

This transcript of the Advisory Board on Radiation and Worker Health, Oak Ridge Hospital Work Group, has been reviewed for concerns under the Privacy Act (5 U.S.C. § 552a) and personally identifiable information has been redacted as necessary. The transcript, however, has not been reviewed and certified by the Chair of Oak Ridge Hospital Work Group for accuracy at this time. The reader should be cautioned that this transcript is for information only and is subject to change.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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+ + + + +

ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

+ + + + +

WORK GROUP ON OAK RIDGE HOSPITAL

+ + + + +

WEDNESDAY, OCTOBER 7, 2009

+ + + + +

The Work Group meeting convened in the Zurich Room of the Cincinnati Airport Marriott Hotel, 2395 Progress Drive, Hebron, Kentucky at 9:30 a.m., James Lockey, Chairman, presiding.

PRESENT:

JAMES LOCKEY, Chair
JOHN POSTON
ROBERT W. PRESLEY
GENEVIEVE ROESSLER*
PHILLIP SCHOFIELD

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2

ALSO PRESENT:

TED KATZ, Designated Federal Official
HANS BEHLING, SC&A*
ARJUN MAKHIJANI, SC&A
JOHN MAURO, SC&A*
JAMES NETON, NIOSH OCAS
LARRY ELLIOTT, NIOSH OCAS
LAVON RUTHERFORD, NIOSH OCAS*
MICHAEL RAFKY, ESQ., HHS
LARA HUGHES, NIOSH OCAS
EMILY HOWELL, HHS*
LAURIE BREYER, NIOSH OCAS*
NANCY ADAMS, NIOSH Contractor*
SARAH CUMMINGS, The Public*

*(present via telephone)

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1 P-R-O-C-E-E-D-I-N-G-S 4

2 (9:30 a.m.)

3 CHAIRMAN LOCKEY: Let's see, who is
4 on the telephone right now?

5 MR. KATZ: It is on mute.

6 CHAIRMAN LOCKEY: It's on mute
7 right now?

8 MR. KATZ: Okay, let me do roll
9 call first.

10 Okay, good morning everybody. This
11 is the Advisory Board on Radiation and Worker
12 Health. This is the Oak Ridge Hospital Work
13 Group, our first meeting. And we are going to
14 begin with roll call beginning with members in
15 the room.

16 MEMBER PRESLEY: Robert Presley.

17 CHAIRMAN LOCKEY: James Lockey,
18 Chair.

19 MEMBER SCHOFIELD: Phil Schofield.

20 MEMBER POSTON: John Poston.

21 MR. KATZ: And do we have any Board

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1 members on the line? 5
2 CHAIRMAN LOCKEY: Gen was going to
3 call in.
4 MR. KATZ: Yes, she was. I got an
5 email from her. Gen, are you with us yet?
6 Okay, then carrying on, OCAS and
7 ORAU Team in the Room.
8 MR. ELLIOTT: Larry Elliot.
9 DR. NETON: Jim Neton, OCAS. Not
10 conflicted.
11 DR. HUGHES: Lara Hughes, OCAS.
12 Not conflicted.
13 MR. KATZ: And Larry Elliott is not
14 conflicted as well, I believe.
15 MR. ELLIOTT: Yes.
16 MR. KATZ: And on the line,
17 OCAS/ORAU team and speak to conflict, please.
18 MR. RUTHERFORD: LaVon Rutherford,
19 OCAS. Not conflicted.
20 MR. KATZ: Okay and then SC&A in
21 the room.

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1 DR. MAKHIJANI: Arjun Makhijani,
2 not conflicted.

3 MR. KATZ: SC&A on the phone.

4 DR. MAURO: John Mauro. Not
5 conflicted.

6 DR. BEHLING: Hans Behling, not
7 conflicted.

8 MR. KATZ: Welcome all of you. And
9 then federal employees or contractors in the
10 room.

11 MR. RAFKY: Michael Rafky, HHS.
12 Not conflicted.

13 MR. KATZ: And on the line?

14 MS. HOWELL: Emily Howell, HHS.
15 Not conflicted.

16 MS. ADAMS: Nancy Adams, NIOSH
17 contractor. Not conflicted.

18 MR. KATZ: Welcome again. And then
19 do we have members of the public on the line?

20 MS. CUMMINGS: Sarah Cummings.

21 MR. KATZ: I'm sorry, can you --

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1 oh. Sarah Cummings?

7

2 MS. CUMMINGS: Yes.

3 MR. KATZ: Welcome, Sarah.

4 MS. CUMMINGS: Thank you.

5 MR. KATZ: Any other members of the
6 public or staff of congressional offices on
7 the line?

8 (No response.)

9 MR. KATZ: Okay, then. For
10 everyone on the line, let me just remind you
11 please mute your phones except when you are
12 addressing the group. And for those of you
13 who don't have a mute button, use *6. Press
14 *6 and that will mute your phone. If you want
15 to come back on again to be able to speak,
16 just press *6 again. And if you need to leave
17 the call at some point, please hang up and
18 dial back in. Don't put your phone on hold
19 because it will disrupt the line for everyone
20 else.

21 Thank you. And Jim, it is yours.

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1 CHAIRMAN LOCKEY: Well welcome_g
2 everybody. This is the Oak Ridge Hospital
3 Working Group, and I distributed sort of an
4 agenda. I would like everybody to look at
5 that agenda and this modified add to it or
6 subtract to it as we see fit and then we will
7 work forward.

8 I would sort of like to have a go
9 of this that we are complete, if we can get
10 complete for your task today and if we can try
11 to bring this to a close, that would be
12 absolutely incredible. That would go with our
13 track record of the last committee I chaired
14 we brought to a close. So I want to stick
15 like glue to that track record because I like
16 that philosophy, bring things to a close.

17 What I did on this was I sort of
18 outline some of the things I think I did this
19 and then I got the email from, I think from
20 Lara. And it sort of outlines the
21 responsibility, the recommendations, the

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1 original petition cohort which was from '58
2 through '59 and then the NIOSH class
3 definition that they expanded from May 1950 to
4 December 1959. And then I also listed that
5 there was an SEC granted for Oak Ridge
6 Institute of Nuclear Studies for those who
7 were employed from May 15, 1950 through 1963.

8 So I sort of wanted to give everybody the
9 time frame so we all are sort of starting on a
10 level surface.

11 Any additions or corrections to
12 this preliminary agenda? Anybody have any
13 suggestions?

14 MEMBER ROESSLER: Jim, I want to
15 check in. This is Gen Roessler.

16 CHAIRMAN LOCKEY: Gen, welcome. We
17 are sorry for your loss.

18 MEMBER ROESSLER: Well, I got on
19 the phone late, too. It seems I am at the age
20 where a lot of people are dying, and it is
21 just kind of tough. But anyway, I can hear

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1 you fine. 10

2 CHAIRMAN LOCKEY: Well welcome. We
3 are glad you are able to join us today,
4 getting up so early. What time is it there?

5 MEMBER ROESSLER: Oh, it's not bad.
6 I'm always in the office by now. It is 8:30
7 or so here.

8 CHAIRMAN LOCKEY: So no additions
9 or corrections?

10 MEMBER ROESSLER: Not that I know
11 of.

12 CHAIRMAN LOCKEY: Okay. So then --

13 MEMBER ROESSLER: Ted, remind me.
14 How do I mute? I have forgotten.

15 MR. KATZ: It is *6.

16 MEMBER ROESSLER: *6. Okay,
17 thanks.

18 MR. KATZ: You're welcome.

19 CHAIRMAN LOCKEY: So one of the
20 things that I did earlier on this week is I
21 reviewed the SEC petition evaluation that you

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1 had put together. And NIOSH did this pretty
2 much on their own because of conflict of
3 interest issues. And you are the one that
4 actually wrote the whole document. Right?

5 DR. HUGHES: That is correct.

6 CHAIRMAN LOCKEY: And I thought it
7 was well written. But I did go through it and
8 I came up with some additional questions or
9 clarifications I need from that.

10 DR. HUGHES: Okay.

11 CHAIRMAN LOCKEY: Did anybody else
12 have a chance to go through that again?

13 DR. MAKHIJANI: Yes, I went through
14 it.

15 CHAIRMAN LOCKEY: Okay. So I think
16 that might be a good starting point, just to
17 run through this one time and see if anybody
18 has any points that I could make or questions
19 they would like to ask. And do you want to
20 start with that or I can start.

21 MEMBER PRESLEY: You go ahead and

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1 start. 12

2 CHAIRMAN LOCKEY: Okay, let me
3 start. I thought it was very complete. Okay?

4 And when I re-reviewed it, I saw the
5 interaction between the Oak Ridge Institute
6 for Nuclear Studies and the interaction
7 between Oak Ridge Hospital. They were both
8 run by the Atomic Energy Commission on
9 separate contracts.

10 DR. HUGHES: Right.

11 CHAIRMAN LOCKEY: And the nuclear
12 studies part of it was in a separate wing.

13 DR. HUGHES: Yes.

14 CHAIRMAN LOCKEY: One of the things
15 you said in your report was --

16 MR. KATZ: Jim, I'm sorry. Can I
17 interrupt for a second?

18 Do we still have the folks on the
19 phone?

20 MR. RUTHERFORD: Yes.

21 MR. KATZ: Okay, good. We just we

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1 had a message in the middle of that, which was¹³
2 odd. But thank you. Sorry, Jim.

3 CHAIRMAN LOCKEY: One of the things
4 that you were reporting in your report was
5 that the laundry was washed separately. It
6 was kept separate.

7 DR. HUGHES: That's correct.

8 CHAIRMAN LOCKEY: And that this is
9 on page 14 at page 46. And that the
10 housekeeping services, the maids, the
11 orderlies, the janitorial staff, per contract
12 were not to enter controlled areas.

13 DR. HUGHES: That is correct. That
14 is stipulated in the contract.

15 CHAIRMAN LOCKEY: Okay.

16 DR. HUGHES: Now the question I
17 asked is, this ORINS Hospital only consisted
18 of laboratories and patient wards. It didn't
19 have the kitchen operating. So I am not sure
20 where the housekeepers would go if they were
21 not allowed to go into the laboratories or the

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1 patient areas. It is not that clear in the¹⁴
2 information we have.

3 CHAIRMAN LOCKEY: So the Oak Ridge
4 Hospital had their own housekeeping staff.

5 DR. HUGHES: Yes.

6 CHAIRMAN LOCKEY: Yes. And the
7 ORINS, did they have their own housekeeping
8 staff or we don't know?

9 DR. HUGHES: We don't know. I
10 mean, it is a much smaller entity. So from
11 the information provided in these contracts,
12 it seems like they relied on the hospital for
13 a lot of their -- to keep it going. They used
14 the hospital supply room. They used the
15 kitchen. They used the pharmacy, I believe,
16 the blood bank, the radiology department. Any
17 of those big items that a hospital has that
18 they did not. They just were a little wing on
19 the side and they had laboratories, actually
20 kept laboratory animals there as well. And
21 they had patient wards.

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1 They did not have an operating room¹⁵
2 until 1955. So it looks like they relied on
3 the Oak Ridge Hospital for staffing, other
4 than nurses and physicians. But since ORINS
5 had realized that the patients would excrete
6 radioactive material, the laundry was
7 separate. The laundry was actually sent to
8 Oak Ridge National Lab for taking the washing.
9 Whereas, the Oak Ridge Hospital was a
10 community hospital. They would not do these.
11 I believe they had a contract with some kind
12 of company that would do their laundry.

