

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

convenes the

MEETING 12

SUBCOMMITTEE FOR DOSE RECONSTRUCTION AND
SITE PROFILE REVIEWS

The verbatim transcript of the 12th
Meeting of the Subcommittee for Dose Reconstruction
and Site Profile Reviews held at the Westin
Casuarina, Las Vegas, Nevada, on Sept. 19, 2006.

C O N T E N T S

Sept. 19, 2006

WELCOME AND OPENING COMMENTS	8
DR. PAUL ZIEMER, CHAIR	
DR. LEWIS WADE, DESIGNATED FEDERAL OFFICIAL	
SUBCOMMITTEE CHARTER AND MEMBERSHIP	11
DR. PAUL ZIEMER, CHAIR	
INDIVIDUAL DOSE RECONSTRUCTION REVIEWS	21
- CLOSE ON 2 ND AND 3 RD	
- DISCUSS 4 TH	
- STATUS ON 5 TH AND 6 TH	
MR. MARK GRIFFON, ABRWH	
PROCEDURES REVIEW	52
MR. MARK GRIFFON, ABRWH	
WORKING GROUP ACTIVITIES	58
WORKING GROUP CHAIRS	
COURT REPORTER'S CERTIFICATE	60

TRANSCRIPT LEGEND

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

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

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

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

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

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

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

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

(By Group, in Alphabetical Order)

BOARD MEMBERSCHAIR

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

EXECUTIVE SECRETARY

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

MEMBERSHIP

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

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

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

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

POSTON, John W., Sr., B.S., M.S., Ph.D.
Professor, Texas A&M University
College Station, Texas

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

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

STAFF

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

SIGNED-IN AUDIENCE PARTICIPANTS

ANSPAUGH, LARISA
ANSPAUGH, LYNN, SC&A
BEATTY, EVERETT "RAY", SR., FERNALD ATOMIC CO.
BROEHM, JASON, CDC WASHINGTON OFFICE
BUCHANAN, RON, SC&A
CALLAWAY, ALLEN
CARMOUCHE, ROBERT, NTS
CHANG, C, NIOSH
CHEW, MELTON, ORAU
CLAYTON, DOROTHY
COMBS-CROFTON, SYLVIA, OCHA NTS
COOK, PATRICIA
ELLENBERGER, JIM, ORAU
ELLISON, CHRIS, NIOSH
EVASKOVICH, ANDREW K., INTERNATIONAL GUARDS
FITZGERALD, JOSEPH, SC&A
FUNK, JOHN R., AVV NEVADA
HINNEFELD, STUART, NIOSH
HOWELL, EMILY, HHS
HYATT, SALLY
JACQUEZ-ORTIZ, MICHELE, CONG. TOM UDALL
KOTSCH, JEFF, DOL
LEWIS, MARK, ATL
MAKHIJANI, ARJUN, SC&A
MARSHALL, KENNETH
MAURO, JOHN, SC&A
MCGOLERICK, ROBERT, HHS
MILLER, RICHARD, GAP
MINGUS, RICHARD, FSI-LLNL WSI
PAZ, DR. JACOB
PRESLEY, LOUISE S., WIFE OF ROBERT PRESLEY
RINGEN, KNUT, CPWR
ROBERTSON-DEMERS, KATHY, SC&A
ROGERS, KEITH, LAS VEGAS REVIEW-JOURNAL
ROHRIG, NORMAN
ROLFES, MARK, NIOSH OCAS
ROZNER, KATHLEEN, SEN. REID
RUIZ, HARRIET
SCHAEFFER, D. MICHAEL, SAIC
SHELL, LULA, AVV NEVADA

SMITH, BILLY P., MH CHEW AND ASSOCS.
STAUDT, DAVID, CDC
ULSH, BRANT, NIOSH
ZACCHERS, MARY JO, ORAU
ZIEMER, MARILYN

P R O C E E D I N G S

(9:00 a.m.)

WELCOME AND OPENING COMMENTSDR. PAUL ZIEMER, CHAIR

1 DR. ZIEMER: Good morning, everyone. I'm going to
2 call the meeting to order. This is a meeting
3 of the Subcommittee on Dose Reconstruction and
4 Site Profile Reviews. Again let me emphasize
5 it's a subcommittee meeting. The full Board
6 will not be meeting until this afternoon, so
7 just make sure you're aware of that.
8 Also I want to call attention to the fact that
9 about mid-morning, actually around 10:00 or
10 shortly thereafter, most of the members of this
11 subcommittee will have to depart from this
12 hotel because a portion of the work involves
13 some classified information and those on the
14 subcommittee who are Q-cleared -- that's not
15 the full subcommittee, but at least four of
16 these folks who are Q-cleared -- plus some
17 NIOSH Q-cleared people will have to depart to a
18 secure site in some secret location in Las
19 Vegas where they will be considering some
20 issues on classified information that relates

1 to some of the Board's deliberations. So we
2 will actually, from the point of view of the
3 public, it will be a recess at that point until
4 the full Board meeting after lunch.

5 So during this open session we're going to try
6 to cover most of the items on the agenda of the
7 subcommittee, which -- if you have not got
8 copies of the agenda, they are on the table, as
9 well as related documents that will be
10 discussed this morning and throughout the Board
11 meeting.

12 Also I do want to remind all present, if you
13 haven't already done so, please register your
14 attendance with us in the registration book
15 which is out in the foyer.

16 We're pleased to have a variety of folks here.
17 We know we will have other members of the
18 public as the full Board goes into session
19 later. There will also be opportunities for
20 public comment. Those are shown on the agenda.
21 I'd like to take just a moment and ask our
22 Designated Federal Official, Dr. Lewis Wade, if
23 he has any initial comments before we get
24 underway.

25 **DR. WADE:** Thank you, Paul, just very few.

1 Welcome, and I bring you welcome on behalf of
2 the Secretary and the Director of CDC, and
3 certainly John Howard, the Director of NIOSH,
4 who hopefully will join us for some of our
5 deliberations.

6 One slight addition to what Paul said. There
7 will be a group of people going to look at
8 classified material. That group will include
9 representatives of the Board's contractor,
10 SC&A, as well, and we wish them well in their
11 deliberations.

12 Just to be clear, this subcommittee as it
13 currently is constituted looks at dose
14 reconstructions and site profile reviews. It's
15 made up of all of the members of the Board.
16 This morning the subcommittee, and then later
17 in the week the Board, will be discussing
18 recasting this subcommittee to focus on dose
19 reconstruction and not be made up of members of
20 the Board -- all members of the Board, and
21 that's something we'll talk about more.

22 The Board is starting to do a great deal of its
23 work in working groups, so we have a full
24 Board, we have a subcommittee, we have a
25 variety of working groups. And the Board is

1 trying to best use its time when we come
2 together in meetings like this to allow for
3 workgroups to get together, do work in
4 anticipation of the Board meeting, and you'll
5 see some of that discussed now and I just
6 wanted to give you context on that.
7 So again, welcome. Thank you for coming. It's
8 very important that we do our business in the
9 public eye, and without you we couldn't do
10 that. So thank you for being here.

