. And of course I  
14 couldn't talk about it. And he said, but I  
15 can look -- I can study what Pantex is and  
16 what they do. And he said the government has  
17 never admitted what they expose y'all to. And  
18 he said, it's what you work with. He said be  
19 careful when you go back to work because they  
20 will be trying to fire you.

21           So I thought that was strange, but  
22 I went on back with my medical records, and I  
23 had taken two weeks vacation by the way,  
24 because I was so terrified of what medical

1 would do with me when they saw where I had  
2 been outside the community to different  
3 doctors.

4           Anyway when I got back, medical  
5 pulled me from the line, pulled me from  
6 working on the line. They gave me written  
7 restrictions that I could no longer work with  
8 toxic chemicals, MOCA or HE. They pulled me  
9 off the line, had me working away from any of  
10 those chemicals. And after about two years  
11 they called me into medical one Friday  
12 afternoon just about 3:00 o'clock, kind of a  
13 strange situation, called me over there, and  
14 the medical director said, what are your  
15 restrictions? And I said, I can't work around  
16 any toxic chemicals, MOCA or HE, and I wear  
17 brown coveralls because I'm allergic to the  
18 blue dye in the blue ones. And he said, no,  
19 you can't wear the blue coveralls, but you  
20 have no other restrictions.

21           And I said, oh yes I do, and he  
22 said, no, that never happened. And I said,  
23 excuse me. He said that never happened.

24           And so after about 30 minutes of

1 him telling me that that never happened, I had  
2 to go back to my work place, because it was  
3 about time to close up. So I saw my  
4 supervisor, and I said, [Identifying  
5 information redacted], what are my  
6 restrictions? And he said, oh you have no  
7 restrictions except wearing brown coveralls.  
8 And he said, by the way, we are moving you  
9 back to the line next week. And all those  
10 documents disappeared from all files,  
11 personnel files, medical files. They said it  
12 never happened.

13 So that's just another situation of  
14 how documents could disappear, just on a whim  
15 or whatever they decided. Like I said, even  
16 my supervisor said, oh you've never had any  
17 restrictions. That never happened. And that  
18 was just another situation where a supervisor  
19 would look me straight in the eye and lie  
20 about something he said the day before.

21 I'm not the only one that  
22 experienced things like that. I found from  
23 the time -- especially from the time I was  
24 diagnosed in Houston, I found my experiences

1 at Pantex to be a delicate dance because I  
2 never knew what was going to be the truth from  
3 day to day, which supervisor was going to  
4 change an attitude or a rule or a regulation,  
5 including written documents.

6 Thank you for listening.

7 DR. ZIEMER: Thank you very much.  
8 Then Floyd Wiley.

9 MR. WILEY: Gentlemen, I've enjoyed  
10 being here today, and glad to see all of you,  
11 because I've seen all your names on the  
12 Internet and I read all your reports that you  
13 write.

14 I appreciate you letting me sit in  
15 here today because I realize now how much  
16 you're working, how hard you are doing, what  
17 you do, and how much you would like to help us  
18 but you are handicapped considerably.

19 As you know this security business  
20 came up today and it made me feel like it  
21 wouldn't have happened if I wouldn't have been  
22 here, and I was the only one here; nobody else  
23 here. Well, tonight, there's nobody here, but  
24 there is certainly some people that are sick.

1       There certainly some people that haven't been  
2       claimed. There certainly dozens of them that  
3       have been turned down on data that's not  
4       valid. The site profile looks like it was made  
5       up. I don't know who in the world went  
6       through there, but they didn't know much about  
7       the assembly bays. They probably were given a  
8       dog-and-pony show just exactly like I gave the  
9       congressmen when they come down. We'd give  
10      them a dog-and-pony show and show them what we  
11      wanted them to see and took them out of there.

12                If they kicked up a fuss, well, you  
13      don't have any need to go in here. You're not  
14      even cleared. You're lucky we showed you this  
15      business. And you know I disagree with the  
16      records, the dose reconstructions records. The  
17      primary reason that I disagree with them is  
18      because no one that I have talked to other  
19      than the few people who went down on the audit  
20      understands that each bay is an entity in  
21      itself, and it could have no units in it, it  
22      could have one unit it, and it could have  
23      units that overcome the limits that's allowed,  
24      provided that the foreman wasn't watching. As

1 a foreman I followed the rules. I made my  
2 people follow the rules.

3 There's one of my boys here right  
4 now, and he will tell you that I never once  
5 told him to violate a rule; never. And -- but  
6 you know they took my dose reconstruction,  
7 took the first one and gave me a 43 percent  
8 probability. They took the second one, same  
9 data, data ain't any good. I can show you --  
10 or I could; I put it back in my car -- I can  
11 show you what data that they used. It don't  
12 have my name, my badge number on it, no  
13 dosimeter badge number on it. It's made up  
14 data. Because we didn't wear dosimeters until  
15 somewhere in the late '60s and then it was  
16 film badges, and there wasn't a true dosimeter  
17 in Pantex until somewhere in the mid-'70s, I  
18 don't know when because that kind of stuff  
19 didn't register up here.