13 CHAIRMAN LOCKEY: So the laundry
14 was separated into a separate area.

15 DR. HUGHES: Yes, because they
16 realized ORINS had the contamination potential
17 versus the regular hospital.

18 CHAIRMAN LOCKEY: So it would be
19 more logical that if the contract said that
20 the housekeeping from Oak Ridge could not
21 enter ORINS, ORINS most likely had their own

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1 housekeeping staff, but there is ^{no}₁₆
2 documentation in fact that was the case.

3 DR. HUGHES: No, I have not been
4 able to find anything.

5 CHAIRMAN LOCKEY: That was one of
6 my questions. So we really don't have an
7 answer as to the contract said separation, but
8 we don't know if it really occurred or not.

9 DR. HUGHES: Right. Well, there
10 was a contract in place that Oak Ridge
11 Hospital supplied housekeepers and maids. And
12 there were some stipulations in the contract
13 such as they were not to enter contaminated or
14 restricted areas.

15 But if you read this one document
16 that is referenced in the report, the way
17 ORINS stipulated a restricted area was they
18 had this meter that was calibrated in three
19 colors; red, orange, and green. And only the
20 red area was what they considered a restricted
21 area, which was 6.25 microrem per hour.

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1 CHAIRMAN LOCKEY: And so Oak Ridge
2 Hospital was under contract to supply
3 janitorial support to ORINS.

4 DR. HUGHES: Yes. The two
5 hospitals had a contract with each other.

6 CHAIRMAN LOCKEY: All right. So
7 then they did have access to that area but
8 just not the restricted areas there.

9 DR. HUGHES: I believe so.

10 CHAIRMAN LOCKEY: Okay. I
11 understand now. That was what I was driving
12 at.

13 DR. HUGHES: As far as we can tell
14 from the information we have, yes.

15 DR. MAKHIJANI: Would that be 6.25
16 millirems per hour? You said micro.

17 DR. HUGHES: Milli. I think I said
18 that wrong in the presentation to the Board
19 because somebody pointed it out to me.

20 CHAIRMAN LOCKEY: One other
21 question I had was on page 12. That was the

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1 report or the article that was published in
2 the Journal of American Medical Association by
3 Brucer.

4 DR. HUGHES: Right.

5 CHAIRMAN LOCKEY: It says Brucer
6 1951, but it was published in 1980. And I
7 ordered the article, but I haven't gotten it
8 yet.

9 DR. HUGHES: Okay. It was
10 published in 1951, I believe.

11 CHAIRMAN LOCKEY: It says Brucer
12 1951, but I looked at the bibliography.
13 That's why I assumed it was '51, but the
14 reference in the bibliography is Brucer 1951,
15 Radioisotope Hazards, JAMA, 1980. So, I --

16 DR. HUGHES: Okay, that must be a
17 typo. I apologize. No, it is 1951. He wrote
18 it in 1951. I am not even sure if he was
19 around in 1980.

20 CHAIRMAN LOCKEY: Okay, I just --

21 MEMBER POSTON: It might have been

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1 a reprint. 19

2 CHAIRMAN LOCKEY: That is what I
3 was wondering whether it was a reprint.

4 DR. HUGHES: No, it is a typo.

5 MEMBER POSTON: We did that for the
6 50 year anniversary of the Health Physics, we
7 did reprints of a lot of articles.

8 CHAIRMAN LOCKEY: Okay, maybe that
9 is the reason I couldn't find it.

10 DR. HUGHES: No, I apologize. I
11 typed this, and it is most likely a typo.

12 CHAIRMAN LOCKEY: It is a minor
13 point, but do you remember that article?

14 DR. HUGHES: Yes.

15 CHAIRMAN LOCKEY: Did they talk at
16 all about radiation control measures at Oak
17 Ridge Hospital at all?

18 DR. HUGHES: No, but this article,
19 it talks at length about monitoring they did
20 during an operation, actually several
21 operations. I think I have the table in here.

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1 It talks about removal of a lung, an autopsy₂₀
2 a laparotomy. And if you look, this is Table
3 5.5 in the report --

4 MEMBER POSTON: What page are you
5 on?

6 DR. HUGHES: I'm sorry, 20. Page
7 20, the bottom table.

8 That was adapted from this
9 reference. And these were all measurements
10 that were done during an operational procedure
11 that would have been done in an operating
12 room. And we know at the time this was
13 recorded and written, ORINS did not have
14 operating rooms and this would have taken
15 place in Oak Ridge Hospital.

16 CHAIRMAN LOCKEY: In the hospital,
17 right.

18 DR. HUGHES: I do not think they
19 actually were too concerned about using the
20 Oak Ridge Hospital facilities. So any kind of
21 autopsy or anything that would go on in

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1 pathology or in the operating room up until
2 1955 would be in the Oak Ridge Hospital. I am
3 fairly confident about that.

4 And as for the morgue, all of the
5 deceased patients would be stored in the
6 morgue. I think it might talk in this
7 article, it talks about it in some reference
8 that these patients would have to be held in
9 the morgue for quite a while because a lot of
10 them came in from fairly far away because they
11 came to this place to receive cancer treatment
12 and unfortunately a lot of them did pass away
13 while they were there.

14 So they did use the morgue and they
15 did autopsies on people because they wanted to
16 investigate how the radionuclide treatments
17 would work on these people.

18 So we know the morgue was in the
19 Oak Ridge Hospital. So any kind of staff
20 support that would be needed to maintain it,
21 to clean up, that probably would have been

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1 people employed by Oak Ridge Hospital. 22

2 CHAIRMAN LOCKEY: Okay.

3 MEMBER PRESLEY: Did they talk
4 about having more than one morgue or a
5 separate area or anything like that where they
6 might have done these different?

7 DR. HUGHES: No, but I found some
8 documentation when they were talking about, I
9 think, in the mid-'50s, the mid-1950s they
10 started talking about building a new Oak Ridge
11 Hospital. And it was built. It was opened in
12 1960 and there was communication going on
13 between the Atomic Energy Commission and ORINS
14 talking about how much they relied on Oak
15 Ridge Hospital for services and what kind of
16 additional facilities they would need in order
17 to continue operation when the Oak Ridge
18 Hospital was moved, for example, adding a
19 morgue. When the Oak Ridge Hospital moved to
20 a different place, ORINS was expanded. It
21 received an additional wing of what before was

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1 Oak Ridge Hospital became ORINS and the rest²³
2 of the old hospital was torn down. A new
3 hospital opened up down the street.

4 So I think after 1960 when they had
5 the new Oak Ridge Hospital, they did
6 eventually have a morgue facility and they
7 might have had a kitchen facility because they
8 could not rely on Oak Ridge Hospital being
9 close by. So they expanded operations when
10 they had to, but as long as they were
11 connected to Oak Ridge Hospital, they relied
12 on services from them. That is what I found
13 out doing all this research.

14 DR. MAKHIJANI: I had a question
15 about the kitchen piece. Because we don't
16 know whether they had a kitchen and they were
17 still having some kind of interchange between
18 the new hospital and perhaps this 1959 end
19 date.

20 DR. HUGHES: Well 1959 is the end
21 of the covered period.

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1 DR. MAKHIJANI: Oh, that is a DOE₂₄

2 -

3 DR. HUGHES: Yes.

4 DR. MAKHIJANI: -- thing. Okay.

5 CHAIRMAN LOCKEY: One of the things
6 that got my attention on the report, which is
7 very comprehensive, was on page 18, on the top
8 of it. That is when people were eating in the
9 cancer research hospital that their utensils,
10 I guess, went back to Oak Ridge Hospital, if I
11 am reading right.

12 DR. HUGHES: Right.

13 CHAIRMAN LOCKEY: So I am familiar
14 with cross-contamination and all the things
15 which can occur in a hospital. So that
16 certainly is a path, an additional path for
17 cross-contamination, sometimes relatively high
18 levels, depending on the situation that the
19 patient is going through. So that was a good
20 pick up.

21 Does anybody else have any

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1 questions about the report? Does anyone want²⁵
2 to raise any particular issues about it?

3 The impression I got reading
4 through this again and after your presentation
5 originally, through it there certainly was a
6 potential for cross-contamination. Now the
7 next question is I think the questions that
8 were raised at the last meeting. What can we
9 do to find out in fact whether any monitoring
10 was taking place at Oak Ridge Hospital.

11 And so you had put together a fact
12 sheet for us. And maybe I will ask you to go
13 through what you have been able to do since
14 our Board meeting.

15 DR. HUGHES: Since this is all
16 listed here, everything we did before the
17 evaluation report was completed, this is our
18 standard data capture protocol. And since the
19 last Board meeting, actually, all I did was
20 follow up with the contact Mr. Presley had
21 provided, and I was able to contact all but

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1 two of those. But it has not provided any²⁸
2 more information than we already had.

3 CHAIRMAN LOCKEY: How many people
4 were you able to --

5 MEMBER PRESLEY: Did you talk to
6 Dr. -- the lady doctor?

7 DR. HUGHES: Yes, I did. I'm not
8 sure, can we discuss the names?

9 CHAIRMAN LOCKEY: Yes.

10 DR. HUGHES: Okay. Yes, I did.

11 MEMBER PRESLEY: Okay.

12 DR. HUGHES: She worked -- well, I
13 am not sure. She did not start until the mid-
14 1960s at ORINS. So she was very knowledgeable
15 but she didn't state that she knew a lot that
16 went on in the '50s. And that is essentially
17 the same response I got from a lot of people.

18 MEMBER PRESLEY: Yes, and the nurse
19 I talked to, she started in the '60s, too.
20 But people that I talked to said they had a
21 very, very explicit group of people that

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1 worked with the patients, and they were all
2 monitored, nothing would ever come up with any
3 monitoring data.

4 I talked to people there in Oak
5 Ridge that say that yes, X-10 was an early
6 place where they did the monitoring data. And
7 X-10 tells us that they have no data
8 whatsoever. And I have heard that from three
9 different people, and one of them was an
10 industrial hygienist that worked with the
11 badges. And he plainly stated that ORNL did
12 their monitoring in the early days, but being
13 able to come up with any --- and then did you
14 all contact the company that did the
15 monitoring?

16 MEMBER ROESSLER: Bob, could you
17 get closer to the microphone?

18 MEMBER POSTON: She wants you to
19 speak closer to the microphone.

20 MEMBER PRESLEY: Did you all
21 contact the other company that has done the

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1 monitoring for PLDs? 28

2 DR. HUGHES: We have not found any
3 evidence that Oak Ridge Hospital had
4 monitoring. Well, we found evidence. We have
5 not found who did the monitoring at Oak Ridge
6 Hospital.

7 We found documentation, and the
8 information came from the Tennessee Department
9 for Environment and Health, I believe. They
10 sent copies of the radioactive materials
11 license that Oak Ridge Hospital had. And in
12 there, in 1957 there are some comments or some
13 exchange when the AEC tells Oak Ridge Hospital
14 that they need to start monitoring the people
15 in the radiology department with film badges.