11 **SUBCOMMITTEE CHARTER AND MEMBERSHIP**

12 **DR. ZIEMER:** Thank you very much, Lew. We'll
13 proceed now with the agenda as it's specified.
14 The first item in fact being that which Lew
15 just described, and that is the makeup and
16 operation of this very subcommittee.
17 The Board had a telephone meeting, a public
18 telephone meeting last month on August 8th, at
19 which time the Chair proposed restructuring of
20 the subcommittee and in fact we at that time
21 had a -- an early draft of what that recasting
22 or reorganization of the subcommittee would be.
23 And that, Board members, is the Tab One --
24 subcommittee members, let me call you by your
25 right title this morning, is Tab One in your

1 booklet. I promised you a cleaned-up copy from
2 the -- from the version that we had available
3 during our telephone meeting, and this is it.
4 You all received this by e-mail about a week
5 ago and hopefully have had an opportunity to
6 review it.

7 I would like to point out that the main
8 difference between this new subcommittee
9 charter and the existing one is -- there --
10 there are two main differences. The first is
11 that the original subcommittee was given the
12 responsibility of reviewing both dose
13 reconstructions and site profiles. Over the
14 past roughly two years we have moved to a mode
15 where we actually have a number of separate
16 working groups addressing the site profiles,
17 because it's an extensive job and each -- each
18 site profile that is prepared now by NIOSH --
19 or at least certainly the major ones -- there
20 is a working group that works together with the
21 Board's contractor to do the site profile
22 reviews. So this subcommittee then would no
23 longer have the responsibility of the site
24 profile reviews and would focus then mainly on
25 the dose reconstruction reviews.

1 The second change is that rather than naming
2 the full Board as the members of the
3 subcommittee, which we did originally thinking
4 it would be more flexible, we decided to
5 specify the particular individuals on the Board
6 who would in fact constitute the subcommittee.
7 And that would be a chairman and three other
8 members, plus two alternates.

9 At the August 8th meeting we named some names
10 for potential members of that subcommittee. At
11 that time there was some -- I don't want to
12 call it confusion, but some uncertainty about
13 the status of Board member Wanda Munn in terms
14 of whether or not her term in office would be
15 renewed, as it were, and it was uncertain at
16 that time so, although she had been an active
17 member of the -- of the subcommittee prior to
18 that meeting, at that time we weren't in a
19 position to include her in the consideration of
20 names. We now know for sure she's back -- and
21 incidentally, welcome back Wanda Munn. We're
22 not sure if it's welcome back or if you were
23 always a continuing member. It's been
24 uncertain, but either --

25 **MS. MUNN:** And I can't shed light on that,

1 either.

2 **DR. ZIEMER:** -- either way, we're pleased that
3 you're able to continue another term with this
4 Board.

5 **MS. MUNN:** Thank you.

6 **DR. ZIEMER:** And with -- with that in mind, if
7 I might suggest, Board members, if -- or
8 subcommittee members, if you would look at page
9 3 of the document and based on our discussion
10 on the telephone and the fact that Wanda Munn
11 is indeed present, I'd like to suggest a
12 modification in the document as we consider it.
13 This is based on the original plan and the --
14 Mark Griffon as Chair, Mike Gibson -- the third
15 name actually I had my -- in comparing our
16 notes, I had inadvertently put down the wrong
17 name. The third name should be John Poston.
18 Dr. Poston was on the phone conversation,
19 agreed to. For some reason I had jotted down
20 Melius. I -- I can tell you apart, John, but -
21 -

22 **DR. POSTON:** I'm the quiet one.

23 **DR. ZIEMER:** Yeah. And then originally we
24 would have had Wanda Munn in there. We
25 actually replaced her name with Robert Presley

1 because of that, so my suggestion is is that we
2 return to the original plan, and that would be
3 to include Wanda Munn, if -- if Mr. Presley's
4 agreeable to that.

5 **MR. PRESLEY:** That's fine.

6 **DR. ZIEMER:** And -- and then the -- the
7 alternates that were named -- Gen Roessler was
8 an alternate and actually originally I believe
9 Brad Clawson, you were also in the phone
10 conversation, enlisted as an alternate. So --
11 and then our Designated Federal Official, Lewis
12 Wade. So if that's agreeable, without
13 objection, that would be the list of names.

14 **DR. WADE:** Let me just read it so that we're
15 all clear. It would be Mark Griffon as Chair,
16 members would be Michael Gibson, Wanda Munn and
17 John Poston, alternates Robert Presley and Brad
18 Clawson.

19 **MR. GRIFFON:** Alternate --

20 **DR. ZIEMER:** That is correct.

21 **MR. GRIFFON:** Oh, I thought Gen Roessler --

22 **MS. MUNN:** Gen Roessler.

23 **DR. ZIEMER:** Gen Roessler would -- Gen Roessler
24 -- who did you list? And Brad Clawson. Did
25 you list?

1 **DR. WADE:** I had listed Robert Presley. The
2 orig-- well --

3 **DR. ZIEMER:** Oh, that's right. I -- I think
4 Gen had volunteered, but -- that's right.

5 **DR. WADE:** When Robert stepped up to take
6 Wanda's place, Gen stepped up to --

7 **DR. ROESSLER:** To take her -- so I should be
8 after --

9 **DR. WADE:** Right.

10 **DR. ROESSLER:** -- after Bob.

11 **DR. WADE:** Right. So that was the sense. It
12 would be Presley/Clawson as alternates.

13 **UNIDENTIFIED:** (Off microphone)

14 (Unintelligible)

15 **DR. WADE:** Okay, one more time. Griffon,
16 Chair; Gibson, Munn, Poston as members;
17 alternates Presley, Clawson.

18 **DR. ZIEMER:** That is correct.

19 **DR. WADE:** Okay.

20 **DR. ZIEMER:** So with those changes,
21 subcommittee members, I think since this was
22 agreed to or at least a draft of this was
23 agreed to, I think we can consider this a
24 motion before the subcommittee, and we would
25 need to make a recommendation to the full

1 Board.

2 Discussion? Brad Clawson.

3 **MR. CLAWSON:** I have a question. On the very
4 first page, maybe I'm just reading this wrong,
5 but where it says "a reasonable sample" --

6 **DR. ZIEMER:** Repeat into the mike --

7 **MR. CLAWSON:** Sorry.

8 **DR. ZIEMER:** -- we're not picking you up.

9 **MR. CLAWSON:** I'll do it. Okay?

10 **THE COURT REPORTER:** Can I just say something
11 real quick? You need to have your microphones
12 as close as Dr. Ziemer and Dr. Wade have theirs
13 'cause -- they just need to be close to you.
14 You've got to speak into them. Okay?

15 **MR. CLAWSON:** Okay. My question is is on the
16 purpose of this, at the very beginning this --
17 about the third line down you have "very a
18 reasonable sample," I'm -- that's --

19 **DR. ZIEMER:** It's a typo.

20 **MR. CLAWSON:** I believe that's a typo 'cause
21 it's -- I'm having a hard time understanding
22 that. I know I'm from Idaho, but what's --
23 what's that supposed to be in there?

24 **MR. PRESLEY:** Is it "verify"?

25 **DR. WADE:** Verify would make sense to me, but

1 we'll -- we'll look at the charter --

2 **DR. ZIEMER:** It's -- yes, requirement to verify
3 a reas-- it should be verify.

4 **MR. CLAWSON:** Okay.

5 **MR. GRIFFON:** Thanks.

6 **DR. WADE:** Had a lot of the letters right.