20 But my job, and building bombs,  
21 that registered with me, and we built a lot of  
22 them; you don't even have a clue. But the  
23 newspaper published that they had authority to  
24 have 20,000 pits out there in storage right

1 now, and they were going to have to up that.  
2 They are going to build a new facility, \$175  
3 million underground. What have we been doing  
4 with those 20,000 pits all this time? We  
5 build them right there in the base. Of course  
6 there weren't all 20,000 there at once, but  
7 there were a size and amount of them that you  
8 don't even have a clue. See, I can't even  
9 tell you how many kilograms of plutonium was  
10 allowed in a bay. I'm afraid to. Nothing  
11 secret about that. You know how many  
12 kilograms of plutonium is liable to go  
13 critical. You know that if you put so much  
14 plutonium here side by side it'll go critical.  
15 And the closer you get it together the higher  
16 the radiation hits. If you got one pit in  
17 there, you're not getting much radiation. You  
18 got five pits in there you're getting more  
19 radiation. If you got 20 pits in there it'll  
20 run off the scale; it might even go critical,  
21 I don't know. We did have records, but when I  
22 first went to work out there, there was no  
23 such thing as a KG requirement posted on the  
24 wall. Didn't exist. I didn't know what a KG

1 was. Nobody ever told me what a KG was. They  
2 didn't even tell me what plutonium was; wasn't  
3 allowed to. Because I was just an operator.  
4 I had a clearance, but I didn't have a Q  
5 clearance. But when I was a supervisor then I  
6 got a Q clearance. Well, then I could find  
7 out anything from anyone that I worked with.  
8 And I learned plenty because I worked five  
9 years developing the 68 with [Identifying  
10 information redacted] who has already been  
11 compensated because he has beryllium -- I mean  
12 he tested positive for beryllium. He's  
13 healthier than I am, but that is neither here  
14 nor there. I worked with him on the 57.  
15 Started the 57 from day one. We built every  
16 one of them. This boy here helped me; he  
17 worked for me. And we were only working on  
18 them for a year, and Burlington took them,  
19 because we had more work here than we could  
20 take care of. We had the 58 program coming,  
21 and several other programs coming, and we  
22 didn't have but six cells and 36 bays in 26,  
23 and 1241, what we called the snake pit where  
24 we inserted squashes. Squash used to be a

1 classified word; I don't know why, because you  
2 eat squash all the time. But anyway, if you  
3 call the FBI on that, that was a little slip.  
4 But you know, that's damn foolish of me, I  
5 lost my train of thought, as I'm 83 years old,  
6 I'm lucky to be alive.

7 But what I'm trying to get at is  
8 that you can't take one shoe, it don't fit all  
9 any more than these one-size-fits-all socks.  
10 You can go buy them, but they are not as  
11 comfortable as if you buy a pair that fits  
12 you. Same way with underwear or anything  
13 else. One size don't fit all, and one foreman  
14 might stay in one cell, which one of them did.  
15 He's dead now, one of my very best friends.  
16 As a matter of fact he worked for me before he  
17 was promoted. He was promoted and worked on  
18 the program on handling the nuclear components  
19 of the 68 and I was handling the mechanical  
20 build of it, mechanical and packaging. He  
21 worked in there 18 years in that one cell; had  
22 two or three people. I worked 20 or 30 units  
23 all over the building. See, you're going to  
24 measure his, compare his radiation to mine.

1 You are going to compare mine to him? Well,  
2 he got probably 100 times more than I did  
3 because he was in there with the bear pits day  
4 after day after day doing his thing without  
5 any problems. He was one of the men who was  
6 in the cell five or cell six. Everybody is  
7 telling me it was cell six, but I remember it  
8 was cell five; but it doesn't matter, when  
9 they had the plutonium spill, he was in there.  
10 Well, he's dead now. I don't know why he  
11 died. His wife wouldn't even call me. She's  
12 afraid to even talk to me. And there's dozens  
13 of others like that. Very few of them would  
14 ever call me, because they don't trust me.  
15 They think that foreman there, he don't care  
16 about us. He just worked the whey out of us.  
17 Badgered us every minute of every day to get  
18 one more unit, and build five, and then you  
19 ought to build six. But you do it by  
20 following the rules. But in the early days we  
21 didn't have standards. There was no such  
22 thing as an overnight standard, and we learned  
23 to build them in our heads. One boy taught  
24 the next one, and if you couldn't learn to

1 build one of them, why, you went somewhere  
2 else.