16 And they respond that yes, we are planning to
17 do this and ORNL will provide the badges.

18 And just from the documentation
19 that we have, it looks like they started this
20 in 1958, but we have not found the data.

21 And even so, if we found it, it

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1 doesn't look like there is anything before²⁹
2 1958. So it would maybe cover a year, if we
3 found the data. And the major issue was the
4 internal. We cannot do internal dosimetry
5 dose reconstruction. And we know there was an
6 internal potential because of the radioiodine,
7 mainly.

8 Now we already know that ORINS
9 didn't do internal monitoring in the 1950s.
10 That is the reason they are -- became an SEC.

11 I mean, we can look further, but I just don't
12 believe there is -- if ORINS didn't do
13 internal monitoring because they didn't
14 perceive there was an exposure potential, I
15 think it is fairly reasonable to assume that
16 Oak Ridge Hospital didn't do internal
17 monitoring because they would not have felt
18 that it was a need to monitor people at that
19 time.

20 MEMBER PRESLEY: Did you get the
21 same comment that I did from the paper you

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1 talked to? It wasn't just everybody that³⁰
2 could walk into ORINS from Oak Ridge Hospital.

3 DR. HUGHES: That's correct, but
4 all of the people I talked to worked there in
5 the '60s when there were two separate
6 facilities, and Oak Ridge Hospital was, I
7 don't know, a block or two down the road. I
8 haven't seen how the buildings are laid out.

9 So I am not sure. Was it different
10 in the 1950s when the two facilities were
11 attached or had doors? I don't know. I mean,
12 I found some documentation when they talked
13 about the incident that happened in 1958. And
14 some discussion of this incident was oh, we
15 went and closed the doors to Oak Ridge
16 Hospital and sealed them so that there would
17 be no foot traffic back and forth. So I'm not
18 sure that that indicates that there was foot
19 traffic before because they made an explicit
20 point to seal the doors, to close the doors.
21 Were they opened before? I am not sure.

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1 CHAIRMAN LOCKEY: Radiology³¹
2 procedures in the ORs were at Oak Ridge
3 Hospital.

4 DR. HUGHES: Yes.

5 CHAIRMAN LOCKEY: So there were
6 would have been passages back and forth. And
7 I remember how you said that door was closed
8 six or seven days after the spill.

9 DR. HUGHES: Yes. Which is kind of
10 --

11 CHAIRMAN LOCKEY: Now when you said
12 that there may be a specific team, do we have
13 any knowledge of who would make up that team?
14 There is nothing available I presume.

15 MEMBER PRESLEY: The nurse that I
16 talked to said that there was 11 RNs, is that
17 the degree nurses, 11 RNs and about four or
18 five LPNs that made the team up when she
19 worked there in the '60s. And those were the
20 people that took care of all of the patients.
21 I mean, there wasn't anybody from Oak Ridge

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1 Hospital that came over there, they said, as
2 far as nurses. She said that in the '60s that
3 they were the ones that took care of the
4 patients.

5 CHAIRMAN LOCKEY: That was in the
6 '60s?

7 MEMBER PRESLEY: Yes.

8 CHAIRMAN LOCKEY: And I understand
9 we really haven't talked to anybody who has
10 worked there in the '50s.

11 DR. HUGHES: I have talked to one
12 physician who was actually a physician
13 employed at Oak Ridge Hospital. He said that
14 he would be asked to go over there for
15 procedures. And he would go into ORINS
16 actually to do procedures like an amputation
17 or such things.

18 So, apparently, there was --

19 CHAIRMAN LOCKEY: Was he monitored?
20 Did he say?

21 DR. HUGHES: No, he said he was not

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1 monitored. He didn't think he needed to be₃₃
2 It's somewhat difficult to find people that
3 worked there in the '50s.

4 MS. BREYER: Hi, Ted?

5 MR. KATZ: Yes.

6 MS. BREYER: Hi, this is Laurie
7 Breyer, OCAS. I didn't mean to interrupt, but
8 I received an email that people on the phone
9 are having a hard time hearing.

10 MEMBER ROESSLER: It is a little
11 bit hard to hear. I could hear Bob when he
12 got closer to the mic, but it is very
13 difficult to hear Lara.

14 MR. KATZ: Thanks, Laurie. We have
15 a few mics around here. We just have to work
16 harder at speaking closer to the mic. Thank
17 you.

18 MS. BREYER: Okay, thanks.

19 CHAIRMAN LOCKEY: All right, John?

20 MEMBER POSTON: I don't have any
21 specific questions.

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1 CHAIRMAN LOCKEY: All right₃₄

2 Anybody else have any comments?

3 DR. NETON: I would just like to
4 add a couple of things. I think Lara
5 mentioned this, but I would just like to
6 emphasize that you have a standard hospital
7 here with a complete diagnostic radiology
8 department as well as a nuclear medicine
9 department ongoing simultaneously with the
10 ORINS work. All of that exposure is also
11 covered. It is not just the bleed over
12 material from Oak Ridge Institute of Nuclear
13 Studies over in the hospital. But by the way
14 the program is operated, the hospital
15 exposures are also covered, and we cannot find
16 any monitoring information for the standard
17 hospital activities that occurred within that
18 facility. So that is a layer on top of all of
19 this as well.

20 And recognizing Lara mentioned that
21 they had up to 25 millicuries of iodine-131

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1 for diagnostic purposes at any given time ⁱⁿ₃₅
2 that hospital and did, I assume, thyroid
3 ablation studies or something like that.

4 DR. MAKHIJANI: That is in the
5 hospital?

6 DR. NETON: I believe this is part
7 of the hospital. Correct?

8 DR. HUGHES: Yes, that is correct.

9 DR. NETON: So it is above and
10 beyond that. So you have several things going
11 on at the same time. And that kind of adds to
12 the complexity or ability to do any kind of
13 reasonable dose reconstruction on these
14 patients. Anytime you get pockets of little
15 things going on like that where nothing was
16 covered, it is very difficult for us to come
17 up with any sufficiently accurate dose
18 estimates. I just wanted to throw that in.

19 MEMBER SCHOFIELD: Have you run
20 across like any roster of people who worked at
21 the two facilities?

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1 DR. HUGHES: There is annual³⁶
2 reports available for Oak Ridge Hospital and
3 ORINS. So and most of those list their staff,
4 yes.

5 But I am not sure, I mean, the
6 hospital reports list their physicians, their
7 radiologists. They do not go down into detail
8 as to clerks and accountants and nurses. But
9 they do list their doctor staff not in very
10 much detail.

11 I found -- one number I found
12 yesterday, about 250 employees in 1948, I
13 believe. It might have been reduced a little
14 bit after that in years. So we are looking at
15 a staff of about 250 at any given year.

16 CHAIRMAN LOCKEY: That is at Oak
17 Ridge Hospital?

18 DR. HUGHES: Yes.

19 CHAIRMAN LOCKEY: And do you have
20 the names of those people?

21 DR. HUGHES: Not all 250, no.

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1 CHAIRMAN LOCKEY: No? 37

2 DR. HUGHES: Maybe some of -- the
3 director and some physicians. But no, we do
4 not have the names of all of these people.

5 CHAIRMAN LOCKEY: Okay.

6 MEMBER ROESSLER: Lara, I have a
7 question.

8 DR. HUGHES: Yes?

9 MEMBER ROESSLER: This is Gen. You
10 were talking about people who worked there,
11 and I was trying to get more information from
12 your report to see whether you would have
13 talked to some of the people that I know are
14 still alive, people we know through Health
15 Physics. And I didn't try to contact anybody
16 until after I got your report, and I haven't
17 heard back from one of these.

18 But I am wondering if you went
19 through the list of people who did work there
20 and then checked to see if they are still
21 alive and still in the area. So I guess my

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1 main concern is, has everybody been³⁸
2 interviewed who could have been there in the
3 '50s who is still alive?

4 DR. HUGHES: Yes, I can't tell you
5 that I interviewed everybody that would have
6 worked there. I mean, I have looked at the
7 roster from the hospital annual reports, and I
8 tried to see who I could still contact. And
9 I've interviewed one physician. Some have
10 declined, they didn't want to be talked to.

11 So I am not saying I have exhausted
12 everything there possibly is. I tried to find
13 people that might have information and that
14 are still around. I mean, if you have
15 suggestions who we could still talk to.

16 MEMBER ROESSLER: Well I have
17 contacted one person. I have not heard back.

18 DR. HUGHES: Okay.

19 MEMBER ROESSLER: But I suspect he
20 was involved around that time. And while I
21 guess I have your attention, I will ask one

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1 more question.

39

2 In the petition, I noticed the name
3 of a person who apparently worked there. The
4 person's name was put in there by the claimant
5 or by the claimant's spouse. And I noticed
6 that person is still listed in Oak Ridge. And
7 I guess I won't say the name, but I was
8 wondering if that person had been interviewed.

9 DR. HUGHES: I would have to check.
10 I don't recall right now what the name is.

11 MEMBER ROESSLER: Yes, it is
12 something just to check. I don't think you
13 want to mention the name.

14 That is all I have, but I guess my
15 attention is to the point that in the '50s,
16 there probably still are some people who maybe
17 some of us even know personally. And I am
18 just wondering if they were all interviewed.

19 CHAIRMAN LOCKEY: Gen, are you
20 suggesting -- let me ask you a question. Are
21 you suggesting that when I looked at all of

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1 this information at Oak Ridge Hospital, there₄₀
2 is no internal monitoring data and they did
3 isotope studies there. So that in itself is
4 problematic just for the hospital, let alone
5 cross-contamination in relationship to the
6 cancer hospital.

7 MEMBER ROESSLER: Yes, I think you
8 are right. And I think it was Jim Neton who
9 just spoke about the monitoring information.
10 If we are really convinced, and it sounds
11 pretty convincing, that over and above
12 everything else, there just was not monitoring
13 information. And you know, some of these
14 other questions really aren't pertinent.

15 CHAIRMAN LOCKEY: I mean, that is
16 sort of where I am getting to. If there is no
17 internal monitoring data, there might have
18 been external monitoring data in relationship
19 to radiographic procedures. But in
20 relationship to the radioisotopes, if there is
21 no monitoring data available at Oak Ridge

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1 Hospital for their own internal medical⁴¹
2 procedures, that in itself creates a problem
3 for that population during that time frame.

4 MEMBER ROESSLER: I agree.

5 CHAIRMAN LOCKEY: Let alone the
6 potential for cross-contamination with the
7 research hospital. I guess I am not convinced
8 that interviewing additional people at this
9 time is going to be necessarily that helpful,
10 unless somebody has other comments on that or
11 another perspective on that.

12 DR. MAKHIJANI: I actually agree
13 with you. You know, just listening to what
14 Lara said, the most, I guess, relevant piece
15 of information that is direct is this doctor
16 who actually did procedures in ORINS, just on
17 that cross-contamination thing. He was not
18 monitored for external or internal. Right?

19 DR. HUGHES: No.

20 DR. MAKHIJANI: So that, I mean the
21 first monitoring would normally be external

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1 when you are looking at the history. People⁴²
2 had a badge stuck to them if they felt there
3 was some exposure potential. And now we know
4 there was some. So it kind of is a very rich
5 piece of evidence, even though it is a single
6 piece of evidence, I think.