7 **DR. ZIEMER:** Only an "if" missing. Okay, other
8 comments or questions?

9 **DR. WADE:** I'm required to make a comment.

10 There are new procedures that govern
11 subcommittees, and it really won't affect this
12 Board, but the -- the decision on chartering a
13 subcommittee and disbanding a subcommittee
14 really needs to be made by the Secretary. So
15 what I'll do is I'll take your work and I'll
16 bring it to the Secretary as a recommendation,
17 with every expectation that the Secretary would
18 act consistent with your recommendation.

19 The only new intellectual content I'll need to
20 develop for that is that I'll have to tell the
21 Secretary why the full Board can't do what the
22 subcommittee is being chartered to do. And
23 what I'll tell the Secretary, if you agree, is
24 that this subcommittee will do very detailed
25 work. And I think it's much more efficient to

1 have that work done by a small group in a
2 subcommittee setting, and then bring that work
3 to the Board to -- to comment upon. I don't
4 think it serves us to have this detailed level
5 of work done by the full Board, and that's the
6 reason I'll give the Secretary. But I would
7 expect that the recommendation I bring forward,
8 based upon what you say here, will be approved
9 and I'll let you know that as soon as it has
10 been approved.

11 **DR. ZIEMER:** Thank you. Yes, and that's
12 exactly right because as we've developed our
13 review procedure over the year -- several years
14 that we've been at this, the development of the
15 matrix and the resolution of issues through the
16 matrix not only is fairly detailed, but also is
17 more time-consuming and the subcommittee is
18 able to meet with NIOSH and our contractor in
19 between meetings to take care of those details.
20 I might also add that all subcommittee meetings
21 are open to the public. They are announced in
22 the *Federal Register*, so in that sense there is
23 not a difference from a regular Board meeting.
24 It simply involves fewer people and the
25 opportunity to carry out the more detailed

1 work.

2 Brad, did you have an additional comment?

3 **MR. CLAWSON:** No, sorry.

4 **DR. ZIEMER:** Okay. Other comments or
5 questions?

6 (No responses)

7 So if the subcommittee recommends to the full
8 Board that this new charter be adopted, the
9 charter would -- Lew -- Lew would transmit this
10 in the appropriate form and it actually goes as
11 a kind of memo and would go to the Secretary
12 for his approval and action.

13 Are we ready to act then on this document?

14 (No responses)

15 Any further comments or questions?

16 (No responses)

17 Okay. Those in favor please say aye.

18 (Affirmative responses)

19 Those opposed, no.

20 (No responses)

21 And any abstentions?

22 (No responses)

23 The motion carries, and this will be a
24 recommendation for the Board at our regular
25 meeting later in the -- in the week.

1

INDIVIDUAL DOSE RECONSTRUCTION REVIEWS

- **CLOSE ON 2ND AND 3RD**
- **DISCUSS 4TH**
- **STATUS ON 5TH AND 6TH**

2

Next we come to individual dose reconstruction reviews. And Mark has been really spearheading this effort. Mark, why don't you take it from here.

3

4

5

6

MR. GRIFFON: Yeah, we -- we -- at the August 8th phone call meeting we had a draft of a letter. It's under the second tab of the handout, I believe -- it's probably available on the --

7

8

9

10

11

DR. ZIEMER: Yes.

12

MR. GRIFFON: -- as well --

13

DR. WADE: Right.

14

MR. GRIFFON: -- which summarizes the findings for the second and third set of case reviews, which would be cases number 20 through 60, I believe.

15

16

17

18

DR. ZIEMER: Twenty-one.

19

MR. GRIFFON: Twenty-one, I'm sorry -- 21

20

through 60. And the -- I -- I offered a draft of this letter at the August 8th meeting on the phone call, probably sent it to the Board hours before the phone call so really nobody had a

21

22

23

1 chance to review it much. I -- since then I
2 sent out one -- this is a slightly revised --
3 and I can point out -- the only revision was in
4 -- on page 3 under the third item. I changed
5 the last sentence based on a comment that I
6 received from -- from NIOSH from Stu Hinnefeld.
7 So Stu's -- Stu's reviewed this letter and --
8 and basically expressed to me that he's
9 comfortable with -- that -- that it reflects
10 our discussions and our workgroup process in --
11 in finalizing these findings and -- with --
12 with that change, and I did incorporate a
13 slight change that basically says that the TIB-
14 8 and TIB-10 were -- were consistently
15 misinterpreted. I think prior to this I had a
16 different description of that but -- but I -- I
17 think he's absolutely right in that change, so
18 we made that change and that's the only thing
19 that's been changed in this letter.

20 The matrices I just sent -- I -- I think I e-
21 mailed the matrices, as well, but they -- they
22 were not changed from the last set of matrices
23 that you all received, so nothing's changed
24 with those.

25 And then we added -- Stu Hinnefeld did send

1 this table to me, which just is a description
2 of the cases that we reviewed, to be included
3 with the letter. So that's really where we're
4 at with that. I'm hoping that we can close out
5 this on the subcommittee level and offer it as
6 a motion to the Board as well.

7 That's all I have.

8 **DR. ZIEMER:** Okay. So what we would need from
9 the subcommittee is action on this document
10 that would be the letter report to the
11 Secretary. Accompanying this report there
12 would be four attachments. Attachment 1 would
13 be a description of the 40 cases --

14 **MR. GRIFFON:** Right.

15 **DR. ZIEMER:** -- and that description gives
16 information on the -- the type of cancer, the -
17 - well --

18 **MR. GRIFFON:** It's in there, too.

19 **DR. ZIEMER:** Yeah, there it is.

20 **MR. GRIFFON:** POC of the cancer model --

21 **DR. ZIEMER:** Right.

22 **MR. GRIFFON:** -- the facility and years worked
23 and decade worked. These are some of the
24 parameters that we've been basing our selection
25 of the cases on, so we thought it would be good

1 to -- we'd put that in the letter.

2 **DR. ZIEMER:** That would be Attachment 1.

3 Attachment 2 is a -- that would be SC&A's table
4 that enumerates their findings. The third
5 attachment is the -- the matrix itself and the
6 resolution of all of the items -- help me
7 remember, did we agree to all those in the
8 phone call or --

9 **MR. GRIFFON:** I -- I believe -- yeah, I believe
10 we -- we closed out all the matrix items.
11 Several of them -- I think we -- we have to
12 still maybe --

13 **DR. ZIEMER:** Follow up on them.

14 **MR. GRIFFON:** -- examine more -- Stu Hinnefeld
15 put together the -- the actions that NIOSH --
16 the tracking of those actions --

17 **DR. ZIEMER:** Right.

18 **MR. GRIFFON:** -- and I think we have to --

19 **DR. ZIEMER:** Right.

20 **MR. GRIFFON:** -- go through those with NIOSH.

21 **DR. ZIEMER:** And then --

22 **MR. GRIFFON:** As far as the matrix items --

23 **DR. ZIEMER:** Right.

24 **MR. GRIFFON:** -- I think they -- everybody
25 agrees they --

1 **DR. ZIEMER:** Right.

