

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

MEETING 43

ADVISORY BOARD ON  
RADIATION AND WORKER HEALTH

The verbatim transcript of the 43rd  
Meeting of the Advisory Board on Radiation and  
Worker Health held telephonically on Jan. 11, 2007.

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Jan. 11, 2007

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-- "\*" 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

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Professor Emeritus  
School of Health Sciences  
Purdue University  
Lafayette, Indiana

EXECUTIVE SECRETARY

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

MEMBERSHIP

- 1 CLAWSON, Bradley  
2 Senior Operator, Nuclear Fuel Handling  
3 Idaho National Engineering & Environmental Laboratory
- GIBSON, Michael H.  
President  
Paper, Allied-Industrial, Chemical, and Energy Union  
Local 5-4200  
Miamisburg, Ohio
- GRIFFON, Mark A.  
President  
Creative Pollution Solutions, Inc.  
Salem, New Hampshire
- 4 LOCKEY, James, M.D.  
5 Professor, Department of Environmental Health  
6 College of Medicine, University of Cincinnati

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

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

PRESLEY, Robert W.  
Special Projects Engineer  
BWXT Y12 National Security Complex  
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ROESSLER, Genevieve S., Ph.D.  
Professor Emeritus  
University of Florida  
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STAFF

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

IDENTIFIED PARTICIPANTS

BARKER, KAY, ANWAG  
BARRIE, TERRIE, ANWAG  
BEACH, JOSIE, FUTURE ABRWH MEMBER  
BEHLING, HANS, SC&A  
BEHLING, KATHY, SC&A  
BROEHM, JASON, CDC WASHINGTON OFFICE  
CHANG, C, NIOSH  
ELLIOTT, LARRY, NIOSH  
HINNEFELD, STUART, NIOSH  
HOMOKI-TITUS, LIZ, HHS  
HOWELL, EMILY, HHS  
JESSEN, KARIN, ORAU  
KOTSCH, JEFF, DOL  
MAKHIJANI, ARJUN, SC&A  
MAURO, JOHN, SC&A  
NETON, JIM, NIOSH  
OSTROW, STEVE, SC&A  
RUTHERFORD, LAVON, NIOSH  
ULSH, BRANT, NIOSH

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

(11:00 a.m.)

WELCOME AND OPENING COMMENTSDR. PAUL ZIEMER, CHAIR

1 DR. ZIEMER: Let's begin then. I'll call the meeting  
2 to order, ask that -- well, first of all, thank  
3 you, everyone, for -- for participating in this  
4 phone meeting of the Advisory Board on  
5 Radiation and Worker Health. This is our  
6 official meeting, meeting 43.

7 The roll call will be held here in a minute by  
8 Lew. We'll identify Board members present and  
9 also potential Board members, as -- and then  
10 some other staff. So Lew, would -- do you want  
11 to proceed with the roll call?

12 DR. WADE: Right, I'll -- I'll start with Brad  
13 Clawson.

14 MR. CLAWSON: Here.

15 DR. WADE: Gen Roessler?

16 DR. ROESSLER: Here.

17 DR. WADE: James Lockey?

18 DR. LOCKEY: Here.

19 DR. WADE: James Melius.

20 DR. MELIUS: Here.





1           **DR. WADE:** Thank you, Stu and LaVon, welcome.  
2           The SC&A team that will participate?

3           **DR. OSTROW:** This is Steve Ostrow from SC&A.

4           **DR. MAURO:** John Mauro, SC&A.

5           **DR. BEHLING:** Hans Behling and Kathy Behling,  
6           SC&A.

7           **DR. MAKHIJANI:** Arjun Makhijani, SC&A.

8           **DR. WADE:** Fine. Are there any other federal  
9           employees who are on the call by virtue of  
10          their employment? I'd like them to identify  
11          themselves so we all know that you're here.

12          **DR. ULSH:** Lew, this is Brant Ulsh. I'm on the  
13          line, too.

14          **DR. WADE:** Welcome, Brant.

15          **MS. HOWELL:** Emily Howell from HHS.

16          **MS. JESSEN:** Karin Jessen from ORAU.

17          **DR. WADE:** Welcome.

18          **MS. CHANG:** Chia Chia Chang, NIOSH.

19          **MS. HOMOKI-TITUS:** Liz Homoki-Titus with HHS.