7 CHAIRMAN LOCKEY: I agree. I would
8 agree with that. Any other comments about
9 this?

10 MEMBER POSTON: I have an unpopular
11 comment. To me, it is unlikely that these
12 exposures were large. And so I know what the
13 regulations and the way this committee
14 operates. If we declare it an SEC because we
15 can't reconstruct doses, then the path is
16 clear.

17 But I don't see that the doses are
18 large and -- or likely to have led to cancer.

19 With a 40 percent chance of getting cancer
20 without radiation exposure, it just doesn't
21 make sense to me that we should declare this

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1 an SEC and go on, but I understand that is the⁴³
2 decision that is facing us right now.

3 MR. ELLIOTT: In that suggestion,
4 are you indicating you don't see health
5 endangerment? I mean, because the rule says
6 that we could identify a situation where we
7 could not reconstruct the dose. If that comes
8 to pass, then we have to use the second prong
9 of the test that is available and say it was
10 health endangered.

11 MEMBER POSTON: Well, you have
12 stated it better than I, yes. I suspect the
13 exposures were low. I am not denying that the
14 exposures probably occurred. But you know, 30
15 millicuries of iodine-131 is not a huge
16 amount.

17 I think Lara reported three curies
18 total for a year. So that is not a tremendous
19 amount of radioactivity. Cross-contaminations
20 of utensils and so forth is a minor concern.

21 So I am not questioning the fact

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1 that these folks were exposed to radiation,⁴⁴
2 They were using it, both diagnostic and
3 therapeutically. So there is no question they
4 were using it. But I don't see a health
5 endangerment at all. I just don't. These are
6 standard medical procedures that were pretty
7 well established. Iodine-131 goes back to the
8 40s.

9 CHAIRMAN LOCKEY: I think we have
10 to talk about it. I will need some direction
11 here on this because I have --

12 MR. ELLIOTT: Well our evaluation
13 report finds, correct me if I am not speaking
14 correctly here, Lara or Jim, that we feel that
15 we can't reconstruct the dose, particularly
16 internal dose, for this situation for that
17 time period. And so then the regulation would
18 require us to evaluate whether health was
19 endangered or not. And we have come to the
20 position in the report that we believe health
21 might have been endangered.

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1 So certainly the Board can take⁴⁵
2 that into consideration and determine whether
3 it is your feelings and perspective that
4 health was endangered or not. If you can
5 agree on the first prong of the test then you
6 can challenge the second prong that we have
7 positioned ourselves on.

8 MEMBER POSTON: This is the reason
9 I set down at the meeting. You know, because
10 what it says, what was presented to us says
11 evidence indicates, review indicates that an
12 undetermined amount of workers in the class
13 may have received chronic internal and
14 external exposures from a large variety of
15 internal and externally administered
16 radionuclides, blah, blah, blah. It doesn't
17 say whether that is health endangerment or
18 not.

19 DR. NETON: Well, you are getting
20 into a conundrum in the way this decision is
21 made. And that is, if you can't reconstruct a

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1 dose, you can't put an upper bound on what⁴⁶
2 that dose may have been. And that by default
3 is a determination of health endangerment.
4 That is just the way the regulations read.

5 And I don't disagree with you that
6 by and large most of these exposures may have
7 been small but we have never been able to go
8 there where you can do a probability of
9 causation calculation to establish health
10 endangerment. That has just never been part
11 of the way this has been operated.

12 MEMBER POSTON: I understand what
13 the rules are and what the guidance is. I am
14 just giving a logical evaluation based on 52
15 years experience in the field in terms of
16 radiation exposures and comparing that to
17 potential health endangerment.

18 DR. NETON: And you also may want
19 to think about the way the probability of
20 causation calculations are done in this
21 program to the 99th percentile. Because those

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1 can get some fairly high TCE values for what⁴₇
2 normal health physicist might consider a
3 fairly low level exposure, particularly for
4 iodine.

5 MEMBER ROESSLER: Jim?

6 DR. NETON: Yes.

7 MEMBER ROESSLER: Jim, it is hard
8 to hear you.

9 DR. NETON: Okay, I'm sorry.
10 Particularly for isotopes like iodine. There
11 is sort of a periodic table of nuclides
12 administered here. So it would be very
13 difficult for us to do any type of organ-
14 specific calculation or, you know, the range
15 of the antimonies, the bariums, the cesiums,
16 the chromiums, the cobalt, because those all
17 have different, as you know, metabolic
18 behaviors. So for us to be able to say with
19 confidence that we can bound the exposure to
20 any of those organs under any of those
21 circumstances would be very difficult.

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1 MEMBER POSTON: I understand. 48

2 have got my comment on the record.

3 DR. NETON: Okay. I understand
4 what you are saying.

5 MEMBER POSTON: I am not trying to
6 be legal. I am trying to be logical.

7 DR. NETON: Okay.

8 MR. ELLIOTT: At the same time, I
9 would offer that we would be interested in
10 what the Board's consensus opinion is about
11 health endangerment because there are other
12 situations where we might find that we can
13 reconstruct the dose but we still don't think
14 there was enough there to endanger health, per
15 se.

16 MEMBER SCHOFIELD: But how do we
17 know --

18 MR. ELLIOTT: Texas City Chemicals
19 is an example. You know, there was less than
20 a barrel of uranium processed there in a short
21 amount of time. So was health really

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1 endangered? They were exposed. 49

2 MEMBER SCHOFIELD: Yes, there are
3 facilities like that. I understand that.

4 MR. ELLIOTT: Go ahead. I'm sorry
5 to interrupt you.

6 MEMBER SCHOFIELD: No, no. I mean,
7 I agree with that point. I am just simply
8 saying that in this particular case, and this
9 is where I will refer to Dr. Poston here, what
10 is the likelihood that, say, one individual
11 could actually pick up enough that they may
12 have health endangerment? I mean, I don't
13 know, and that is why I am asking you.

14 MEMBER POSTON: Well, the words
15 that you use, likelihood and may are so
16 uncertain that it is hard to know. But if you
17 look at the total inventory of the
18 radionuclides that are there. Look at the
19 standard procedures that were in place in the
20 '40s, late '40s and early '50s in diagnostic
21 radiology, that is huge. And they will have

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1 60 years or more of experience with the health⁵⁰
2 endangerment and all of the stuff that
3 occurred in the '30s and '20s when folks were
4 having amputations and no shielding around the
5 tubes and all of those kinds of things. And
6 the progress especially in Tennessee with the
7 largest health physics division in the country
8 existed there at Oak Ridge National Lab and
9 they are monitoring what is going on,
10 according to what has been said here. I think
11 the health endangerment and the potential
12 exposures are low -- both. I recognize they
13 can't reconstruct them.

14 But it is basically, again, I don't
15 want to be the old fart here, but I have been
16 doing this for 52 years and so I am pretty
17 familiar with what went on back in the '50s.

18 MEMBER ROESSLER: I would like to
19 join in with what Dr. Poston is saying. I am
20 older than he is so I suppose --

21 (Laughter.)

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1 MEMBER POSTON: I defer to you, Dr.⁵¹
2 Roessler.

3 MEMBER ROESSLER: And mine is not
4 the point of health endangerment although I
5 think that is an interesting discussion we
6 need to have, but I have a hard time based on
7 just logic in trying to understand what was
8 going on there, knowing the people who worked
9 there; [identifying information redacted],
10 whom I knew, and Dr. Brucer, and I certainly
11 read a lot of his documents. They were very
12 knowledgeable people. [identifying
13 information redacted] knew a lot about
14 radiation effects. Dr. Brucer certainly
15 understood how to do monitoring. He
16 understood the basics of radionuclides.

17 And I guess I am still a little bit
18 uncomfortable with the completeness of the
19 search for monitoring data. I can't picture
20 that Brucer would have worked in the
21 laboratory without keeping some sort of

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1 records. And I guess I won't feel comfortable⁵²
2 until I know that the search has been
3 complete.

4 MEMBER SCHOFIELD: I would, to just
5 add one thing to your comment. And that is
6 the fact that since we don't really know who
7 the record keeper of these -- who has these
8 files, I mean it would be great if we had
9 them, but since we don't, do you know if
10 either of these gentlemen kept personal
11 notebooks?

12 MEMBER ROESSLER: That is my
13 question. I would think that Brucer, in
14 particular, would have kept notebooks. And I
15 am just, my question is in regard to
16 interviewing people who might have known him.

17 And also perhaps there are just a
18 few little leads here that I think need to be
19 followed through a little thoroughly. The
20 discussion about the history of Oak Ridge
21 Hospital and the book that has come out and

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1 the comments in Lara's report says the book⁵³
2 will contain some oral histories and may have
3 some useful background information. I am just
4 wondering, did you have a chance to look at
5 that or is that something that hasn't been
6 completely looked at yet?

7 DR. HUGHES: The book has not been
8 published yet. It is going to be published in
9 December of this year.

10 MEMBER ROESSLER: So you haven't
11 seen a rough draft or anything?

12 DR. HUGHES: No, I cannot get a
13 rough draft. They will publish, and they will
14 sell it to me if I want it, but there is no
15 other way to get it.

16 I might like to add that we know
17 that ORINS did external monitoring for their
18 workers. We have that data. If somebody
19 files a claim and that data is found and is
20 retrieved by ORAU.

21 The issue with the ORINS was that

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1 there was no internal monitoring. And we did⁵⁴
2 interview people during the SEC evaluation for
3 ORINS, and they all stated that they did not
4 do internal monitoring in the 1950s although
5 they started with their internal monitoring in
6 the 1960s using a whole body count. So we
7 already have that information.

8 MEMBER ROESSLER: It would seem
9 that -- and my question again goes back to
10 Marshall Brucer. At that time in the '50s,
11 people knew about thyroid monitoring. And it
12 seemed like others were doing thyroid
13 monitoring when they were working with iodine.
14 And I just find it hard to believe that they
15 didn't do it there.

16 MR. RUTHERFORD: Gen, this is LaVon
17 Rutherford. Can you guys hear me?

18 MR. KATZ: Yes, very well.

19 MR. RUTHERFORD: Okay, I tried to
20 come on two or three times, and for some
21 reason I wasn't coming through.

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1 I do want to point out that three⁵⁵
2 individuals that we did interview for the
3 ORINS study were individuals that worked in
4 health physics in the '50s at ORINS, and all
5 three indicated that there was no internal
6 monitoring until 1961, I believe.

7 MEMBER ROESSLER: Okay. Well, that
8 is good to know.

9 MR. RUTHERFORD: In fact, one of
10 the health physicists went on to work at Oak
11 Ridge National Lab and at INL, I believe.

12 MEMBER ROESSLER: Can any names be
13 mentioned here?

14 MR. ELLIOTT: Yes. You can mention
15 their names because they are employees of the
16 AEC at that time. We are not indicating that
17 they have a claim or that we are talking about
18 their personal identifiable information. So
19 they can be named.

20 MR. RUTHERFORD: Okay, I will
21 mention names. I remember [identifying

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1 information redacted], Roger Cloutier, -- 56

2 MEMBER ROESSLER: Oh, okay.

3 MR. RUTHERFORD: -- and a
4 [identifying information redacted]. I can't
5 remember [identifying information redacted]'s
6 first name who worked in [identifying
7 information redacted]. He worked a '50 to '54
8 period, if I remember correctly. Again, I am
9 qualifying this. This is off the top of my
10 head. And then he worked at Oak Ridge
11 National Lab and then moved on, I believe, to
12 INL.