2 **MR. GRIFFON:** -- reflect --

3 **DR. ZIEMER:** And then the fourth item is simply
4 a description of how the Board evaluates and
5 what -- what the numbers in the matrix mean,
6 the Board actions one through seven. So those
7 are the four documents that are attachments.
8 So the main action here then is to approve this
9 as a report to the Secretary on the second 20
10 and third 20, which we're basically putting
11 together as one report.

12 **DR. POSTON:** Mr. Chairman?

13 **DR. ZIEMER:** Yes, sir, John.

14 **DR. POSTON:** In my book there's only one
15 attachment. Are we going to be able to see the
16 others?

17 **DR. ZIEMER:** Yes, the matrix as was described
18 has been distributed --

19 **MR. GRIFFON:** These have been --

20 **DR. ZIEMER:** -- to the Board by Mark, I think
21 prior to the phone meeting. Right?

22 **MR. GRIFFON:** Yeah, I e-mailed the matrices and
23 the letter, I believe, so -- and they're -- I
24 see copies here --

25 **DR. POSTON:** Okay.

1 **MR. GRIFFON:** -- so they must be --

2 **DR. ZIEMER:** Are they here on the table?

3 **UNIDENTIFIED:** They were handed out
4 (unintelligible).

5 **MR. GRIFFON:** Yeah, they're not -- they're not
6 in the books, but they're -- yeah.

7 **DR. ZIEMER:** Yeah, they should be on the table
8 there.

9 **MR. GRIFFON:** And then the methodology is the
10 same attachment that we have for the first set
11 of cases, which I know that Paul has a copy of
12 somewhere.

13 **DR. WADE:** What I can do is see that all Board
14 members will have those materials before them
15 before they're asked to vote as a full Board.

16 **DR. ZIEMER:** Well, this has already been acted
17 on. And Table 1 is a -- there's not an action
18 required. It's simply a description of what
19 cases were handled. The third one is simply a
20 description identical to the previous report of
21 how the Board does its rating.

22 **DR. WADE:** I'll get that to them.

23 **DR. ZIEMER:** And then -- but what we -- the
24 other thing we do need is the -- the SC&A table
25 which basically, item by item, shows up as the

1 matrix items. And in the SC&A table they also
2 indicate whether the --

3 **UNIDENTIFIED:** Sir, this --

4 **DR. ZIEMER:** -- finding is a low, medium or
5 high --

6 **UNIDENTIFIED:** -- is a conference coordinator.
7 Is anybody calling from the --

8 **DR. ZIEMER:** -- significance in terms of its --

9 **UNIDENTIFIED:** -- (unintelligible) line?

10 **DR. ZIEMER:** -- potential for affecting
11 probability of --

12 **UNIDENTIFIED:** Hello? Is anybody on the --

13 **DR. ZIEMER:** -- causation.

14 **UNIDENTIFIED:** -- line from (unintelligible)?

15 **DR. ZIEMER:** And I believe that table showed up
16 in two parts -- I'm looking to see if Kathy's
17 here, but that should -- that table basically -
18 -

19 **UNIDENTIFIED:** I'm not sure if (unintelligible)
20 --

21 **DR. ZIEMER:** -- is in your SC&A reports --

22 **UNIDENTIFIED:** -- but the guy that's talking is
23 calling from Las Vegas right now. I would
24 assume that's --

25 **DR. ZIEMER:** -- which the Board -- the Board

1 has also had for quite some time. And again
2 that doesn't require an action. It's simply an
3 SC&A report.

4 **UNIDENTIFIED:** (Unintelligible) number so I can
5 have his (unintelligible) --

6 **DR. ZIEMER:** John Mauro.

7 **DR. MAURO:** Hans and Kathy -- Hans and Kathy
8 will not be here, they --

9 **DR. ZIEMER:** That mike may not be on, John.
10 Start again.

11 **UNIDENTIFIED:** (Unintelligible) people to hear.
12 They're not close to the (unintelligible) --

13 **DR. MAURO:** This is John Mauro.

14 **UNIDENTIFIED:** -- or something. They're not
15 close to the phone where you can hear it real
16 well.

17 **DR. MAURO:** Yes, I believe --

18 **UNIDENTIFIED:** I was trying to alert that line
19 -- whoever's on that line to speak up.

20 **DR. MAURO:** -- everything up through
21 (unintelligible) --

22 **DR. BEHLING:** This is also Hans Behling, and I
23 can also not hear anything that's going on --

24 **DR. ZIEMER:** Okay, Hans is on the phone and --
25 Kathy there, too -- but you can't hear

1 anything.

2 **UNIDENTIFIED:** (Unintelligible) and they can't
3 hear anything at all.

4 **DR. ZIEMER:** Hans, can you hear me?

5 **UNIDENTIFIED:** (Unintelligible) going on, if
6 they realize that or not.

7 **DR. ZIEMER:** Obviously not.

8 **DR. WADE:** We'll work on that.

9 **MR. GRIFFON:** At any rate, those -- those were
10 the execu-- we're planning on including the
11 executive summaries from the two SC&A reports
12 on the second and third set as -- you know, in
13 the attachments.

14 **UNIDENTIFIED:** The only thing I can do
15 (unintelligible) --

16 **MR. GRIFFON:** We should piece it all together
17 so --

18 **UNIDENTIFIED:** -- disconnect their line and
19 call back in. I don't know what --

20 **MR. GRIFFON:** -- everybody can see it as one
21 big package, is what you're suggesting -- yeah.

22 **DR. WADE:** Yeah, that's what --

23 **MS. HOMOKI-TITUS:** I'm sending an e-mail to
24 some of the people who are there right now to
25 try to get them --

1 **UNIDENTIFIED:** Okay, that --

2 **UNIDENTIFIED:** We can't hear anyway, so if you
3 want to disconnect -- if it helps it work.

4 **DR. ZIEMER:** I don't know whose voices we're
5 hearing.

6 **DR. WADE:** I recognized Liz's. If you can hear
7 me, don't disconnect. Can you --

8 **UNIDENTIFIED:** (Unintelligible) to let them
9 know?

10 **DR. WADE:** -- solve the problems of the people
11 on the phone?

12 **UNIDENTIFIED:** (Off microphone)
13 (Unintelligible)

14 **DR. WADE:** He's --

15 **UNIDENTIFIED:** Do you want me to go ahead and
16 disconnect that line then --

17 **DR. ZIEMER:** Okay.

18 **UNIDENTIFIED:** -- or just leave it?

19 **MR. GIBSON:** Whatever you think would be the
20 best, just --

21 **MS. HOMOKI-TITUS:** Leave it for right now. Let
22 me see if I can get ahold of somebody in the
23 room. I'm going to call them.

24 **UNIDENTIFIED:** Okay.

25 **DR. ZIEMER:** Thank you. Let me suggest the

1 following, John, if this is agreeable. We will
2 -- we need a recommendation for the Board on
3 this -- on the report letter, so this will come
4 up on the Board agenda later this week as well.
5 And if we could make sure that Board members
6 have copies of the related documents, just for
7 completeness of action, we'll do that.

8 **DR. POSTON:** It's a little hard for us rookies
9 to know what we get by e-mail and what -- how
10 it all fits together.

11 **DR. ZIEMER:** Right. Actually it's pretty hard
12 for -- for the rest of us, too, to fit it all
13 together. But that -- that will be the package
14 and what we're asking now is a recommendation
15 on this cover letter report, and I will take it
16 as a -- as a motion before us. Wanda Munn.