20          **MR. BROEHM:** Jason Broehm, CDC Washington.

21          **MR. KOTSCH:** Jeff Kotsch with the Department of  
22          Labor.

23          **DR. WADE:** Welcome, Jeff, always a pleasure to  
24          have you with us.

25          Are there any workers or worker



1 music that we can't stop. So I think these  
2 calls are important for the Board to continue  
3 its business in a timely way, but we need to  
4 practice good phone etiquette and I appreciate  
5 that in advance.

6 So with that, Paul, it's yours.

7 **DR. ZIEMER:** Thank you, Lew. Let me ask first,  
8 are there any Board members who did not get a  
9 copy of the agenda?

10 (No responses)

11 Okay, I'm assuming by the silence that everyone  
12 has a copy.

13 Members of the public, if you do not have a  
14 copy of the agenda, it is on the web site so  
15 you can pull that up and -- and have that  
16 before you. The agenda times that are listed  
17 in -- in the roster of -- of items are  
18 approximate. We will just proceed through the  
19 agenda as it's given. Some items may take more  
20 time than estimated, some may take less. The  
21 outside time for adjournment is 3:45, but if  
22 things go smoothly we may be able to finish  
23 earlier than that.

24 **STATUS OF NEW BOARD MEMBERS**

25 So with that, let us proceed to the first item

1 after the introductions, and that is the status  
2 of the new Board members. I think you're all  
3 aware that Josie Beach and Phillip Schofield  
4 have been named by the White House as new  
5 members of the Board. There's some paperwork  
6 involved in actually getting them seated.  
7 Lew, can you give us a quick update on where we  
8 stand on the new members and when we might  
9 anticipate their being fully seated and  
10 participants in the Board?

11 **DR. WADE:** I'll do the best I can. First,  
12 Phillip Schofield, who's got 21 years of  
13 experience at Los Alamos National Laboratory,  
14 extensive experience in handling and processing  
15 plutonium and americium, and then Josie Beach,  
16 who currently is a nuclear chemical operator  
17 with CH2M Hill at the tank farms in Richland,  
18 Washington. The President has named these two  
19 fine individuals. He's also stated his  
20 intention to have them appointed to the  
21 Advisory Board. That appointment process is  
22 ongoing as we speak, so these people are not  
23 yet seated. We're trying to move with dispatch  
24 and would like to ascertain the possibility  
25 that they could be seated for the February

1 meeting. That's not a given. I can't imagine  
2 they would not be seated by the May meeting,  
3 but we haven't ruled out the possibility of --  
4 of moving paperwork as quickly as we can to  
5 have them seated in February.

6 I've spoken to both of the individuals and even  
7 if they're not seated in February, I do think  
8 it's appropriate that they come to the meeting,  
9 you know, on the government's ticket, and  
10 witness the meeting -- either as seated members  
11 or not -- so that they can certainly start  
12 their tenure moving. We're also working with  
13 Dr. Ziemer to try and schedule some orientation  
14 for new Board members in Cincinnati, and I  
15 think we're looking at sometime the end of this  
16 month to try and get that done. We would  
17 proceed with the -- the training, even if the  
18 members weren't seated, in anticipation of  
19 their being seated.

20 So maybe February, certainly by the face-to-  
21 face in -- in May. I would certainly hope by  
22 the Board call on April 5th, as a matter of  
23 fact.

24 Now again, they're not seated at this point and  
25 therefore there's certain materials that we

1 share with seated Board members that we would  
2 not be able to share with them. But everything  
3 we would share with the public we would  
4 certainly share with Josie and Phillip. We're  
5 -- we're thrilled to have them join us. This  
6 is a -- a very hardworking Board that, as it's  
7 gotten deeper and deeper into its  
8 deliberations, its work has expanded and it  
9 needs -- it needs fresh -- fresh minds, fresh  
10 hands to -- to carry the load, and we're  
11 thrilled with these two individuals and the  
12 expertise they bring.

13 **DR. ROESSLER:** Lew, this is Gen.

14 **DR. ZIEMER:** Yes, Gen.

15 **DR. ROESSLER:** Whenever it's appropriate, I  
16 think it would be helpful to the rest of the  
17 Board to get bios from the new -- for the new  
18 Board members.

19 **DR. WADE:** We will do that.

20 **DR. ZIEMER:** We can certainly distribute those.  
21 I think the bios are actually on the web site  
22 now.