13 MEMBER ROESSLER: Okay, you just
14 removed a lot of my concern, if you
15 interviewed Roger Cloutier because --

16 MR. RUTHERFORD: Yes, in fact, I am
17 assuming that you all have access on your
18 computers. You can go on and look in the
19 Advisory Board's folder, and if it is not in
20 the Oak Ridge Hospital one, I will move it
21 over to it right now and you can get access to

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1 that interview. 57
2 MEMBER ROESSLER: Okay. I looked
3 there. I didn't see it.
4 MR. RUTHERFORD: Okay.
5 DR. HUGHES: I would like to add I
6 actually talked to him last week. So he was
7 actually interviewed twice for this.
8 MR. RUTHERFORD: Okay. Roger
9 Cloutier, correct?
10 DR. HUGHES: Roger Cloutier, yes.
11 Sorry.
12 MR. RUTHERFORD: Okay.
13 MR. ELLIOTT: That may not be
14 logged into the --
15 DR. HUGHES: Not, it is not. It
16 needs to be cleared, and it will eventually be
17 in the Board's folder once it has gone through
18 the review process.
19 MEMBER POSTON: I want to assign
20 myself a task. My recollection is that the
21 CDC -- not CDC -- the Old Bureau of Rad.

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1 Health had a set of video tapes of pioneers^{5g}
2 Interviews were conducted by Laurie Taylor.
3 And I believe that one of the folks that was
4 interviewed on tape was Marshall Brucer. I
5 have all those at home. And I would like to
6 look at it and if there is one, I think that
7 would be very valuable for you guys to look
8 at.

9 So I will take that as a task. I
10 will let you know as soon as I get home and
11 get a chance to check in the library.

12 MEMBER ROESSLER: I would add to
13 that, too, I have all of those vignettes that
14 Marshall Brucer published. And I am sorry I
15 didn't think to look at it before the phone
16 call, but I certainly can look at those.

17 MEMBER POSTON: I am pretty sure he
18 is there. They were conducted by Laurie
19 Taylor, but I think Marshall was one of the
20 interviewees, and it is about an hour, hour
21 and an half interview. It is all on tape.

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1 MR. RUTHERFORD: This is LaVon
2 Rutherford. I wanted to add something else
3 that -- earlier during the discussion.

4 You know, one of the challenges
5 that we have is that if we assume, okay, if we
6 assume that health wasn't endangered and then
7 if you make that assumption, we ultimately we
8 have to do dose reconstruction. And in that
9 process, where do we set our boundaries on a
10 bounding dose for the individuals at the
11 hospital with no data?

12 So, I mean, you start getting into
13 the -- you know, I don't disagree with Dr.
14 Poston or Dr. Roessler. But you get into this
15 situation where we have to do a dose
16 reconstruction for these clients and come up
17 with a reasonable estimate of dose. And it
18 becomes very difficult based on the
19 information that we have.

20 MEMBER ROESSLER: I understand,
21 LaVon, but I think we have to make sure. We

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1 have to be comfortable with feeling we have⁶⁰
2 pulled all the threads here.

3 MR. RUTHERFORD: Oh, I agree.
4 Okay.

5 CHAIRMAN LOCKEY: So the only way I
6 know how to deal with this issue is to go back
7 and look at the medical literature and the
8 studies that have been published in
9 relationship to human health outcomes in
10 radiologists and individuals who are working
11 with these materials.

12 MEMBER POSTON: There are some.

13 CHAIRMAN LOCKEY: Yes, there are
14 studies out there.

15 MEMBER POSTON: Well, I raised the
16 issue. All I wanted to do was get it on the
17 record.

18 CHAIRMAN LOCKEY: But if we go down
19 that track, that would apply to almost
20 everything.

21 MEMBER POSTON: Sure.

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1 CHAIRMAN LOCKEY: And the medical⁶¹
2 literature --

3 DR. NETON: That health literature
4 is outside of contract and the way the
5 regulation is written. I mean, I think we are
6 bound by what the regulation states.

7 CHAIRMAN LOCKEY: Right. And that
8 is what I was going to say. It doesn't allow
9 for that. I mean, because if we really
10 brought that information in, it would --

11 MEMBER POSTON: Yes, I understand.

12 DR. MAKHIJANI: Especially if there
13 is a 99 percentile thing.

14 CHAIRMAN LOCKEY: Well, even beyond
15 that, the regulation does not allow for a
16 causation calculation to determine health
17 endangerment. You just can't go there, the
18 way it is currently structured.

19 Well, Gen, let me ask you then. Do
20 you think then that we need to do some
21 additional probing here to bring this to a

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1 close, or do you feel that the outcome is not⁶²
2 going to change no matter what we find?

3 MEMBER ROESSLER: That is a very
4 leading question. I guess I would feel more
5 comfortable. I would feel much more
6 comfortable, first of all, to know that Roger
7 Cloutier has been interviewed because he is
8 one person who is still there who was probably
9 involved and would be knowledgeable.

10 A few other minor things would be
11 are there any leads in that Oak Ridge history
12 book? Are there any leads, as Dr. Poston
13 mentioned, in the Brucer material, both the
14 video tape and then I offered to look through
15 the vignettes to see if there is any
16 indication in what they wrote that they did
17 any monitoring.

18 So that is just I have a small
19 reservation left yet about the completeness of
20 the search for records.

21 CHAIRMAN LOCKEY: John?

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1 MEMBER POSTON: I'm fine. I'm
2 okay.

3 CHAIRMAN LOCKEY: Are you
4 supportive of what Gen is saying? That is
5 what I am trying --

6 MEMBER POSTON: Yes. Well, I took
7 on a task. I am going to look at the tape.
8 And if it is there, I will make it available
9 to these guys and that will at least fill in a
10 gap that we have. And I understand the
11 difference between what the law says and what
12 we are doing.

13 MR. ELLIOTT: We appreciate the
14 Board members' interest in taking these action
15 items because I think you are the ones that
16 need to be satisfied here. We certainly could
17 try to follow up on these things and then
18 report back, but, again, if you would dig into
19 this yourselves to the degree you either gain
20 satisfaction or you tell us we need to pursue
21 something farther, I think that would be

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1 helpful.

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2 MEMBER POSTON: I could walk into
3 my office at home and I have a whole row of
4 them. It is either there or it is not. My
5 recollection is that it is there. So I will
6 know the answer by Thursday.

7 CHAIRMAN LOCKEY: Bob? You are
8 shaking your head no. What does that mean?

9 MEMBER PRESLEY: Well, I am going
10 to be honest with you. If we go with this, I
11 am afraid that we are going to open up a can
12 of worms all over the United States. You have
13 got hospitals at Los Alamos, Hanford, that's
14 two to mention. You know, are we going to
15 open a door here that says that all these
16 hospitals that took care of workers over the
17 early years are going to be becoming an SEC?

18 MR. ELLIOTT: Well, are those
19 hospitals that you are referring to, Mr.
20 Presley, designated as individual covered
21 facilities, or are they part of the laboratory

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1 proper so any evaluation for a petition or any
2 class that is added would include those? Do
3 you see my point?

4 MEMBER PRESLEY: I see your point,
5 and that is something that I don't know. You
6 know, as Los Alamos Hospital to me was part of
7 the lab.

8 MR. ELLIOTT: I think it is
9 included in the facility designation, the
10 definition of covered facility.

11 MEMBER PRESLEY: Yes.

12 MR. ELLIOTT: But see here in this
13 instance, the Oak Ridge Hospital is an entity,
14 a facility of its own.

15 MEMBER PRESLEY: That is correct.

16 MR. ELLIOTT: So I think you need
17 to understand that distinction and then your
18 point may be well placed for those hospitals
19 that are standing alone as a covered facility.

20 If they are within the facility proper of
21 that laboratory, then they are already

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1 included in whatever evaluation or class that
2 is being addressed.

3 DR. NETON: I have got a question
4 now. Who is the actual owner of the
5 hospitals? Did the Atomic Energy Commission
6 actually own them? See in Los Alamos, they
7 actually owned the hospitals up until 1964.

8 DR. HUGHES: Yes. It was owned, I
9 believe, by the AEC during wartime. After the
10 war it became privatized. It was run by
11 several different companies under a contract
12 with the AEC.

13 MEMBER PRESLEY: It was run -- the
14 first contractor after AEC took it over was
15 the county. Anderson County actually ran the
16 hospital for a couple of years, as I
17 understand. And then Methodist Hospital
18 picked the contract up, and they ran it for 20
19 or so years. I don't know who has the
20 contract now.

21 DR. NETON: But it was a DOE

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1 facility or AEC facility? 67

2 DR. HUGHES: Yes.

3 MEMBER PRESLEY: Yes, an AEC
4 facility. A government-owned, contractor-
5 operated situation.

6 DR. NETON: Okay. That
7 distinction, I think, is important.

8 CHAIRMAN LOCKEY: Are there any
9 other hospitals out there like Oak Ridge
10 Hospital?

11 DR. HUGHES: No. I checked our
12 covered, the DOE covered facilities. The Los
13 Alamos Medical Center is covered in the '50s,
14 I believe. So I am not sure if it was before
15 that in the '40s. I presume it did exist in
16 the '40s, and I am not sure if it is covered
17 with the Los Alamos National Laboratory site.
18 I am not clear on that.

19 And the Hanford Hospital is not a
20 separate covered facility. I do not know if
21 it is included in Hanford. I don't know that.

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1 MEMBER PRESLEY: You have got
2 Sandia. You have got Livermore.

3 CHAIRMAN LOCKEY: I don't even know
4 if they have got a medical.

5 MEMBER PRESLEY: They probably
6 don't have one. They probably used the city
7 hospital.

8 MEMBER SCHOFIELD: Bob, to my
9 knowledge, Sandia just had a small clinic on
10 base which is actually run by the military.

11 MEMBER PRESLEY: That is probably
12 true.

13 MEMBER SCHOFIELD: Bob, the point
14 that you are raising is -- I don't have an
15 answer. Is this going to create a precedent
16 for other facilities?

17 DR. NETON: Each facility, I think,
18 is judged on its own merits. I mean, if it is
19 established as a covered facility under
20 EEOICPA, then you would have to evaluate each
21 one independently.

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1 The confounding issue at Oak Ridge
2 Hospital is much of its affiliation with
3 ORINS, where they did research with medical
4 radionuclides. I suspect that a standard
5 hospital that did standard diagnostic
6 procedures, depending on what they did, I
7 mean, we may or may not be able to reconstruct
8 those.

9 MS. CUMMINGS: This is Sarah
10 Cummings. Can you hear me?

11 MR. KATZ: Yes, Sarah.

12 MS. CUMMINGS: It is my
13 understanding that the hospital was the U.S.
14 Army Hospital, and then several years later,
15 it was acquired by the city of Oak Ridge. So
16 it was a government hospital, initially.

17 MR. KATZ: Thanks, Sarah.

18 CHAIRMAN LOCKEY: John, in
19 relationship to the cancer hospital, would you
20 have the same thoughts there about health
21 endangerment that you raised at Oak Ridge

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1 Hospital? It was granted as an SEC. So the⁷⁰
2 question I am asking you, would you raise the
3 same question about that facility as you did
4 the Oak Ridge?