17 **MS. MUNN:** Because the things that we send may
18 truly need to be considered individual
19 submissions, all on their own merit, and
20 because our paragraph in this letter is not
21 very clear about how we do define low level,
22 medium, et cetera -- and I can understand for
23 the reasons of brevity that it would not be --
24 but I know, speaking as an individual,
25 receiving a large packet of material with

1 several different items in it makes it very
2 unlikely that I'm not going to carefully read
3 each one of the items. Because it is, in the
4 view of many I think, important to convey the
5 idea that, of these cases that we have
6 reviewed, this large number of low level
7 deficiencies indicates that they really had
8 little or no effect on either that individual's
9 POC or on more extensive applications,
10 including those words -- I realize it makes
11 this particular item a little more wordy, but
12 in my view it clarifies and would be beneficial
13 to --

14 **MS. HOMOKI-TITUS:** I don't know if anybody's
15 still on, but they said they're working on the
16 problem.

17 **MS. MUNN:** -- to the recipient --

18 **MR. GIBSON:** Okay, thanks.

19 **MS. MUNN:** -- to have that spelled out a little
20 more clearly, because this is a -- the largest
21 number of the findings is essentially low
22 level, minor issues --

23 **DR. ZIEMER:** Right.

24 **MS. MUNN:** -- that really don't affect either
25 the individual's case or broader applications.

1 **DR. ZIEMER:** Right. Okay. Other comments?

2 **MR. GRIFFON:** Are -- are you suggesting a
3 specific line where --

4 **MS. MUNN:** I'm -- I'm --

5 **MR. GRIFFON:** -- where that could be changed,
6 Wanda?

7 **MS. MUNN:** Yes. Yes, I am. Where we say -- in
8 the fourth paragraph --

9 **DR. ZIEMER:** Page?

10 **MS. MUNN:** -- on page 2, summary of findings
11 impacting estimates of individual doses, there
12 where we say (reading) The majority of
13 deficiencies, 131 of 147, were low level
14 deficiencies with little or no effect on the
15 individual POC or other, more extensive
16 applications.

17 I think those words simply clarify that low
18 level really means exactly what it says --

19 **DR. ZIEMER:** Okay, let's see --

20 **MS. MUNN:** -- that it would not have affected
21 the outcome of --

22 **DR. ZIEMER:** The suggested -- and I -- I think
23 I'll declare it to be a friendly amendment,
24 unless someone objects, the suggestion is to
25 add the words "with little or no effect on the

1 individual POCs" --

2 **MS. MUNN:** "On either the individual POC or
3 other, more extensive applications."

4 **MR. GRIFFON:** More extensive applications,
5 which (unintelligible). That's my question.

6 **DR. ZIEMER:** What -- what is that last phrase
7 again?

8 **MR. GRIFFON:** Yeah.

9 **DR. ZIEMER:** "Or other, more..."

10 **MS. MUNN:** "Or other, more extensive
11 applications" or perhaps "other, broader
12 applications." The point I'm trying to make
13 is neither in this individual case nor --

14 **DR. ZIEMER:** Oh --

15 **MS. MUNN:** -- in other cases --

16 **DR. ZIEMER:** -- other individual --

17 **MS. MUNN:** -- would this --

18 **DR. ZIEMER:** On the individual POCs or on the
19 dose reconstruction process --

20 **MS. MUNN:** Correct.

21 **DR. ZIEMER:** -- is what you're talking about --

22 **MS. MUNN:** Correct.

23 **DR. ZIEMER:** -- as a...

24 **MR. GRIFFON:** Yeah. I mean I -- I can see your
25 point on the first part. I think the second

1 part sort of -- sort of is in disagreement with
2 what we were saying -- in the matrix, anyway,
3 that there are, you know, several findings that
4 could have had a broader effect, you know,
5 beyond one individual case. They may not have
6 affected that case as -- as we've discussed at
7 length in this process.

8 (Audio interference)

9 Yeah.. They -- yeah, most of these were --
10 were worst-case estimates or overestimating
11 techniques or underestimating techniques, so
12 the likelihood that the finding affected those
13 cases was -- was probably not likely, but some
14 of them -- some of them at least potentially
15 impacted a broader number of cases within that
16 site that we were reviewing or program-wide, so
17 I think that's why we tried to reflect that in
18 our finding -- or matrix in the broader impact
19 ranking. And that next paragraph sort of
20 addresses that. There were a number more that
21 we felt were medium -- of medium significance,
22 not just low level significance, so I -- I just
23 am worried about your last phrase there, maybe
24 --

25 **DR. ZIEMER:** Mark is suggesting that the issue

1 --

2 (Audio interference)

3 -- it's really the issue of program-wide impact
4 and that -- that actually is handled in the
5 next paragraph, so perhaps --

6 **MS. MUNN:** Yes, and was --

7 **DR. ZIEMER:** -- let that last phrase -- or
8 perhaps not include that last phrase since it's
9 dealt with in the next paragraph.

10 **MS. MUNN:** That's --

11 **DR. ZIEMER:** Or -- or let me say it in a
12 different way. Mark I think is suggesting that
13 the fact that it has little or no effect on the
14 individual case --

15 **DR. BEHLING:** Mike?

16 **DR. ZIEMER:** -- (unintelligible) mean that --

17 **MR. GIBSON:** Yeah.

18 **DR. ZIEMER:** -- doesn't impact on the --

19 **DR. BEHLING:** Can you hear?

20 **DR. ZIEMER:** -- wider system.

21 **MR. GIBSON:** Just faintly hear a voice every
22 once in a while.

23 **DR. BEHLING:** Yes, so do I, so I guess the
24 problem has not been resolved. I was just --
25 wanted to be sure I wasn't the only one.

1 **DR. ZIEMER:** But you know, it may or may not
2 have a wider programmatic impact. Just because
3 it doesn't on that case doesn't mean it --

4 **MR. GRIFFON:** Right, right, because of the type
5 of cases we're reviewing I think and --

6 **MS. MUNN:** Most of those, however -- excuse me.
7 Were not most of those that did have potential
8 broader impact specifically categorized as
9 medium or high? My memory was that that was
10 one of the criterion we had used for
11 establishing medium or higher impact.

12 **MR. GRIFFON:** Well, if -- if you look at the
13 breakdown of the numbers, I mean we've been --
14 we've been through this matrix a lot, but 131
15 out of 147 were low level on the case ranking.

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

17 **MR. GRIFFON:** And if you look in the next
18 phase, 72 low level deficiencies were on the
19 broader ranking. So obviously there's quite a
20 few more medium -- several more were bumped up
21 to sort of the medium category. And a lot of
22 times it was because of the potential, and I
23 emphasize potential, impact on a broader number
24 of cases. It wasn't just a finding related to
25 a specific technical issue in the individual's

1 record. It was a finding that could have
2 impacted all the people from that site or all,
3 you know, DOE/AWE sites or something like that,
4 so it was considered a potential broader impact
5 so it had a higher broader ranking.

6 **DR. ZIEMER:** Perhaps --

7 **MR. GRIFFON:** I'm not disagreeing with the
8 first part of your statement, I just --

9 **MS. MUNN:** I understand.