23 **MR. ELLIOTT:** That's correct, Dr. Ziemer.

24 **DR. WADE:** Correct, and we'll e-mail everyone  
25 bios.



1           let's see, there was some additional  
2           information that was expressed needed for  
3           General Atomics. In any event, you should have  
4           received now from Dr. Melius the revised  
5           wording on both of these. Does everyone have  
6           the current draft on Monsanto and General  
7           Atomics?

8           **DR. ROESSLER:** Yes.

9           **DR. ZIEMER:** Or anyone who didn't get them, let  
10          me know quickly.

11          **MR. CLAWSON:** Dr. Ziemer, this is Brad. I -- I  
12          did get it, but it got messed up in the e-mail  
13          somehow. If anybody could send that to me, I  
14          would be (unintelligible) --

15          **DR. ZIEMER:** Well, I'll tell you -- I believe  
16          this is correct, and Jim, you can correct me if  
17          I'm wrong -- but I think the final version --  
18          the wording was as it was corrected toward the  
19          end of our actual meeting. Is that not  
20          correct?

21          **DR. MELIUS:** Yeah -- fairly close except some -  
22          -

23          **DR. ZIEMER:** I mean there was some typos and  
24          some -- I mean capitalizations and some  
25          editorial things. I put them side by side and

1           it looked like the words were identical.

2           **DR. WADE:** Brad, this is Lew. I will send you  
3           the e-mail right now.

4           **MR. CLAWSON:** Okay. It just -- when I went to  
5           open it, it opened up in gibberish to me,  
6           that's all.

7           **DR. ZIEMER:** Now let's -- let's begin with  
8           Monsanto, and based on our previous action and  
9           our agreement that these would come to us at  
10          this meeting, I'll consider this a motion  
11          that's before the assembly for discussion, and  
12          let me also call attention to a -- an e-mail  
13          distributed by Pete Turic from the Department  
14          of Labor.

15          **DR. WADE:** Turcic.

16          **DR. ZIEMER:** Turcic, yeah. I know a -- I know  
17          a Peter Turic, as well. Pete Turcic. And on  
18          the Monsanto -- as I read what Pete said, it  
19          appeared that he felt there was some ambiguity  
20          in the statement of the exclusions in the -- in  
21          the first bullet. And I think -- as I read it,  
22          I think Pete may be right, that where it says  
23          "other than polonium and external exposures to  
24          neutrons," it sounds like the neutron exposures  
25          are doable rather than not doable. I think

1           there is some ambiguity there, but that -- at  
2           that point I'm simply calling attention to  
3           Pete's comment and then opening it for  
4           discussion, so --

5           **DR. ROESSLER:** This is Gen. I read it  
6           incorrectly the first time and I agree with  
7           Pete. It does need some rewriting. It -- you  
8           can't really tell if the neutrons go with the  
9           "not able to reconstruct" or whether they go  
10          with the can do.

11          **DR. ZIEMER:** Yeah.

12          **DR. LOCKEY:** This is Jim Lockey. I agree with  
13          that.

14          **DR. ZIEMER:** If -- if there's a consensus that  
15          there's a little confusion there, I have -- I -  
16          - I am prepared to offer some alternative  
17          wording.

18          **DR. MELIUS:** This is Jim Melius. I also have  
19          some wording in two places that I should --

20          **DR. ZIEMER:** Is this one of them?

21          **DR. MELIUS:** (Unintelligible) of them, yeah.

22          **DR. ZIEMER:** Well, why don't you proceed then  
23          and then -- then the Chair can determine  
24          whether he thinks his wording is better than  
25          your wording.

1           **DR. MELIUS:** (Broken transmission) Yeah, excuse  
2 me, I think the Board (unintelligible). I  
3 don't think it (unintelligible) -- there --  
4 there were (unintelligible) places I thought  
5 it'd be (unintelligible) --

6           **MS. MUNN:** Jim?

7           **DR. MELIUS:** Yeah.

8           **MS. MUNN:** This is Wanda. You're breaking up  
9 on my phone. I -- is it just me or --

10          **DR. ZIEMER:** No, it's on mine, too.

11          **DR. LOCKEY:** Same here.

12                   (Several Board members simultaneously confirmed  
13 the transmission difficulties.)

14          **DR. MELIUS:** (Broken transmission) Okay, I'll  
15 (unintelligible) try later.