3 We had secret documents, but we  
4 couldn't put a secret document up on the wall.

5 Somebody walk in that doesn't have access to  
6 see it. You see, you have to be cleared to  
7 see some documents. There are a lot of them  
8 that lay around there that are classified, and  
9 in later years we let classified materials lay  
10 out all the time because the buildings were  
11 secured. But in the early days you couldn't  
12 leave OVO laying out; you'd get a security  
13 infraction.

14 And I worked out there 34 years,  
15 and handled millions of classified parts,  
16 secret parts, and never lost but one, and we  
17 found it at the Nevada Test Site because an  
18 engineer carried it out in his suitcase,  
19 instead of putting it -- letting my boys put  
20 it on the unit.

21 And I got one security infraction  
22 because I left one door open that could be  
23 unlocked from the outside in a building that  
24 is secure with alarms on it. It had something

1 like 90 or 100 doors in it, and we had to  
2 check them, every one, every night, and sign a  
3 slip that we checked them and call security  
4 and say, "Set the alarm". Well, the alarm set  
5 up fine, but the guard came along about  
6 midnight and said he found that door open.  
7 And he gave me a security infraction, the only  
8 one that I got in 34 years.

9           And I really thank this security  
10 thing we you people is classification -- I  
11 don't see how you can make any kind of a  
12 judgment as to how much radiation one man gets  
13 when you don't even know what he worked on,  
14 how many units he had in the bay. I mean  
15 every time you bring a unit in, the radiation  
16 goes up; you know that. In the 48 program you  
17 had to put one of them over in this corner,  
18 one over in that corner, and one in that  
19 corner, and one in this corner; and you could  
20 have two out in the middle to work on, and  
21 that was all you could do. And three of them  
22 had to be in the refrigerator all the time.  
23 We have one of the highest radiation units  
24 that was built out there. Whenever they had

1 to rework them, they started trying to rework  
2 them, couldn't it under the rules, so they  
3 done them in Germany; sent a team to Germany  
4 to rework them, and foreman who went over  
5 there, he'd do anything in the world to get  
6 one of them fixed as quick as he could. He's  
7 the one -- I'm not going to name any names  
8 because he is still alive. But he is the one  
9 that I came into the work bay one night and  
10 all the boxes that holds the tritium balls  
11 were full, and had to be carried on a special  
12 cart, and the cart was gone home, so I had to  
13 call the man out to come get the bottles out  
14 of there before I could go to work. We had to  
15 open them to see the bottles in there. And we  
16 opened one container, and it had three of them  
17 in there, and it had melted the foam.

18 Now there was a guy that told me,  
19 you're lying. Those tritium bottles don't get  
20 hot. Well anybody that has ever worked one of  
21 them will tell you, put two of them close  
22 together and it gets so hot you can't pick it  
23 up.

24 We kept them on the same plane in

1 the cell; we kept them on the same plane; we  
2 kept them scattered out. And Ms. Britten, she  
3 worked for me, or rather I supervised her a  
4 time or two. She'd be working the swing; a  
5 good operator. She's not going to lie to you  
6 about that tritium spill. I didn't know  
7 anything about that tritium spill, but I'll  
8 bet you \$50 it happened, because she wouldn't  
9 lie about it.

10 But we had T289S, and they would  
11 alarm just all the time. When they alarmed my  
12 people would evacuate as quick as they could.  
13 We called safety. Safety come down there with  
14 an old T1-90, a hand-held tritium monitor, and  
15 me and him would put on safety masks and go in  
16 there, and he'd sit the old T1-90s doing knobs  
17 on it, I don't know what he was doing, and  
18 walk in there and say, there ain't no tritium  
19 in here. Let's get back in here boys and go  
20 to work. Set the old monitor down on the  
21 floor and call maintenance to come and check  
22 the tritium monitor. This would happen time  
23 and time again. The old T289s would cost me a  
24 million hours in production time, because they

1 were undependable.

2           They started the Mark 58, this is  
3 the hottest program we ever worked on, and  
4 when I say hot I mean high radiation. It  
5 didn't have as much radiation as the 48, but  
6 it was a high one, and we could only work in  
7 there, we could only keep a man in there three  
8 weeks, and then we had to rotate him out for  
9 that quarter. We could put him in there for  
10 three weeks in a quarter. And I'm trying to  
11 meet a production schedule and rotate people  
12 every three weeks. Some of them didn't even  
13 know what the program was. Usually we'd train  
14 people on a program and they stayed on it, you  
15 know, until everybody worked through and they  
16 all got trained. But we couldn't do that on  
17 the 58 because we had to work everybody in the  
18 plant three weeks at a time.