10 **DR. ZIEMER:** Yeah, and perhaps since the
11 paragraph in question is one dealing with the
12 individual cases, maybe it would be sufficient
13 to point that out and just end -- end the
14 insert with "the POCs" and allow the next
15 paragraph to deal with that other sort of
16 system-wide issue.

17 **MS. MUNN:** No objection to that. This is
18 probably a slight difference in personal
19 perception of how rankings fall, in any case,
20 so I have no objection to that.

21 **DR. ZIEMER:** Well, I think -- and Mark has
22 suggested obviously some of the low ones for
23 individual cases have moved up to the medium
24 category.

25 **MS. MUNN:** Later, uh-huh.

1 **DR. ZIEMER:** Later.

2 **MS. MUNN:** Yes, uh-huh. I have no objection to
3 stopping at "POC".

4 **MR. GRIFFON:** The only thing I -- I mean I
5 think that -- that phrase with -- with like-- I
6 don't know if you had likely in there, maybe I
7 added this in -- "with likely little or no
8 effect on the individual POC" --

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

10 **MR. GRIFFON:** -- I know we've -- and -- in --
11 bringing back memories here, but I know we've
12 had this discussion before with SC&A and how
13 they -- how they reference this in their report
14 because they were not looking at POC in their
15 review. So I think we phrased it "with likely
16 little or no effect on the overall dose" or
17 some-- I think we want to be careful that
18 that's phrased consistently with the way we've
19 done it in the past and SC&A's executive
20 summary or whatever-- John, you're nodding
21 approval, I think. I think I'm right here,
22 huh?

23 **DR. MAURO:** Yes, we were trying to be very
24 careful not to go into the POC area and limit
25 our observations and findings and scoring more

1 toward the dose as it applied to a particular
2 case, whether or not it was important to that
3 case or perhaps might have general
4 applicability. But no, I -- we -- you know,
5 with regard to the implication on a POC, from
6 very early on we were -- we -- in fact, we
7 originally offered that maybe we -- the high
8 end may have an implication, so we -- we were
9 careful to keep away from POC. I believe Hans
10 in fact might -- I didn't know that he might be
11 on the line. I -- if he is, I'd love to ask
12 him to --

13 **DR. WADE:** I think he's on but I'm not sure
14 he's hearing us at the moment.

15 **DR. MAURO:** I see. So the answer is -- is yes,
16 we're dealing with dose. And if it gets a low
17 score, it means really for that particular
18 case. But definitely for that particular case
19 it does not have a substantial or significant
20 effect in terms of changing the dose in any
21 significant way. It's just pointed out as a
22 quality issue. That is, they didn't actually
23 follow their procedures as they were laid out.
24 Now the --

25 **MR. GRIFFON:** I think that -- that's -- the

1 word you threw in there was one I was jotting
2 down, the significant effect. I think that
3 might --

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

5 **MR. GRIFFON:** -- we might want to put that --
6 significant effect upon the dose reconstruction
7 -- the individual's dose reconstruction. I
8 think we all agree that there is likely no --
9 little or no significant effect on the
10 individual's dose reconstruction. I think that
11 kind of phrase might work.

12 **MS. MUNN:** Or perhaps, if I might offer a
13 friendly amendment to my friendly amendment,
14 perhaps simply "with little or no effect on the
15 individual evaluation" -- "on the individual's
16 evaluation".

17 **MR. GRIFFON:** I think that might work.

18 **DR. ZIEMER:** How would you -- how about
19 "individual dose evaluation"?

20 **MS. MUNN:** Fine.

21 **MR. PRESLEY:** Or "case evaluation".

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

23 **MR. PRESLEY:** I think that clarifies it.

24 **MR. GRIFFON:** I think I'm happy with that last
25 -- yeah.

1 **DR. ZIEMER:** Okay, if there's no objection, the
2 friendly amendment will be to add the words
3 "with little or no effect on the individual
4 dose evaluation."

5 **MS. MUNN:** Right.

6 **DR. ZIEMER:** Other comments or questions on the
7 document?

8 (No responses)

9 Then we will vote on recommending this
10 document, as amended, to the Board for action
11 later in this week's meeting.
12 Those in favor say aye.

13 (Affirmative responses)

14 Those opposed, no?

15 (No responses)

16 Abstentions?

17 (No responses)

18 The ayes have it and the motion carries.

19 **DR. WADE:** If I might just go on record, I
20 believe Mike Gibson is -- who is not with us
21 this week for reasons of family health
22 considerations -- on the line and was trying to
23 vote. I would suggest, Dr. Ziemer, that we
24 secure Mike's vote on both of these issues --

25 **DR. ZIEMER:** Sure.

1 **DR. WADE:** -- when we make contact. I assume
2 that those out there on the telephone cannot
3 hear me at this point.

4 **DR. ZIEMER:** If you can hear Lew, please say
5 so.

6 **DR. WADE:** So we have to keep working on it.
7 Guys, we need to work on it.
8 Okay, they're working on it. They look very
9 capable to me.

10 **DR. ZIEMER:** Okay. Thank you. Mark, what
11 about the next -- actually there's 40 more
12 after that. Where do we stand on that, or can
13 we get an update from SC&A?

14 **MR. GRIFFON:** Yeah, I think just a -- you know,
15 a quick update on the fourth set, and I'll --
16 I'll just -- I'll try to describe the process,
17 where we stand, and John, you can check in.
18 But SC&A has delivered a report on this. We
19 had the Board calls with the individual teams,
20 how we've done it in the past, sort of followed
21 this six-step process -- and I don't remember
22 all six steps right now, but teams are formed
23 and -- and individual teams meet over certain
24 cases with SC&A, usually via the -- via the
25 phone. They go through the case reports that

1 SC&A has got. And then SC&A develops a matrix
2 with the findings, and these findings have been
3 provided to NIOSH. And at this point Stu has
4 indicated to us that, because of other
5 priorities -- some of them very obvious -- that
6 -- that we don't have full NIOSH responses yet.
7 Is that -- I just saw you, Stu. I didn't
8 realize you'd joined us.

9 **DR. ZIEMER:** Stu Hinnefeld.

10 **MR. HINNEFELD:** That's right, we've -- we've
11 done the initial work, we've -- with ORAU in
12 terms of reading the findings -- you know,
13 going back to the original report, you know,
14 from the findings matrix and pulling up the
15 original report, make sure we understand the
16 nut of the finding. We've drafted some initial
17 responses they've provided to us and we need to
18 get with them, talk with them to kind of flesh
19 out some of those. I mean some are fine, some
20 we need to flesh out a little more. So we need
21 a little more work to be prepared then for what
22 -- the next normal step is a workgroup meeting
23 where we meet with SC&A and the workgroup to --
24 to go over the findings and our responses and
25 the bases for the various -- if there a

1 disagreement anywhere, the bases for the
2 disagreements.

3 **DR. ZIEMER:** And actually that will be with --
4 with the subcommittee as rechartered.

5 **MR. GRIFFON:** The newly formed --

6 **MR. HINNEFELD:** Okay, I'm sorry. I was out of
7 the room for a minute.

8 **DR. ZIEMER:** Okay. Thank you, Stu.

9 **MR. GRIFFON:** So that's all I was going to say
10 is I think we'll pick this up with the newly-
11 formed subcommittee, assuming that the Board
12 votes it in and --

13 **DR. ZIEMER:** Right. And then the fifth and
14 sixth groups, 20 -- oh, a total of 40
15 additional cases are sort of in line now. John
16 Mauro, if you can give us a status report, I
17 don't think the Board members have actually
18 looked -- well, they haven't interacted yet
19 with SC&A on those, but give us a status
20 report.