16          **MS. MUNN:** Thank you.

17          **DR. ZIEMER:** Is he going to re-call in?

18          **MS. MUNN:** Yeah, he said he's going to another  
19 -- into the other office and call from --

20          **DR. ZIEMER:** And call back in, yeah.

21          **DR. LOCKEY:** It sounded like he was on a cell  
22 phone.

23          **MS. MUNN:** Well, yeah, it sounded that way or -  
24 - at least he was breaking up for me.

25          **DR. ZIEMER:** Yeah. Yeah, he was for me, too.

1           Were there other comments while we're waiting  
2           for him to come back on the line?

3           **MR. HINNEFELD:** This is -- this is Stu  
4           Hinnefeld at NIOSH.

5           **DR. ZIEMER:** Yeah, Stu.

6           **MR. HINNEFELD:** While we're waiting, I believe  
7           one source of ambiguity or confusion is in the  
8           first bulleted paragraph, about the third line  
9           from the bottom, fourth and third lines from  
10          the bottom --

11          **DR. ZIEMER:** Right, that's exactly what we're  
12          talking about.

13          **MR. HINNEFELD:** -- where it says "other than  
14          polonium and external exposures to neutrons."  
15          It sounds like external exposures to neutrons  
16          might go with the "other than."

17          **DR. ZIEMER:** Right, that's exactly the point  
18          we're making, that we do -- we do think you  
19          could interpret it either way, and I think  
20          that's the point that Pete Turcic was making,  
21          as well.

22          **MR. HINNEFELD:** I believe that's true.

23          **MS. MUNN:** Yeah, I think so.

24          **DR. ZIEMER:** Yeah.

25          **DR. MELIUS:** This is Jim Melius again -- hear

1 me better?

2 **DR. ZIEMER:** Yeah, that's better.

3 **MS. MUNN:** Much better.

4 **DR. ZIEMER:** Go ahead, Jim.

5 **DR. MELIUS:** (Broken transmission) Yeah, yeah,  
6 there -- places. The first is the last  
7 sentence of the sec-- --graph, and I will read  
8 it and I'll sort of highlight -- changes are  
9 made. They're sort of minor.

10 First (unintelligible) is that the Board notes  
11 that although NIOSH found that they were unable  
12 (unintelligible) these employees, they believe  
13 that they are able to reconstruct  
14 (unintelligible) of the internal dose --  
15 parentheses, i.e., (unintelligible) exposures  
16 and external dose -- parentheses, with the  
17 exception of (unintelligible) exposures, close  
18 parentheses and there (unintelligible) indiv--  
19 (unintelligible) cancers may be considered for  
20 partial dose reconstructions.

21 The changes are just (unintelligible).

22 **MS. MUNN:** Jim, you're going to hate to hear  
23 this from me, but you might as well. You're  
24 still breaking up.

25 **DR. ZIEMER:** Yeah.

1           **DR. MELIUS:** Then I'm not going to be able to  
2 participate in the call today. Sorry.

3           **MS. MUNN:** Oh, don't say that.

4           **DR. ZIEMER:** No, we're --

5           **DR. MELIUS:** I don't have a choice.

6           **DR. ZIEMER:** We'll try to work through it. So  
7 the -- after the word "internal," you would put  
8 parentheses, "i.e., polonium exposures"? And  
9 then -- and then what was after that?

10          **MR. HINNEFELD:** Dr. Ziemer, after the words  
11 "and external dose," there's another  
12 parenthesis that -- that says "with the  
13 exception of neutron exposures," close  
14 parentheses.

15          **DR. ROESSLER:** Wanda, I think you hurt his  
16 feelings.

17          **DR. ZIEMER:** Okay. So it was suggested --  
18 The suggested change was "reconstruct  
19 components of the internal dose, i.e., polonium  
20 exposures, and external dose (with the  
21 exception of neutron" -- it's neutron for  
22 workers in -- do we have to add the workers in  
23 I, II and III -- or I, II and IV -- I, III and  
24 IV, or just neutrons?

25          **UNIDENTIFIED:** Just neutrons.

1           **MR. HINNEFELD:** I think we can leave it at  
2 neutrons because I believe the, you know, II,  
3 III and --

4           **DR. ZIEMER:** Those are the only ones that have  
5 it.

6           **MR. HINNEFELD:** -- earlier in the paragraph.