19           And Pete Looney is dead now. He  
20 got a year's radiation which at that time was  
21 2-1/2 rem -- well, actually in the early days  
22 we worked under five rem per year; that was  
23 the rules was five rem per year. He got 2-1/2  
24 rem in three weeks. They pulled him out of

1 there for a year. He started losing weight,  
2 and he was a great big old boy, he began to  
3 lose weight. He got down, it looked like he'd  
4 lost about 100 pounds and I thought I'd killed  
5 him. But it turned out he was going through a  
6 divorce, and he wasn't eating very much. He  
7 did get fat again.

8 DR. ZIEMER: Floyd, I need to have  
9 you wind it up if you could. You've gone  
10 considerably over your time here.

11 MR. WILEY: All right, I'm sorry,  
12 and I do appreciate y'all -- I understand what  
13 you are going through, and I certainly  
14 understand what Larry was talking about when  
15 he was telling you that he was saying he  
16 wasn't going to approve something he couldn't  
17 stand behind. I'll be just like him.

18 Thank you much.

19 DR. ZIEMER: Thank you very much.

20 I wanted to check with people on  
21 the line here. Do we have any folks on the  
22 telephone that wish to make public comments?

23 MR. FUNK: Dr. Ziemer, this is John  
24 Funk. I've got a couple of things I missed

1 this morning. I have a few phone calls. You  
2 could save me a spot at the end of the  
3 session.

4 MS. KLEA: This is Bonnie Klea.  
5 I'll wait until the people there in your  
6 audience are done.

7 DR. ZIEMER: Okay. And anyone  
8 else?

9 Okay, I've got two more folks here  
10 that we want to hear from. Sue Morgan.

11 MS. MORGAN: My name is Sue Morgan,  
12 and I left Pantex in 1986 because I was ill.

13 None of the doctors in Amarillo  
14 would even approached the subject of my  
15 exposures, and so I spent several years with  
16 health food stores, home remedies et cetera,  
17 trying to detox myself from radiation.

18 My time on the line began over in  
19 research and development, one day my partner  
20 and I were packaging high explosives which  
21 were in talc form with no protective  
22 equipment. We had to stop and go up to the  
23 division manager's office, and he was giving a  
24 talk about carcinogens, known carcinogens.

1 And he mentioned the explosives we were  
2 working with right at that moment.

3 My partner and I had that talc all  
4 over us -- in our hair, in our coveralls, et  
5 cetera. And he said that we were not to work  
6 on those explosives without protective  
7 equipment, and that included respirators.

8 So when we went back to work we  
9 requested protective equipment and  
10 respirators. We were given white paper suits  
11 and a pollen mask. I transferred over later  
12 to -- well, I was an inspector, and I worked  
13 mostly in building 64, and 23, which was on  
14 the 68 program.

15 And I was exposed to various  
16 chemicals, toluene -- I never have been able  
17 to pronounce it -- and beryllium.

18 Now today -- well, years ago I  
19 checked out to being beryllium sensitive. The  
20 first time I went to Denver to the hospital  
21 for a checkup, the doctor tore the lining in  
22 my lung, my right lung, so he couldn't get an  
23 accurate count of the beryllium, so there was  
24 no sediment.

1           Since then I have been several  
2 times and they have refused to do one biopsy;  
3 still no settlement. I now have emphysema. I  
4 have never smoked; never will smoke. But I  
5 have emphysema, and I am very sensitive to  
6 beryllium, according to the test.

7           The doctors, I have made the  
8 comment more than once, the doctors have the  
9 attitude that they are working for the company  
10 and not for the court, which I don't like.  
11 It's the wrong attitude in my opinion.

12           I went to my -- my doctor sent me  
13 to a specialist for -- I guess unknown  
14 diseases. He was a high powered  
15 rheumatologist, and he ran all these tests,  
16 and he came back and told me, he said the only  
17 thing I can tell you is that all -- everything  
18 you have today, all of your conditions can be  
19 attributed to your exposures.

20           And we don't have any help for it.  
21 You are going to have to treat symptoms, and  
22 you are going to have to live with it.

23           Today I am supposedly in my golden  
24 years. Because I left Pantex early, I didn't

1 get a retirement. I am running out of money,  
2 and I am ill. I spent the last 2-1/2 years  
3 pretty much in bed; I'm a semi-invalid. And  
4 the doctors did admit -- the ones here that  
5 will admit -- the ones in Houston out and out  
6 say, you know, you have this and this and  
7 this, and you just have to live with it; there  
8 is no help for it.

9           So my wonderful golden years that I  
10 worked 50 years for are controlled by the  
11 conditions of my health, and those conditions  
12 are painful; they are not pleasant. And I  
13 resent it, because I have been a good hard  
14 working member of society, and here I am now  
15 68 years old, running out of money, with no  
16 settlement to which I am entitled. So far  
17 there has been no cancer, nothing that I can  
18 directly necessarily attribute to radiation.  
19 That came out several years ago that daily  
20 ongoing doses of low level radiation are more  
21 dangerous than one high exposure.