5 MEMBER POSTON: I haven't thought
6 about it in detail, but I think I would, yes.

7 CHAIRMAN LOCKEY: So you are saying
8 --

9 MEMBER POSTON: Yes.

10 CHAIRMAN LOCKEY: Okay.

11 MEMBER POSTON: But I understand we
12 can't ride that horse too far.

13 CHAIRMAN LOCKEY: No, but I wanted
14 to know if you would have distinguished
15 between the two because of the procedures or
16 what was going on at each of the facilities.
17 It sounds like you would say then that they
18 probably are equivalent in relationship to
19 health endangerment or not health
20 endangerment.

21 MEMBER POSTON: Yes, because of

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1 shielding and the procedures and so forth that
2 are done in therapy.

3 CHAIRMAN LOCKEY: Well, we are
4 going -- I would like to come up with some
5 steps forward here, steps that we are going to
6 take. Gen?

7 MEMBER ROESSLER: Yes?

8 CHAIRMAN LOCKEY: The impression is
9 I feel that you feel that it is very important
10 that we proceed. We are interviewing Roger,
11 getting the Oak Ridge Hospital book, and
12 looking for the tapes of, is it Marshall
13 Brucer -- Marshall Brucer.

14 MEMBER ROESSLER: I think Roger
15 Cloutier has been interviewed. So that was a
16 big item on my list. I am satisfied with
17 that.

18 CHAIRMAN LOCKEY: So that is done.
19 Do we need to re-do that interview?

20 MEMBER ROESSLER: I think it would
21 be helpful, and I plan to do that.

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1 CHAIRMAN LOCKEY: Okay. 72

2 DR. HUGHES: Excuse me --

3 MEMBER ROESSLER: And then I think
4 some minor items, but just if we are going to
5 not come to a conclusion today, I would
6 suggest that we do some of these further
7 things. I will look at Marshall Brucer's
8 actually printed they were called vignettes,
9 and they were published, I think, in the '50s.
10 I will look at that.

11 I think Poston has offered to look
12 at the interview tape with him. And I think
13 we need to pull a few more of these threads
14 just to convince ourselves that there is not
15 any monitoring data. And I would think that
16 somebody could look at the rough draft of that
17 hospital book, even though it is not
18 completely published, I would think that you
19 could see what they have ready to go to the
20 printer to see if there were any leads there.

21 Yes, Lara's report left it kind of

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1 open. It says this book will contain more⁷³
2 histories and may have some useful background
3 information. Well, it just seems like we need
4 to follow through on that.

5 DR. HUGHES: Okay. I contacted
6 them. They cannot, they say -- I can provide
7 a book once it is published which will be in
8 December of this year.

9 MEMBER ROESSLER: Well I would
10 think we could wrap this up before that.

11 MEMBER PRESLEY: This is Bob
12 Presley. Do you want me to see if I can put
13 some pressure on some people and see if I can
14 get some type of a paper copy on that so we
15 can look at it?

16 MR. KATZ: The Board meeting is
17 October 20th in New York.

18 CHAIRMAN LOCKEY: I would like to
19 propose that we try to get this done before
20 the next Board meeting, maybe have a -- if
21 these are the steps we are going to take

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1 forward, that we could have a conference call⁷⁴
2 about these results perhaps before the next
3 Board meeting and not really get together as a
4 group with the idea that we can bring this to
5 a close by the next Board meeting, October
6 20th. Is that reasonable?

7 MEMBER PRESLEY: As long as we have
8 it before the 15th. I am leaving on the 15th.

9 MR. KATZ: Let's pull out some
10 calendars here. There is the week before the
11 Board meeting has two or three work group
12 meetings. Let me just see where we are with
13 that.

14 MR. ELLIOTT: One on Wednesday and
15 one on Thursday. Monday is a holiday.

16 MR. KATZ: Yes, next week. Let's
17 see.

18 MR. ELLIOTT: That is a short time,
19 isn't it?

20 MEMBER ROESSLER: I think I can do
21 what I committed to, and I think Poston said

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1 he could. And it would seem fairly maybe easy⁷³
2 for Bob to check and see if we could get the
3 information.

4 MR. KATZ: It doesn't sound like
5 there is a lot to pursue.

6 CHAIRMAN LOCKEY: It is the book
7 that is going to be the problem.

8 MR. KATZ: But, I mean, is the book
9 going to lead you to data?

10 CHAIRMAN LOCKEY: I don't know the
11 answer to that. It is one of the third things
12 on the list. Gen, how hard do we push on the
13 Oak Ridge Hospital history book?

14 MEMBER ROESSLER: I have a feeling
15 that it is not going to offer anything in
16 addition to what LaVon and others have already
17 gotten. I wish that sentence had not been in
18 the report. It kind of left it open.

19 CHAIRMAN LOCKEY: So you want to
20 say we drop that one. The other two I think
21 are doable before the next Board meeting. I

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1 think the book is going to create a problem⁷⁶
2 because it is going to be confidentiality
3 issues, all kinds of things that come up
4 before something is out for publication.

5 MEMBER ROESSLER: I think Presley
6 ought to explore it, and if he can't get it, I
7 think we ought to drop that one.

8 CHAIRMAN LOCKEY: So you still want
9 to explore it.

10 MEMBER ROESSLER: I think if Bob
11 can check on it, I think that would be fine.

12 CHAIRMAN LOCKEY: Okay.

13 MR. KATZ: So as for dates, the
14 14th and the 15th we have work group meetings
15 that will be all day affairs. There is the
16 16th or the 13th of October that we have a
17 call.

18 CHAIRMAN LOCKEY: What day is the
19 16th?

20 MR. KATZ: The 16th is a Friday.

21 MEMBER ROESSLER: I am okay either

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1 date.

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2 MEMBER PRESLEY: How about the
3 13th, what day is that?

4 MR. KATZ: And the 13th, the 13th
5 is Tuesday. It is this coming Tuesday.

6 MEMBER PRESLEY: Honestly, that is
7 not enough time. I can circulate around and
8 try to find out who I can talk to about --

9 DR. HUGHES: I can send you the
10 information for the foundation.

11 MEMBER PRESLEY: I have got that.
12 [identifying information redacted] is on the
13 [identifying information redacted].

14 DR. HUGHES: Okay.

15 MEMBER POSTON: So are you going to
16 put pressure on [identifying information
17 redacted]?

18 MEMBER PRESLEY: [identifying
19 information redacted] is in the [identifying
20 information redacted].

21 CHAIRMAN LOCKEY: The next Board

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1 meeting is in December?

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2 MR. KATZ: No, there isn't a Board
3 meeting until February. So that means putting
4 this off until February.

5 MEMBER ROESSLER: Can't we get this
6 information? Certainly I can get what I am
7 looking for, and Poston can. I would think we
8 could get it by the 13th.

9 MR. KATZ: I don't think there is
10 any problem with yours or John's
11 contributions, but Bob is just saying he can't
12 do anything with respect to the book in such a
13 short time frame.

14 MEMBER ROESSLER: Well then I don't
15 think that is a high one on the list. I am
16 willing to go without that.

17 MR. KATZ: Okay. So should we have
18 a call on the 13th? We probably don't need to
19 block out a long time for it.

20 CHAIRMAN LOCKEY: I would like, if
21 I can, to have it in the afternoon.

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1 MR. KATZ: Does that work for
2 everybody, October 13th in the afternoon,
3 meeting, say, at 1:30?

4 MEMBER ROESSLER: Sounds good to
5 me.

6 MR. KATZ: 1:30 Eastern Time? Yes,
7 Emily?

8 MS. HOWELL: Is there any way it is
9 possible to do it at 2:00?

10 MR. KATZ: Yes, we are just making
11 this up as we go. 2:00, does that work?

12 CHAIRMAN LOCKEY: 2:00 p.m.

13 MR. KATZ: All in favor say aye.
14 So 2:00 p.m. October 13th unless -- yes?

15 CHAIRMAN LOCKEY: Yes. Anybody
16 have a problem with 2:00 on the 13th of
17 October?

18 (No response.)

19 MR. KATZ: And, Sarah, there will
20 be a call-in number for that as well.

21 MS. CUMMINGS: Okay, fine.

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1 MR. KATZ: The same call-in number 80

2 CHAIRMAN LOCKEY: So my
3 understanding is that John and Robert are
4 going to do some follow-up work in
5 relationship to Marshall Brucer and Roger.
6 And we will have another Working Group phone-
7 in conference on the 13th at 2:00, this
8 Tuesday of October.

9 MR. KATZ: There is one other
10 action item which is, I think, some of you
11 wanted to review the interview notes for Roger
12 Cloutier, which --

13 DR. HUGHES: Right.

14 MR. KATZ: -- you will make
15 available. Right?

16 DR. HUGHES: I'm not sure. They
17 have to be -- we have to send them through DOE
18 review process. I am not sure they are going
19 to be back by then.

20 MR. KATZ: We have one set of notes
21 already. Right? We are just missing the

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1 second. Isn't that the person you interviewed⁸¹
2 twice?

3 DR. HUGHES: Yes, we already have
4 one. He was interviewed twice, in 2006, I
5 believe, and last week. And I can probably
6 tell you the content of the interview.

7 He did not start work at ORINS
8 until 1959. So he indicated that people
9 working at ORINS wore monitoring badges and
10 that, starting in the early '60s, people were
11 monitored for internal radionuclides, which
12 are essentially -- is consistent with the
13 findings we published in the evaluation report
14 for ORINS SEC 33.

15 He had some more information who
16 did the badging when in the 1960s for ORINS,
17 which, although interesting, is not terribly
18 relevant for the Oak Ridge Hospital situation.

19 It has not provided us any leads where to
20 look for any internal data that might have
21 existed for Oak Ridge Hospital in the 1950s.

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1 CHAIRMAN LOCKEY: Was he asked that
2 question?

3 DR. HUGHES: Yes.

4 CHAIRMAN LOCKEY: Okay. So he was
5 asked --

6 DR. HUGHES: He stated he does not
7 know a whole lot about what went on before he
8 got there and not at the Oak Ridge Hospital.

9 CHAIRMAN LOCKEY: Okay.

10 MEMBER ROESSLER: Okay, you have
11 answered one of my questions. I thought he
12 had worked there before '59. But if he wasn't
13 there until '59 and if he doesn't know
14 anything about the earlier days, then I don't
15 think it is worth pursuing that lead any more.

16 CHAIRMAN LOCKEY: Okay. So now we
17 are down to the Marshall Brucer tapes.

18 MEMBER ROESSLER: And books.

19 CHAIRMAN LOCKEY: And the Oak Ridge
20 book, we are not going to pursue that.

21 MEMBER ROESSLER: No, no, no. The

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1 Brucer books. 83

2 CHAIRMAN LOCKEY: Oh, the Brucer
3 book. Okay. And John, that is your task.

4 So when we have our next Working
5 Group conference call, it will be a report
6 from John about what his findings are from
7 that.

8 MEMBER POSTON: A question for Jim.
9 If I find this tape, should I send it to you
10 guys, or should I keep it and review it myself
11 and report or both?

12 CHAIRMAN LOCKEY: I think you
13 should send it.

14 DR. NETON: I would like to see it,
15 but I would certainly appreciate your input.
16 I mean, if you are reviewing it, we need both
17 inputs.