21 **DR. MAURO:** That's correct, the -- in fact, the
22 fifth set is complete, and one of the reasons
23 Hans and Kathy are not here today is they are
24 putting the final touches on that deliverable
25 which we have -- are trying our best to get

1 into your hands very soon.

2 But we did leave a bit of an open question in

3 that e-mail that I sent to the Board on this

4 particular matter. As you know, part of the

5 process that we use is once the reviews of the

6 20 cases are completed, we normally hold what

7 we call our one-on-one discussions with two-

8 member groups of the Board where Hans and Kathy

9 and perhaps myself who have worked on these

10 sets would go -- have an -- a dialogue

11 regarding here's our fundamental findings. We

12 have a question for the subcommittee. We will

13 have our complete set of audits -- draft audits

14 completed this fiscal year. A question

15 becomes, we have not yet had the one-on-one.

16 We could do one of two things. We could hold

17 off on delivery of the full set, the big thick

18 report with the 20 audits in them, until we

19 have a chance to have the one-on-one discussion

20 with the Board members and then make any final

21 editorial changes. Or we could deliver the

22 report as -- without the benefit of the one-on-

23 one.

24 I -- I asked Hans and Kathy to go forward,

25 complete the set 'cause I have -- I would like

1 to deliver all our fiscal year 2006
2 deliverables to you by the end of this month.
3 If we do go through the one-on-one, it will
4 push that fifth set probably a week or two into
5 October, so I guess I -- I do have a question
6 for the subcommittee, whether you have a
7 preference.

8 **DR. ZIEMER:** Yeah. Well, we'll get some
9 individual Board reactions. I suspect the
10 Board members would rather interact before --
11 before they had the report out. I know you're
12 trying to meet a federal calendar deadline for
13 the end of the fiscal year, and I'll have to
14 ask if there's any problems if the deliverable
15 is delayed. But Board members, what is your
16 pleasure on this?

17 **MR. PRESLEY:** I would like to see it delayed,
18 for the simple reason of -- of perceived
19 biasness (sic). I think everybody ought to
20 make their own decisions before that --

21 **DR. MAURO:** Sure.

22 **MR. PRESLEY:** -- you all make your -- your
23 comments known.

24 **DR. MAURO:** Yeah, that's fine.

25 **DR. ZIEMER:** Wanda Munn?

1 **MS. MUNN:** Those one-on-ones are very
2 informative for the Board members and gives
3 them much better flavor of what has really
4 transpired with -- not only with respect to the
5 original dose reconstruction, but with the
6 contractor's overview as well. I've found them
7 very beneficial personally and would prefer to
8 have that take place before the report's
9 issued.

10 **DR. MAURO:** Well, on that ba-- if that -- I'll
11 let -- I'm sorry.

12 **DR. ZIEMER:** Let's -- that's two that -- I
13 don't know if that's a consensus. Who else
14 wants to comment? Mark.

15 **MR. GRIFFON:** I agree with that.

16 **MR. CLAWSON:** I agree, too.

17 **DR. ZIEMER:** Okay.

18 **MR. CLAWSON:** We've got to have time to go over
19 it.

20 **DR. ZIEMER:** Yeah. The Chair certainly does
21 agree with that. I think you have a consensus;
22 we'd like to have the input before you release
23 the reports.

24 Now --

25 **DR. WADE:** Contractually, there is no --

1 **DR. ZIEMER:** Contractually?

2 **DR. WADE:** -- problem. We do have the
3 contracting officer, who's nodding at me, and
4 there is no problem. We'll work that out with
5 you, John.

6 **DR. MAURO:** Very good. By way of the -- I
7 guess the logistics of it, we will have the
8 entire -- the entire document is actually
9 moving through the process, is probably close
10 to completion right now with all 20. What we -
11 - we can do is break it out into each piece and
12 send them out individually, or send the whole
13 thing out to everyone. And then of course the
14 one-on-one, you would just deal with the items
15 you have before you. Is there a preference
16 there?

17 **DR. ZIEMER:** I think the way you did it before
18 worked pretty well. We each got our individual
19 cases --

20 **DR. MAURO:** I see.

21 **MR. PRESLEY:** Yeah.

22 **DR. MAURO:** Fine.

23 **DR. ZIEMER:** -- and then you compiled all the
24 Board's comments in --

25 **DR. MAURO:** Okay.

1 **DR. ZIEMER:** -- to the total. Is that -- any
2 objection to --

3 **MS. MUNN:** No.

4 **DR. ZIEMER:** -- following that? I think it
5 worked pretty well in the past.

6 **DR. MAURO:** Well, then we'll -- we'll begin to
7 schedule that as soon as we get back for -- and
8 get that arranged.

9 **DR. ZIEMER:** Okay. Thank you very much.

10 **DR. WADE:** John, while you're at the
11 microphone, just to -- to look a bit into the
12 future in terms of scheduling, you now have the
13 fifth and sixth cases identified. We'll need
14 the Board -- the subcommittee will need to work
15 on the seventh set, and could you speak to when
16 you would need to hear from the Board on that
17 in terms of your workload? The Board has a
18 call scheduled for October 18th and a face-to-
19 face meeting the week of December 11. When do
20 you need to hear from the Board on the seventh
21 set with specificity in order to keep you on
22 schedule?

23 **DR. MAURO:** I would say our pipeline is full
24 right now, and starting in November it would be
25 very nice to have the next -- the seventh set.

1 So in other words, we're basically moving the
2 cases through. This is the one task where our
3 pipeline is full and -- but if we can see the
4 next disk with the next set of 20, the seventh
5 set, let's say November, maybe even December,
6 we'll be okay.

7 **DR. WADE:** All right.

8 **DR. MAURO:** By the way --

9 **DR. ZIEMER:** So the December meeting would be
10 soon enough then? You're not going --

11 **DR. MAURO:** It's -- it'd probably be okay on
12 that, but let me point out one other thing. We
13 recognize that when it comes to these Task IV
14 activities we're the bottleneck. That is, we
15 can only push through so many. We have added
16 two new individuals who are going through the
17 training. This is one of the more difficult
18 challenges to get individuals up to speed on.
19 There's a very complex set of procedures and
20 audits. So we're hoping that we will -- after
21 November we won't be the bottleneck.

22 **DR. ZIEMER:** Okay. Thank you very much.

23 **MR. GRIFFON:** Just -- just one item -- just one
24 item to add on the potential seventh set
25 coming. I think -- and this can come up in our

1 next subcommittee meeting, but I think we need
2 to be aware of it and remember that it was in
3 our original scope of work, this notion of
4 blind reviews. And we've never sort of gone
5 anywhere with that, but I -- I think we need to
6 consider that maybe in the next set, so just to
7 have that out there.

8 **DR. ZIEMER:** Thanks for that reminder 'cause
9 that certainly was -- and we discussed that a
10 bit last time, said we -- we still wanted to do
11 something along that line.

12 **MR. GRIFFON:** Right.