22           At the time I was working there, if  
23 you are on the last day of the month, if your  
24 dosimeter indicated the limit you could have

1 so many REM per month, if it indicated the  
2 limit, and the next day was the first, then  
3 that just rolled over and you went right back  
4 in the cell and went right back to work, and  
5 that did happen to me.

6 I read -- I don't know how true it  
7 is, but I kind of think it's true -- that when  
8 all of this started, and the lawsuits with the  
9 unions started, that they found 80 boxes of  
10 medical records which were buried at Pantex,  
11 and my record was one of them, and that person  
12 that told me that was in a position to know.

13 Thank you for your time.

14 DR. ZIEMER: And thank you for  
15 coming today.

16 Next we will hear from David  
17 McCampbell. David, it looks like we'll have  
18 to raise the microphone.

19 MR. McCAMPBELL: Looks that way.

20 My name is David McCampbell. I am  
21 speaking on behalf of my father, Elvin  
22 McCampbell. And he would love to be here, but  
23 he died in 2002 of renal cancer which was  
24 attributed by the surgeons and the doctors in

1 Wichita Falls, after all their tests, that it  
2 was probably related to radiation exposure.  
3 They had heard of Pantex, and they knew all of  
4 these stories. So Dad can't be here.

5 But he worked out there form '70 to  
6 '84. He filed all the paperwork in about  
7 1999. He was denied in 2002. The reasons for  
8 which only a physicist or a biochemist or an  
9 industrial hygienist or somebody of that  
10 nature would understand all the paperwork that  
11 was included.

12 As I said he died in 2002 of renal  
13 cancer. Since that time, on behalf of my  
14 mother, I have continued to work to try to get  
15 a resolvment out of this situation, primarily  
16 because I worked out at Pantex from 1969 to  
17 1974, as a training specialist in 1215, a lot  
18 of the stories these people are telling you, I  
19 personally during that period of time know  
20 what they are talking about, because we would  
21 bring people up to the line, I mean to 1215,  
22 we would have the engineers come in and the  
23 quality people, and we would sit and write  
24 standards. The assembly workers would learn

1 to do the assemblies, then we would shift  
2 every thing down on the line. I worked on  
3 about seven programs during that particular  
4 period of time.

5 The thing that bothers me most is -  
6 - and this is just an anecdote I thought up  
7 while the person was mentioning the tritium --  
8 my boss in the training center was a man by  
9 the name of [Identifying information  
10 redacted], who had been with Pantex or Mason &  
11 Hanger forever, because he transferred from  
12 Medina, he had a badge number like  
13 [Identifying information redacted], or  
14 something like that. And we were talking  
15 numerous times about what do we do, or how do  
16 we train people for when a tube breaks. And  
17 he said, well, the ongoing story is that you  
18 take duct seal and you put it over the tube,  
19 and then you go home and you drink eight or 10  
20 beers and flush it out of your system.

21 This was kind of the mentality that  
22 existed at Pantex during that particular  
23 period of time whenever there were really no  
24 definitions given or -- about the dangers or

1 the true hazards. The first one I know about  
2 was '73, something like that. I was asked to  
3 develop a series of programs called Atomic  
4 Weapons Familiarization. And in that by that  
5 time the cloak had fallen to some degree, and  
6 we brought all of the operators up and put  
7 them through that program, talking about how  
8 an atomic bomb worked, what the components  
9 were, what chemicals were, what explosives  
10 were made up of, how it all went together, how  
11 it detonated, and everything else.

12 And at that time I remember very  
13 clearly a lot of guys coming up and saying,  
14 you know I've worked here for 10 or 15 years.

15 Nobody has ever -- nobody ever put this kind  
16 of a presentation to us. That program was cut  
17 out about a year later because people in  
18 management decided we were telling too much.

19 So it gives you some idea again  
20 about the state of mind at Pantex.

21 My dad, according to the last  
22 denial by NIOSH or whoever has got these  
23 forms, said that he had a 37.61 percent chance  
24 of developing cancer based on his film badge,

1 and again it was a film badge, it was not a  
2 dosimeter or anything else.

3 The point simply is this: how many  
4 of you in your present jobs would accept that  
5 job if you knew you had a 37.61 percent chance  
6 of getting renal cancer? The point being  
7 these things are hidden, and that's what these  
8 folks are hurting about. That's what my  
9 mother is hurting about because she lost her  
10 husband.

11 Now I have been involved in  
12 discussions with the U.S. Department of Labor,  
13 filled out all their forms. I have talked to  
14 the Energy Employee Compensation Resource  
15 Center. I think -- I don't know when that was  
16 -- maybe a year ago; they came in, gave me a  
17 new set, because my dad was turned down under  
18 the radiation portion because he was only  
19 37.61 percent. But toxic side they decided,  
20 and we got a letter shortly after, that they  
21 were reconsidering his case and had sent it  
22 all to NIOSH.