18 MEMBER POSTON: Okay. I should
19 know if I have it tonight because I know
20 exactly where it is.

21 MR. ELLIOTT: Is it a VCR tape? Is

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1 it something we could duplicate if you felt it
2 was necessary --

3 MEMBER POSTON: Yes.

4 MR. ELLIOTT: -- for us to have a
5 hard copy.

6 MEMBER POSTON: When I get to
7 school on Thursday, I will check. Because
8 what I did was I got the entire series, and
9 then I had them copied and gave one set to the
10 department. And so we may have two copies of
11 it if it is there at all. So I will know by
12 Thursday morning.

13 MR. ELLIOTT: Well we would like
14 your input, as Jim says. And if it's
15 something that you feel we ought to have, we
16 can duplicate it. We can put it on a CD.

17 MEMBER POSTON: I will let somebody
18 know Thursday morning what I found out.

19 CHAIRMAN LOCKEY: And you have the
20 book, too, I take it?

21 MEMBER POSTON: No.

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1 MEMBER ROESSLER: No, I have the ⁸⁵
2 book.

3 CHAIRMAN LOCKEY: You have the
4 book, Gen. So that is your task.

5 MEMBER ROESSLER: That is my task.
6 And as soon as I get off the phone, I will get
7 a ladder and I can go get it.

8 CHAIRMAN LOCKEY: And I guess if
9 there is something that is pertinent in there,
10 that probably needs to be copied and
11 distributed.

12 MEMBER ROESSLER: If there is
13 anything pertinent, I will either scan it and
14 send it by -- I will scan it and send it by
15 email to everyone on the Work Group. I will
16 send it to Ted if there is anything pertinent.

17 And if I feel there isn't, I will also
18 communicate with Ted, then he can decide what
19 to do.

20 MR. KATZ: Right. I will
21 distribute the results to the full Work Group

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1 and to the staff. 86

2 CHAIRMAN LOCKEY: Now I have one
3 other question I guess I should raise.
4 Physicians and radiologists and surgeons,
5 employees of the hospital or contracting to
6 the hospital through a professional practice
7 group? Did we resolve that at the last
8 meeting? I don't think we had, had we?

9 DR. MAKHIJANI: No, I think you
10 raised the question. I was going to raise it
11 -- forgotten.

12 CHAIRMAN LOCKEY: I hadn't
13 forgotten.

14 DR. MAKHIJANI: I don't believe it
15 was resolved, from my memory.

16 CHAIRMAN LOCKEY: Professionally,
17 at least, what happens the last 15, 20, 30
18 years, is physicians have their own
19 professional corporations, and they contract
20 to different medical facilities for providing
21 service. They are not really employees of the

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1 medical facility. They are employees of their
2 own professional corporations, and that is
3 where the payment goes. It doesn't go to them
4 personally. It goes to their companies or the
5 professional group they are associated with.

6 I don't know how Oak Ridge Hospital
7 handled the situation, whether it was
8 contracted out or they actually are employees
9 of Oak Ridge Hospital. So I guess it's
10 something we need to talk about and how we, if
11 they should automatically be included or not
12 included in the groups.

13 DR. NETON: I think they are
14 covered under the current definition. In
15 fact, as long as the Department of Labor would
16 qualify them as a covered employee and they
17 could demonstrate 250 days at work at Oak
18 Ridge Hospital onsite, then they would be
19 eligible for the SEC, if there were an SEC.
20 Or conversely, if we didn't have an SEC, they
21 would be a covered employee under the program.

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1 MR. KATZ: Can you hear that, Gen²₈₈

2 DR. NETON: Although I see what you
3 are saying because it does say all employees
4 who worked in any location.

5 CHAIRMAN LOCKEY: They are not
6 employees.

7 DR. HUGHES: Well reports from the
8 -- we have the Oak Ridge Hospital annual
9 report to the AEC, and they do list their
10 physicians. And there is some discussions in
11 there that we hired a new radiologist. We got
12 a new anesthesiologist. So there is some
13 information to indicate that at least some of
14 them were employees.

15 CHAIRMAN LOCKEY: Hospitals will
16 list the physicians who worked at the
17 facility.

18 DR. HUGHES: Okay.

19 CHAIRMAN LOCKEY: It doesn't mean
20 necessarily they are employees.

21 DR. HUGHES: All right.

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1 DR. NETON: Perhaps maybe LaVon can
2 help here. LaVon, are you still on the phone?

3 MR. RUTHERFORD: Yes, I am on the
4 phone.

5 DR. NETON: I see our proposed
6 class definition starts off as "all
7 employees." And it seems to me that we have
8 got another more all-encompassing definition
9 that we often use that says all employees,
10 contractors, blah, blah, blah.

11 MR. RUTHERFORD: Yes, was this
12 considered a DOE facility or not?

13 DR. NETON: I think this is a DOE
14 facility, yes.

15 DR. HUGHES: Yes.

16 MR. RUTHERFORD: If it is a DOE
17 facility, we do have a more -- it is all DOE
18 employees, contractors, subcontractors, and so
19 on.

20 DR. NETON: Well that would be an
21 easy change to the proposed class definition

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1 if that what you are saying is true, which₉I
2 have no doubt.

3 CHAIRMAN LOCKEY: So it will cover
4 it.

5 DR. NETON: It will cover it.

6 CHAIRMAN LOCKEY: That's right. So
7 it is an easy fix.

8 So anybody want to make that
9 motion?

10 DR. NETON: Do we have to make
11 motions of these?

12 CHAIRMAN LOCKEY: Does everybody
13 agree with this? Okay, so just change the
14 language and make it so it is all DOE
15 employees, contractors, what is the other,
16 subcontractors?

17 DR. NETON: I forget the exact
18 language, but we can insert the standard
19 definition for covered workers at a DOE
20 facility.

21 CHAIRMAN LOCKEY: So that should

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1 take care of that issue, and we won't have to
2 talk about that again.

3 Anything else we have missed around
4 the table?

5 MEMBER ROESSLER: Jim, I have a
6 comment.

7 CHAIRMAN LOCKEY: Okay, Gen.

8 MEMBER ROESSLER: I just received
9 an email from Roger Cloutier with an
10 attachment on it discussing the fact that he
11 was interviewed. But then he goes into --
12 there are a lot of paragraphs here of
13 information. I would like to have the
14 opportunity to review this and report back on
15 that when we have our conference on the 13th.

16 CHAIRMAN LOCKEY: Okay. What did
17 you get from him?

18 MR. KATZ: An email.

19 MEMBER ROESSLER: It is an email
20 from Roger Cloutier, and I haven't read it.
21 He has an attachment. He said he was

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1 contacted, was interviewed. But then he⁹²
2 states in his email he is discussing some
3 other things, which I haven't had a chance to
4 look at yet.

5 CHAIRMAN LOCKEY: All right. So
6 did you email him directly?

7 MEMBER ROESSLER: I did.

8 CHAIRMAN LOCKEY: That is great.
9 Why don't you email him and ask him what he
10 knows about Oak Ridge Hospital.

11 MEMBER ROESSLER: That is exactly
12 what I did.

13 CHAIRMAN LOCKEY: Okay.

14 MEMBER ROESSLER: And he has given
15 me a report. So all I am saying at this point
16 is I haven't looked at it, but I will report
17 when we have our call next week.

18 CHAIRMAN LOCKEY: Fantastic. So
19 that is the third item, then. Gen, thank you.

20 MEMBER ROESSLER: You're welcome.

21 CHAIRMAN LOCKEY: Anything else we

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1 need to discuss?

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2 MR. KATZ: I don't think so.

3 CHAIRMAN LOCKEY: Around the table?

4 DR. NETON: Well, I was wondering.

5 There was a second part of this issue, and
6 maybe it can't be discussed until the first
7 part is resolved, which is the definition of
8 the class itself. We are saying anyone who
9 worked at that facility, and there seemed to
10 be some concern raised at the Board meeting
11 that that may be too all encompassing.

12 In other words, I think Dr.
13 Melius's concern at the Board meeting was does
14 that include candy stripers and the lady who
15 ran the gift shop, those sort of things. And
16 I don't know if this Working Group was going
17 to take that up or not.

18 MEMBER PRESLEY: Well that really
19 bothers me.

20 DR. NETON: That maybe cannot be
21 decided until one decides whether this is an

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1 SEC or not, I don't know. So I just wanted to
2 raise that hospital discussion point.

3 MEMBER POSTON: Would that fall
4 under the 250 day rule, like for candy
5 strippers?

6 DR. NETON: Anyone who would be in
7 the SEC would have to demonstrate 250 days
8 employment at Oak Ridge Hospital during the
9 covered period.

10 MEMBER POSTON: Now they are not
11 employed. They are volunteers.

12 DR. NETON: Well, they would have
13 to have worked or whatever the definition.

14 CHAIRMAN LOCKEY: Well when you
15 think about a hospital you could say anybody
16 involved in patient care. Candy strippers
17 would fit into that category because they
18 actually can go into patients' rooms.

19 MR. ELLIOTT: I think it is a DOL
20 eligibility question. In other words, is a
21 candy striper eligible to file a claim, and

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1 their DOL lawyers would have to weigh in on
2 that eligibility issue as non-employed versus
3 a volunteer.

4 DR. NETON: I just raised it
5 because it was an issue, and I think it will
6 be.

7 DR. MAKHIJANI: I just wanted to
8 comment. Well, it is not directly an SEC
9 question, but Jim Neton has raised an example
10 of Bethlehem Steel in that regard because you
11 don't know who worked. And undoubtedly the
12 number of people who worked in that uranium
13 mill, and I agreed with Jim's comment, maybe
14 not on the record before, but I agree with
15 Jim's comment and a lot of the workers have
16 made this observation themselves, at least
17 some have, that the whole universe of
18 Bethlehem Steel workers, which was much, much
19 bigger than what we know was the universe of
20 workers who worked in that mill but there's no
21 way to separate them. So a secretary or a

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1 worker at Bethlehem Steel who never entered
2 the building is also eligible for dose
3 reconstruction.

4 MR. ELLIOTT: It is not an SEC.

5 DR. MAKHIJANI: From an employment
6 point of view, it would seem to me to be a
7 completely parallel situation.

8 MR. ELLIOTT: Which is a DOL
9 determination.

10 DR. MAKHIJANI: yes.

11 MR. ELLIOTT: DOL in the Bethlehem
12 Steel incidence, decided that the whole
13 facility was covered, rather than that one
14 rolling mill, because they could not place
15 people throughout the site.

16 DR. MAKHIJANI: Exactly.

17 MR. KATZ: Well what the Board can
18 do is it can make a recommendation. If it can
19 carve out populations there that it believes
20 have no potential for exposure, you certainly
21 can specify that in your recommendation. But

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1 you ought to be able to identify those
2 populations into three groups.

3 DR. NETON: That is the point. It
4 is more than that. I mean, one could say, one
5 could carve out definitions of people who were
6 exposed and working with radioactive
7 materials, but in principle or in practice,
8 it's been our observation that it is not
9 possible to adjudicate that.