7           **DR. ZIEMER:** Okay.

8           **MR. HINNEFELD:** Yeah, the word "exposures"  
9 follows "neutron" there.

10          **DR. ZIEMER:** Okay. Well, these are both  
11 clarifications. They are -- is there any  
12 objection to that as a friendly amendment, and  
13 then, without objection, we'll consider that an  
14 amendment for the -- for that second paragraph.

15          **MS. MUNN:** Yeah, can -- can someone read it all  
16 the way through? Stu, it sounds like you have  
17 the --

18          **MR. HINNEFELD:** I have a copy of it.

19          **MS. MUNN:** -- the real thing there. Could  
20 someone please read it all the way through the  
21 way it -- that Jim proposed we reword it?

22          **MR. HINNEFELD:** The sentence now reads  
23 (reading) The Board notes that although NIOSH  
24 found that they were unable to completely  
25 reconstruct radiation doses for these

1 employees, they believe they are able to  
2 reconstruct components of the internal dose  
3 (i.e., polonium exposures) and external dose  
4 (with the exception of neutron exposures), and  
5 therefore individuals with non-presumptive  
6 cancers may be considered for partial dose  
7 reconstructions.

8 **MS. MUNN:** Great.

9 **DR. ZIEMER:** Okay.

10 **MS. MUNN:** Thanks.

11 **DR. ZIEMER:** So without objection, we'll take  
12 that as a friendly amendment.

13 Then down in the bullet itself we probably need  
14 something similar.

15 **MR. HINNEFELD:** Dr. Ziemer, we -- I think we  
16 might be able to fix it by moving external  
17 exposure to neutrons to the front of the  
18 clause. For instance, then it would -- then  
19 the sentence would read "NIOSH found that it  
20 did not have access to sufficient information,  
21 including personnel dosimetry, workplace  
22 monitoring data, or sufficient process and  
23 radiological source information, that would  
24 allow it to estimate with sufficient accuracy  
25 the -- and here's the change -- the external

1 exposures to neutrons and the internal  
2 exposures to radionuclides other than  
3 polonium...

4 **DR. ROESSLER:** Yeah, that makes sense.

5 **DR. ZIEMER:** For workers...

6 **DR. ROESSLER:** Yeah, that sounds good. I hope  
7 Jim comes back on.

8 **MS. MUNN:** I hope so, too.

9 **DR. ZIEMER:** Stu, here again, are you  
10 suggesting we just leave out the Units I, III  
11 and IV?

12 **MR. HINNEFELD:** No, I think -- no, you continue  
13 on the way it's written there.

14 **DR. ZIEMER:** But don't those only apply to the  
15 neutrons?

16 **MR. HINNEFELD:** No. No, that's the --

17 **UNIDENTIFIED:** (Unintelligible)

18 **MR. HINNEFELD:** Okay, those are the three  
19 buildings that are the plant, they're --

20 **DR. ZIEMER:** Oh, okay, so it doesn't matter  
21 then.

22 **MR. HINNEFELD:** Right.

23 **DR. ZIEMER:** Well, why don't then -- why don't  
24 we put the I, III and IV, 'cause -- 'cause  
25 otherwise --

1           **MR. HINNEFELD:** Okay.

2           **DR. ZIEMER:** -- it sounds like it's only a part  
3           -- a part of it --

4           **MR. HINNEFELD:** All right, so you can  
5           (unintelligible) --

6           **DR. ZIEMER:** -- why don't we move that to the  
7           front so it would say that NIOSH found that for  
8           workers in Units I, III and IV it did not have  
9           access to sufficient information -- or --

10          **MS. MUNN:** Yeah.

11          **MR. HINNEFELD:** Okay.

12          **MS. MUNN:** Yes, that would do it.

13          **DR. LOCKEY:** Read that sentence again -- can  
14          you read it over again?

15          **MS. MUNN:** Yeah.

16          **DR. ZIEMER:** Stu, can you read it with those  
17          changes that you just --

18          **MR. HINNEFELD:** I can try.

19          **DR. ZIEMER:** Okay.

20          **MR. HINNEFELD:** Beginning where it says "NIOSH  
21          found" -- NIOSH found that, for workers in  
22          Units I, III or IV at the facility, it did not  
23          have access to sufficient information,  
24          including personnel dosimetry, workplace  
25          monitoring data, or sufficient process and

1 radiological source information, that would  
2 allow it to estimate with sufficient accuracy  
3 the external exposures to neutrons and the  
4 internal exposures to radionuclides other than  
5 polonium.