23 Now I have also worked with people  
24 over in Albuquerque. They know me. It's

1 gotten to the point where the first thing they  
2 tell me is, I'm sorry we understand your case.

3 We hear it from others. And they keep -- I  
4 keep calling and say you told me -- this was  
5 around Christmas -- you told me I would have  
6 information within three or four months, and  
7 it'd been six months, and she said, I'll  
8 check.

9 She called back, said, I talked to  
10 the people in Colorado. You will have -- his  
11 file was in on somebody's desk and they moved  
12 it to the top. That was at the first of the  
13 year. I called again last month. I don't  
14 know where the file is, but anyway, supposedly  
15 it has all been sent to NIOSH, because now  
16 they have decided that he may be eligible  
17 because he was exposed to toxic chemicals.

18 Now I know for a fact that he was  
19 exposed to toxic chemicals because I trained  
20 him in the training bays. The methyl ethyl  
21 ketones, right now I can't even recall all the  
22 chemicals. We just kept them all in a big  
23 cabinet. We had no idea, or any toxicity  
24 reports or anything else about any of these,

1 and we trained in using the actual materials  
2 that they would be using down on the line. So  
3 I know for a fact that his time out there, his  
4 hands, sometimes they wore rubber gloves,  
5 sometimes they didn't. They didn't wear  
6 respirators; they didn't wear masks.

7 So I know that his exposure, he was  
8 exposed heavily, and I put that in the letter  
9 I sent this last time, last summer I guess.

10 The point again, I appreciate your  
11 time. But I would really like to say that  
12 nine years that this has been going on without  
13 a definite answer or without something  
14 legitimate understandable conclusion is very  
15 frustrating.

16 My mother is [Identifying  
17 information redacted] years old. She is on  
18 Social Security. I have to help her when I  
19 can money-wise. I don't expect anything. I  
20 figure it will probably be denied, because  
21 that is the way everything has gone. And  
22 these people, they all tell you the same  
23 thing.

24 But that is not right. Like I said

1 my five years out there were fascinating; I  
2 enjoyed it. But it didn't take me long to  
3 figure out I had to get out of there, because  
4 I watched people die. Now I'm not a doctor,  
5 but it doesn't take one when you start looking  
6 at the mortality rate.

7 So anyway, I did have a Q  
8 clearance. Anything they talked about, I  
9 wrote standards, I worked on standards.  
10 Believe me, they were not the safety issues  
11 addressed that needed to be addressed.

12 I do appreciate your time. Thank  
13 you very much.

14 DR. ZIEMER: Okay, thank you  
15 David.

16 We are going to go to the phone  
17 lines now. Let's see, [Identifying  
18 information redacted], I believe you were  
19 first on the line.

20 MR. FUNK: Yes, Dr. Ziemer. If you  
21 will give me a second I will get my paperwork.

22 MR. FUNK: I believe a statement  
23 was made this morning that the Nevada Test  
24 Site was a low exposure area. I'd like to

1 bring it to the attention of the Board that  
2 millions of dollars were spent out there  
3 plowing under the entire testing area. And to  
4 date about 60 percent of that site is fenced,  
5 and no access is granted. This is hardly a  
6 place where you would call low exposure.

7 Now later on after the comment  
8 period, a couple of the people who were in the  
9 know were also claimants, and they brought it  
10 to my attention that Mr. Rolfes had said  
11 there was a database with the highest  
12 exposures on the test site.

13 Now if there is such a database I'd  
14 sure like to see it, because I've been asking  
15 for it.

16 I've been told that there is a  
17 database for exposures period. There is no  
18 database for highest exposures, lowest  
19 exposure, for medium exposure. This was an  
20 incorrect remark made by Mark Rolfes that said  
21 that there was a database of highest exposure,  
22 because there isn't any such thing.

23 And I'd like to get into something  
24 else. Last working board meeting I thought we

1 were in agreement that I was supposed to help  
2 NIOSH by supplying them a list of name for  
3 flats workers who they were going to pull  
4 their film badge records and their records and  
5 see if any of them had bioassays or PIC  
6 readings or full body scans, and if they  
7 didn't have then they agreed that they were  
8 going to move on in a different direction.

9 Now it seems like we went right  
10 back to the 100 selected random workers. Now  
11 they're saying they are the highest exposed.  
12 Now I challenge that thinking because there is  
13 no comparison. How can you say this is the  
14 highest, that the tunnels were higher than the  
15 flats, when there is no information on the  
16 flats to compare it with?