10 MEMBER SCHOFIELD: Let me just
11 throw out one example where you are having
12 some of that problem. Los Alamos, for I don't
13 know how many years, we had policies that the
14 workers up in the cafeteria twice a day
15 brought cigarettes and coffee down to us, into
16 the hot areas. So twice a day, they were in
17 the hot area. You know, and yet by definition
18 of their work and their location, they worked
19 in a cold area.

20 DR. NETON: Well and you will see
21 this at the next Board meeting, we are

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1 changing our definition of the covered class
2 at Hanford. We originally had it carved out
3 to be the 100, 200 areas and such. And we
4 have determined now that there is enough
5 people that moved between all those facilities
6 on a fairly routine basis that it is just not
7 possible to slice the salami that thin, so to
8 speak. So we are changing our definition to
9 be all people who worked at the Hanford
10 facility.

11 CHAIRMAN LOCKEY: All people.

12 DR. NETON: All workers at the
13 Hanford facility through 1972.

14 MR. ELLIOTT: That will capture,
15 that new revised definition for this 8314,
16 will capture those people who worked at the
17 federal building in downtown Richland but
18 found themselves traveling out on assignment
19 into the 200, 300 areas. And we learned from
20 DOE that they had no way of identifying who
21 those individuals are or how many days they

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1 spent out there or when they went out there,
2 They can't even speak in detail about their
3 assignment loads.

4 DR. MAKHIJANI: And I am sort of
5 glad to get this advanced -- but this is
6 something that also popped up, as you know, in
7 our interviews. Actually some site workers
8 have inter-area records, but it is a tough
9 question to actually put a boundary on. Very.

10 DR. NETON: And that is analogous
11 to this situation where it would be very
12 difficult to say who was actually in an
13 operating room or walked by a patient and
14 served them lunch or breakfast, that sort of
15 thing.

16 DR. MAKHIJANI: I would imagine
17 that here it would be more difficult than
18 Hanford, actually. There were controlled
19 areas. There were log books. There were
20 entry -- you know, there were more than you
21 would expect there to be, they were more

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1 controlled. 100

2 MEMBER SCHOFIELD: I have a
3 question for you. How is DOL going to handle,
4 just like somebody brought up, the candy
5 strippers, the Pink Ladies, or some of these
6 volunteers who were not paid?

7 MR. ELLIOTT: Well that goes --
8 that is a determination that DOL has to make
9 on eligibility to file a claim.

10 For example, at INL, I know that
11 they have turned down claims for the soda pop
12 delivery guy. Because he came onsite and he
13 went around to the different places on site
14 where he filled up the machines, he filed a
15 claim. But they said he is not an employee on
16 the site. So you know, if you want a better
17 explanation than I can give you, you need to
18 talk to DOL.

19 MEMBER SCHOFIELD: Yes, because I
20 would be interested.

21 MR. ELLIOTT: When and where they

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1 apply and how they apply the eligibility and
101
2 determination.

3 MEMBER SCHOFIELD: I mean, it would
4 be very possible for some of these candy
5 strippers or what they called Pink Ladies to
6 have more than 250 days in that facility.

7 MR. ELLIOTT: And do patient care.

8 MEMBER SCHOFIELD: And do patient
9 care, but they are not employed.

10 DR. NETON: Well that is a
11 question. The Department of Labor will be at
12 the Board meeting.

13 MR. ELLIOTT: You can ask that
14 question. I mean, interns have been another
15 subject of this eligibility question. You
16 know, people that may not be employed directly
17 but have an internship where they are on a
18 stipend or they are not even on a stipend.
19 They just get the educational experience. And
20 I would have to ask DOL how they would handle
21 that.

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1 MEMBER SCHOFIELD: I would ^{be}₁₀₂
2 interested to know.

3 MR. KATZ: My point and my comment
4 for this is that Jim raised the issue that
5 some members on the full Board had concerns
6 about the definition. So it seems like this
7 Work Group needs to come to a recommendation
8 regarding that, if that is that there is no
9 way to slice and dice this, that's a fine
10 recommendation, whatever it might be. But it
11 seems like you need to report back to the
12 Board on that issue so that the Board can put
13 that to bed.

14 CHAIRMAN LOCKEY: All right. It is
15 on the table. So, you know, Oak Ridge
16 Hospital itself, there was no internal
17 monitoring done. So if we just look at Oak
18 Ridge Hospital in itself and there is no
19 internal monitoring data available and not
20 consider the cross-over issues, what would be
21 the population?

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1 MEMBER POSTON: You mean in ^a₁₀₃
2 number?

3 CHAIRMAN LOCKEY: Who would have
4 the potential? Who would be covered as an
5 employee or as a contractor or a
6 subcontractor? Just looking at Oak Ridge
7 alone as a stand-alone facility and not taking
8 into consideration the cancer hospital.

9 So nurses, nursing assistants,
10 LPNs, housekeeping, orderlies, lab techs,
11 radiology technicians, OR technicians,
12 maintenance, kitchen. What are we missing
13 here?

14 DR. HUGHES: They had a clinical
15 laboratory.

16 CHAIRMAN LOCKEY: Physicians, lab
17 workers, laboratory workers. We have
18 maintenance. Morticians, okay. Who else
19 worked in a hospital? How about
20 administrator?

21 MEMBER POSTON: No, they never get

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1 any. 104

2 CHAIRMAN LOCKEY: How about the
3 administrative staff?

4 DR. NETON: You can't tell. I
5 mean, people could argue that they were
6 administrative but they did walk through tours
7 of areas. I don't know. It would be hard to
8 say.

9 CHAIRMAN LOCKEY: I would say -- I
10 would probably say yes. I mean, again, is it
11 biologically plausible that if they get a
12 cancer that it is related to this? No, it is
13 not. But that is not the playing field we are
14 on here. It has to do with how the law is
15 written and what we have to deal with.

16 But I think we should keep it as
17 people that are -- I don't think we should
18 include volunteers. I think the volunteer or
19 the people that come in and deliver soda pop
20 or deliver food, who are coming in and out of
21 the hospital making deliveries, shouldn't be

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1 included. 105

2 MEMBER SCHOFIELD: I wouldn't
3 include them either.

4 CHAIRMAN LOCKEY: So I think we
5 should include these are people that are paid
6 employees of the facilities.

7 DR. NETON: It would also include
8 subcontractors, though.

9 CHAIRMAN LOCKEY: Subcontractors. I
10 would agree with that.

11 DR. NETON: And the Department of
12 Labor's job would be to determine if those
13 subcontractors had sufficient time in the
14 class. So we may have refrigeration mechanics
15 or those type of people that come in. They
16 would have to demonstrate 250 days of
17 occupancy or work history.

18 CHAIRMAN LOCKEY: I don't
19 particularly feel comfortable making a list.

20 DR. NETON: Any list you make is --

21 CHAIRMAN LOCKEY: I don't feel

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1 comfortable doing that. But just thinking¹⁰⁸
2 about it, I don't see anybody I would exclude,
3 offhand. I can't really pinpoint somebody.

4 MEMBER PRESLEY: Well people who
5 work in the pharmacy, you know, --

6 CHAIRMAN LOCKEY: They may be
7 mixing this stuff together.

8 MEMBER PRESLEY: I find that hard
9 to believe --

10 CHAIRMAN LOCKEY: I do, too, but --

11 MEMBER PRESLEY: -- if they let the
12 pharmacy people mix up the hot isotopes in the
13 same pharmacy that they are mixing the
14 medicines.

15 One of the things that I am going
16 to do is continue to see if I can't find
17 people that are still living in Oak Ridge that
18 may have worked there. I just haven't had a
19 chance to --

20 MEMBER ROESSLER: Bob?

21 MEMBER PRESLEY: Yes.

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1 MEMBER ROESSLER: This is Gen. ~~Are~~¹⁰⁷
2 you familiar with the 43 Club in Oak Ridge?
3 Apparently it still exists. People still
4 meet. And they are people who came there in
5 the '40s.

6 MEMBER PRESLEY: Yes. It is still
7 ongoing.

8 MEMBER ROESSLER: Is there any
9 possibility that you could contact or that
10 they would be having a meeting and you could
11 see whether that is a source?

12 MEMBER PRESLEY: There are some
13 people like Bill Wilcox and things like that
14 that I can contact and see if I can get some
15 names.

16 But I am going to be honest with
17 you. I have not had a whole lot of luck
18 finding many names that worked down there.
19 And I have not talked to anybody at Oak Ridge
20 Associated Universities to see if they have
21 got any type of roster for people that might

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1 have worked there. I presume, Lara, you have¹⁰⁸
2 done that to talk to them to see if they have
3 got any old rosters of who worked at the ORINS
4 back in the early years?

5 DR. HUGHES: We did contact them
6 extensively for both evaluation of both
7 facilities, looking for radiation monitoring
8 records. We didn't specifically look into
9 rosters, but I do believe they had quarterly
10 reports. ORINS quarterly reports had rosters
11 of names of people that worked there and in
12 what capacity they worked there.

13 MEMBER PRESLEY: Okay.

14 CHAIRMAN LOCKEY: Bob, I just heard
15 you say that you have another task that you
16 assigned yourself.

17 MEMBER PRESLEY: Well, I will look
18 there. I have got a few days, not many.

19 CHAIRMAN LOCKEY: Okay, so --

20 MEMBER PRESLEY: But I will look
21 and see if I can find some other people that

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1 might have worked there. 109

2 CHAIRMAN LOCKEY: And if we have it
3 by the 13th, great. If we don't have it by
4 the 13th --

5 MEMBER PRESLEY: Well, then you
6 don't.

7 CHAIRMAN LOCKEY: Okay, very good.
8 Going back to the definition of the
9 cohort. Any other suggestions about that?
10 Pharmacy? You raised a good point.
11 Pharmacists normally don't leave the pharmacy.
12 Do we exclude them. Do we say everybody but
13 the pharmacists?

14 DR. NETON: I don't know if there
15 was a nuclear medicine pharmacy there. I mean
16 they did administration of iodines and such.
17 I don't know why they would be segregated. I
18 don't know if there was a nuclear medicine
19 pharmacist specialist. I don't know.

20 DR. HUGHES: Somebody had indicated
21 to me that Abbott Labs was right across the

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1 street from the hospital -- 110

2 MEMBER PRESLEY: That is correct.

3 DR. HUGHES: -- and they got their
4 radioiodine from there. But where did they
5 store it once they got it to the hospital?

6 DR. NETON: Someone had to put it
7 in a syringe for injection and that sort of
8 thing. I don't know. I couldn't make a
9 judgment as to whether people in the pharmacy
10 were or were not exposed.

11 MEMBER PRESLEY: Yes, Abbott's
12 front door and ORINS's front door were
13 probably within 50 feet.

14 CHAIRMAN LOCKEY: All right. Any
15 other issues we have got to deal with?

16 (No response.)

17 CHAIRMAN LOCKEY: All right, so the
18 goal is if we can have to have a phone
19 conference in a few days on the 13th. Is that
20 the right date, the 13th?

21 MR. KATZ: Yes, 2:00.

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1 CHAIRMAN LOCKEY: And we will see
2 if we can wrap it up at that point. If we
3 can't, then we will report to the Board and
4 have another meeting subsequent to that.

5 Anything else we need to cover at
6 all?

7 (No response.)

8 CHAIRMAN LOCKEY: All right. I
9 guess we are done.

10 (Whereupon, at 11:04 a.m., the
11 foregoing proceeding was adjourned.)

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