13 **PROCEDURES REVIEW**

14 **DR. ZIEMER:** Our next item on our agenda is
15 procedures review. Actually we don't have any
16 actions to take here but simply to report. And
17 Mark, you were heading that effort up, too, and
18 my recollection is the initial procedures
19 review was completed, and in the process we've
20 identified a number of new procedures that SC&A
21 was going to undertake. I think -- has the
22 task been developed already for that on the
23 follow-up procedures review? Where do we stand
24 on the tasking for that?

25 **DR. WADE:** Right, it --

1 **DR. ZIEMER:** I'm asking Lew right now.

2 **DR. WADE:** Well, I think we need to instruct
3 SC&A -- the Board needs to instruct SC&A on the
4 procedures it would like to see reviewed in
5 next year's work. Towards that end, John Mauro
6 had shared with us -- and it's included in the
7 -- your tab "Procedures Review" -- a list of
8 procedures not reviewed as of June 2006. So I
9 think this provides fodder for the Board to
10 consider as it instructs SC&A.

11 John, anything you would like to add?

12 **DR. MAURO:** Just to point out that we are in a
13 position to accept additional work. In other
14 words, the pipeline is not full right now. We
15 are -- we are ready to take on new procedures
16 for review when the Board, you know, is
17 prepared to give us those instructions.

18 **DR. WADE:** Right, and we have a Board item for
19 tomorrow -- no, excuse me, today at 3:45, to
20 discuss this issue. So I would just point out
21 to the subcommittee members that you have that
22 material. We'll be discussing it in more
23 detail, hopefully giving SC&A an instruction on
24 the procedures to -- to begin to review for
25 this fiscal year -- for next fiscal year.

1 Now I'm told that our friends on the phone can
2 now hear us. Liz Homoki-Titus, can you hear
3 us?

4 **MS. HOMOKI-TITUS:** Yes, much better. Thank
5 you.

6 **DR. WADE:** Okay. Sorry about the -- the delay.
7 Mike --

8 **MR. GIBSON:** I still can't hear --

9 **DR. WADE:** -- Gibson, are you with us?

10 **MR. GIBSON:** -- anything.

11 **MS. HOMOKI-TITUS:** Did you hear Mike say that
12 he can't hear anything?

13 **DR. WADE:** I could not hear that. So Liz, you
14 can hear us but Mike cannot hear us.

15 **MS. HOMOKI-TITUS:** That's correct.

16 **MR. GIBSON:** It's very vague. I can just hear
17 a word here and there.

18 **DR. ZIEMER:** Oh --

19 **DR. WADE:** Wait a minute -- Mike, can you hear
20 us?

21 **MR. GRIFFON:** (Unintelligible) Mike, yeah.

22 **MS. BEHLING:** This is Kathy and Hans Behling.
23 We're also having difficulty hearing. We can
24 hear some people, but not everyone.

25 **DR. WADE:** Well, let's just pause for a minute.

1 Now this is Lew Wade. Kathy, can you hear me?

2 **MS. BEHLING:** Yes, but it's -- but it's very
3 broken up. I can -- it sounds as if when
4 people are -- are speaking directly into the
5 microphone, then we can hear, but otherwise we
6 cannot.

7 **DR. WADE:** But can you hear me now?

8 **MS. BEHLING:** Just marginally.

9 **DR. WADE:** Okay, but I'm speaking as --

10 **MS. HOMOKI-TITUS:** Whoever's talking right now,
11 I can't hear you although I could hear Lew.

12 **DR. WADE:** Okay. Mike Gibson, can you hear me
13 now?

14 **MR. GIBSON:** Just barely, Lew.

15 **DR. WADE:** Okay, we'll be working on it. I'm
16 sorry.

17 I do want to identify to everyone that Mike has
18 been on the line. Mike, Dr. Ziemer will secure
19 your vote on the motions that were taken to
20 this point. They were all taken unanimously,
21 but we will take the effort to get your vote
22 recorded.

23 And what's going to happen soon now is this
24 subcommittee is going to have a break as
25 members go to a secure room to look at

1 classified information for some of their
2 deliberations. There will be no work going on
3 here.

4 We will use the time to do the best we can to
5 rectify our current phone problem.

6 So the sub-- the committee will reconvene at
7 1:00 o'clock after several more minutes of the
8 subcommittee. I would ask those of you who are
9 going to call in, call in a bit early and we'll
10 do everything we can to make this as quality as
11 we can.

12 **DR. ZIEMER:** Mark, do you have an additional
13 comment -- Mark Griffon?

14 **MR. GRIFFON:** Just one thing on the procedures
15 review -- I know we're all getting ready to
16 leave here -- there was a matrix created out of
17 the first set of procedures review. I have not
18 drafted any kind of letter report for that yet,
19 and I'm not sure -- you know, my sen-- I talked
20 to Paul before the meeting. Maybe we should
21 have an interim report on that. Part of my
22 reluctance to do so was that a lot of the
23 actions in the matrix were to review an updated
24 procedure, so it was -- I -- I felt like really
25 be-- because of the time in which we did this,

1 a lot of the procedures we're reviewing were
2 out of date or replaced by subsequent
3 procedures and we needed to -- it wasn't going
4 to be a very fruitful report, so I -- my
5 tendency was to wait until we complete the
6 procedures review and do one report. But I
7 think Paul had a --

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

9 **MR. GRIFFON:** -- a different sense of that, but
10 I don't know.

11 **DR. ZIEMER:** Yeah, it seemed to me that
12 perhaps, although no action is required in
13 terms of what we would recommend, I think
14 reporting to the Secretary what's been done --
15 since it did expand over -- or it did cover a
16 period of more than a year of effort --

17 **MR. GRIFFON:** Okay.

18 **DR. ZIEMER:** -- that perhaps a report
19 indicating what has been done on procedures and
20 what -- what is --

21 **MR. GRIFFON:** And come forward kind of?

22 **DR. ZIEMER:** Right. I think a letter report
23 would be worth doing. Lew, do you concur with
24 that?

25 **DR. WADE:** Yes, I do.

1 **DR. ZIEMER:** Yeah. So we'll -- we'll perhaps
2 draft something and we could do that in our
3 phone meeting and -- and -- it would be a one-
4 pager, simply indicating the status of the
5 procedures review, so that there's an official
6 record with the Secretary, even though it's
7 already in -- in the public record. We have an
8 official record with the Secretary that in fact
9 we and our contractor have in fact carried out
10 that responsibility.

11 **WORKING GROUP ACTIVITIES**

12 I think on the working group activities, Lew,
13 that we can report later in the meeting on
14 those assignments and so on because we -- we do
15 need to allow our colleagues to get to the
16 classified meeting.

17 So without objection, I will declare that we
18 are in recess until the full Board meeting at
19 1:00 o'clock.

20 **DR. WADE:** And I will ask those on the phone
21 who are very interested in this, call in at ten
22 of 1:00, quarter of 1:00 and we'll try and --
23 and do whatever work we can do to make sure
24 we've got the system working properly. Thank
25 you.

1
2
3
4
5
6
7
8
9

DR. ZIEMER: And for clarity, this is not a recess. It's really an adjournment of the subcommittee meeting, so I declare the subcommittee meeting adjourned.

(Whereupon, an adjournment was taken at 10:00 a.m.)

1

2

CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Sept. 19, 2006; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 18th day of November, 2006.

STEVEN RAY GREEN, CCR**CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**