17 If you don't have the information  
18 you can't compare. And I'd like to take this  
19 time to address all the Board. I think you've  
20 done a very good job, and I apologize for some  
21 of my caustic attitude toward you in the past.  
22 I don't mean that personally. It's a very  
23 hard thing for the job that we have to do. We  
24 don't have the access at NIOSH. We've got

1 sometimes very frustrating, and I would like  
2 to say that this board has done a very good  
3 job, especially a few of you, you all know who  
4 you are, you've been very good to me. And I  
5 appreciate everything Mr. Katz has done as  
6 well, too.

7 I would like to also point out that  
8 before we go anywhere on the site profile and  
9 everything, some of the supporting documents  
10 are still inaccurate. There is still no  
11 discrimination between a drill shaft and a  
12 mine shaft, and this does relate to exposure,  
13 to site profile, the SEC and everything else,  
14 because it relates to the people, the  
15 different types of people who did the  
16 different types of work.

17 And I think that we are a long way  
18 from closure on coming up with a program on  
19 the Nevada Test Site.

20 Dr. Ziemer, you and one -- at a few  
21 of the meetings in the past you asked for  
22 other sites that had not been mentioned. I'd  
23 like to point out that there is auxiliary test  
24 sites in Nevada. There is Double Tracks,

1       there is Clean Slate and there is FAULTLESS,  
2       and some of them people have come to me  
3       wanting to file claims. I found out that  
4       there was no film badges issued to some of  
5       these people; there wasn't even a badge period  
6       for access. Some of these places were so  
7       remote that everybody knew everybody that they  
8       didn't even bother with security or a RadSafe  
9       monitoring for that matter.

10               And there was one more site I  
11       wanted to bring to your attention. It's not  
12       the Nevada Test Site. It's in Salt Lake City.  
13       It's on 59th and State Street. It was a  
14       uranium processing plant was not mentioned  
15       yet, so I'd like to see what they could do  
16       about getting that one designated as a site  
17       too.

18               And I'm not real happy with this  
19       film badge investigation. I think it needs a  
20       bit more looking into. A lot of the  
21       interoffice memos were not addressed.

22               Just to show you how bad  
23       information was out there I want to give you  
24       one quick example from the Glenn Clayton

1 report. I know this may not relate to film  
2 badges or exposures, but it just goes to show  
3 you how the left hand didn't know what the  
4 right hand was doing.

5           There was an incident up there, a  
6 test, where they had a slug of gold inside of  
7 a lead shield that was fastened to a cable.  
8 And it was described to the miners during the  
9 reentry to look for a four-inch cable with a  
10 40-pound lead cast with an eight-pound gold  
11 slug in it.

12           Turned out it was a three-quarter  
13 inch cable. It had a 200-pound lead cask,  
14 with 40 pounds of gold in it.

15           So this goes to show you that the  
16 information that is out there is really -- I  
17 don't know how you can get that far off,  
18 especially with that much gold.

19           And once again I'd like to say, I  
20 don't see how anyone can say the tunnels were  
21 the highest exposure, because as I mentioned  
22 time and time again the tunnels and all the  
23 mine shafts only constituted one percent of  
24 all the tests on the Nevada Test Site, and I

1 could hardly see how you could take one  
2 percent and extrapolate back to the other 99  
3 percent.

4 That's all, thank you very much.

5 DR. ZIEMER: Okay, and for the  
6 record that was John Funk representing the  
7 Nevada Test Site. I had thought initially  
8 that it was [Identifying information redacted]  
9 from the General Steel Industries that was on  
10 the phone, but that was John Funk. Thank you,  
11 John.

12 And Mr. Presley, the chair of that  
13 work group, has heard your comments as well,  
14 as did the other work group members.

15 Then I think we had another person  
16 on the line as well that wanted to comment.

17 Bonnie, are you still there?

18 MS. KLEA: Yes, I am. Thank you  
19 very much. And I'd just like to thank the  
20 Board for all the work you've done so far on  
21 the Santa Susana Field Laboratory. And for  
22 those who don't know that laboratory was in  
23 California, and we had 10 experimental nuclear  
24 reactors with one large failure in 1959;

1 actually they all failed because they were  
2 experiments, and they were powering them to  
3 see how high they could go before they failed.

4 But anyway I have a question and a  
5 comment about the tritium. I've heard it  
6 mentioned that people have seen only the  
7 widows getting paid. Now I think I've heard  
8 from NIOSH that you are giving priority to  
9 paying the widows over the workers. Is this  
10 true?

11 DR. ZIEMER: Your question was, is  
12 NIOSH --

13 MS. KLEA: Do you have a policy of  
14 compensating the widows before you would  
15 compensate the workers?

16 DR. ZIEMER: I'm certainly not  
17 aware of such a policy. I'll ask Mr. Katz is  
18 he can address that?

19 MR. KATZ: Well, just for  
20 clarification, NIOSH doesn't compensate or  
21 decide compensation for anybody. They do dose  
22 reconstructions.

23 But there is no priority given to  
24 one group over another in terms of whose dose

1 reconstructions get done first according to  
2 whether you are a survivor or an energy  
3 employee.

4 MS. KLEA: Okay, because I thought  
5 at one of the meetings where the Department of  
6 Labor and NIOSH were in California that I  
7 heard that mentioned.

8 DR. ZIEMER: We are not aware of  
9 such a policy. And compensation decisions are  
10 actually not made by NIOSH. They are made by  
11 the Department of Labor.

12 MS. KLEA: Okay, also I'm very  
13 intrigued by the mention of the tritium. As  
14 you know we have a very large groundwater  
15 tritium plume at Santa Susana. And throughout  
16 the years Rockwell was asked if they had ever  
17 tested for tritium releases, and they said oh  
18 no, there is no need to.

19 Well, when EPA in 1999 took some  
20 samples themselves they found tritium  
21 everywhere. And even today we have -- I think  
22 it's measured at 119,000 picocuries per liter,  
23 and it's been estimated that had this happened  
24 in the '60s there would have been 199 million

1 -- I think it's picocuries per liter, or is it  
2 parts per billion, I don't know.

3 But anyway you mentioned highly  
4 insoluble compounds. So this will be something  
5 I'll be exploring with my own work group. I  
6 have data from former workers who are deceased  
7 on tritium and tritium alarm systems, and I  
8 found that all the buildings, all the work at  
9 Santa Susana with tritium releases, they had  
10 tritium leak into the ground from broken  
11 pipes, then it was saturated in the  
12 foundations. And they also released it  
13 through the cold traps, ventilated it, and the  
14 cold traps were only 15 percent effective. So  
15 that will be an issue I'll want to go into  
16 with my own work group.

17 And thank you again for all your  
18 work.

19 DR. ZIEMER: Okay, thank you. And  
20 Mr. Gibson has made a note of your comments.  
21 He's the Work Group chair for Santa Susana.

22 MS. KLEA: Right.

23 DR. ZIEMER: Were there others on  
24 the phone lines that wished to make comments

1 this evening?

2 (No response)

3 DR. ZIEMER: Let me ask if there  
4 is anyone else here that didn't get a chance  
5 to sign up that wishes to make a comment,  
6 please approach the microphone and give us  
7 your name for the record.

8 MR. VAUGHN: My name is Glenn  
9 Vaughn. I'm one of Floyd's boys as he calls  
10 me.

11 But I'd just like to say that I  
12 agreed with what everyone has said, that I  
13 don't see how they can accurately go back and  
14 reconstruct the records from times that you  
15 didn't wear badges, and being out there 43  
16 years, and like Floyd said, first 15, 20 years  
17 we didn't wear badges; if we did it was just  
18 the film badges. And also the cell five  
19 incident that Floyd mentioned, I would like to  
20 know if there is any record of this incident,  
21 and if there is and where you can find out the  
22 information about it.

23 I was in on the cleanup. One of my  
24 best friends was in the cell when it happened,

1 and he's not longer with us. And I feel sure  
2 that was it, because he got the full dose  
3 right in the face.

4 And I'm sure that all this has been  
5 advertised -- information put out on it, but  
6 we were watching the news last night, and  
7 that's the reason we are here today. And I  
8 would like to have come and participated more,  
9 or listened more to what's going on.

10 Another thing, I don't know if this  
11 is strictly radiation, but I feel like the  
12 chemicals is as much a problem there as the  
13 radiation. You make up concoctions of  
14 formaldehyde and acetone and toluene, in the  
15 early years we'd take that toluene, throw it  
16 out of the floor and scrape the floors and  
17 reseal the floors. It helped to open the  
18 doors, or you'd get so high that your head  
19 would just swim.

20 And I feel like my wife came out to  
21 a retirement party, she said, does everyone in  
22 your department shake? And as you know, maybe  
23 it's age, but I've been old quite awhile if  
24 that's what it is, but now I have to use two

1 hands, most of the time, to write my name.

2 And I do appreciate the opportunity  
3 to talk, and appreciate what y'all are doing.

4 Thank you again.

5 DR. ZIEMER: Thank you very, very  
6 much.

7 Let me ask, do we need to have him  
8 spell his name, or did you catch it? Could  
9 you spell your name for the court reporter?

10 DR. ZIEMER: Your last name is  
11 spelled? V? V-a-u-g-h-n? Thank you.

12 Are there any others that wish to  
13 make comment now?

14 If not, we thank you all very much.

15 This actually concludes the Board's meeting  
16 here in Amarillo.

17 We certainly appreciate the  
18 hospitality that has been shown to the Board  
19 by the local folks here as well as the  
20 participation of many of you in our sessions  
21 both yesterday and today.

22 Thank you all very much.

23 (Whereupon at 5:16 p.m. the  
24 proceeding in the above-entitled matter was

1 adjourned.)

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