6 **DR. ZIEMER:** Okay, again, that's a friendly  
7 amendment intended to clarify. Are there any  
8 objections to that?

9 **MS. MUNN:** No.

10 **DR. ZIEMER:** Okay, I -- Jeff Kotsch is on the  
11 line. Jeff, do you know if that would satisfy  
12 Pete's concerns?

13 **MR. KOTSCH:** Yeah, that -- that -- that sounds  
14 fine to me.

15 **DR. ZIEMER:** Okay.

16 **DR. WADE:** This is Lew Wade. I might suggest  
17 to the staff that if Stu could take that draft  
18 as agreed to and then e-mail it to all the  
19 Board members and to Pete, we do have a time  
20 later on the agenda when we complete our other  
21 deliberations to review these SEC write-ups.  
22 This would give people an opportunity to have  
23 it in front of them.

24 **DR. LOCKEY:** That would be helpful for me.

25 **DR. WADE:** Stu, could we impose upon you to do



1           **MS. MUNN:** Uh-huh. In connection with this,  
2           Stu also distributed this past week some clari-  
3           - classifications and locations of the  
4           buildings. There were some questions I think  
5           Pete had raised whether there were other  
6           buildings on the site that could be involved.  
7           And in answer to that, I think -- based on  
8           Stu's chart -- the answer to that must be yes,  
9           there are several buildings that are non-  
10          radiological buildings and Stu's identified  
11          those in his chart. Those are the library and  
12          cafeteria, technical office building 13,  
13          technical office east building 14 and build--  
14          technical office east building 15. All of  
15          those are non-radiological areas and I -- I  
16          believe it was our understanding that if -- if  
17          Labor was unable to place someone exclusively  
18          in those buildings, then they would have to  
19          assume that they might be in the other  
20          buildings as well. At least that was my  
21          understanding. I don't know, Jeff, if you have  
22          any comments on that -- Jeff Kotsch from Labor.  
23          **MR. KOTSCH:** Yeah, that's correct, that's  
24          correct.  
25          **DR. ZIEMER:** That -- those -- those other

1 buildings, although they're there, are not  
2 identified in the document. We only identified  
3 the buildings where the radiological work took  
4 place.

5 Now there's one other question I want to raise  
6 on that, and that is in the -- in the chart  
7 there's a building called -- it's building --  
8 there's an area called the experimental area  
9 for building two. That area's not listed in  
10 the -- in our document. We do have science  
11 laboratories A and B and C for building two.  
12 We do not have experimental area building two.  
13 My question is, is the experimental area  
14 different from the science labs A, B and C?  
15 Stu, do you know the answer to that?

16 **MR. HINNEFELD:** We have --

17 **DR. ZIEMER:** 'Cause the document only talks  
18 about science areas A, B and C.

19 **MR. HINNEFELD:** We don't believe that's a  
20 different area.

21 **DR. LOCKEY:** Than -- than what, Stu --  
22 different area than what?

23 **MR. HINNEFELD:** Oh, that -- roughly that  
24 building two experimental area is a different  
25 area than those other building two things that

1                   were expressed right there.

2                   **DR. LOCKEY:** You mean laboratory A, B and C?

3                   **MR. HINNEFELD:** Right.

4                   **THE COURT REPORTER:** Excuse me, this is Ray.  
5                   Who was that speaking with Stu? Was that Dr.  
6                   Lockey?

7                   **DR. LOCKEY:** Yes.

8                   **THE COURT REPORTER:** Okay, thank you.

9                   **MR. PRESLEY:** This is Bob Presley. Am I to  
10                   understand that laboratory A, B and C are the  
11                   same as building two?

12                   **MR. RUTHERFORD:** Bob, this is LaVon Rutherford.  
13                   We're going to get that matrix out and -- and I  
14                   will get right back with you.

15                   **DR. ZIEMER:** Okay. In -- in the matrix that  
16                   Stu just distributed, the second item on the  
17                   matrix is science labs A, B and C. And then on  
18                   page four of the matrix separately is listed  
19                   experimental area, building two. The -- the  
20                   type of work done in the experimental areas  
21                   says it was unknown, whereas science labs A, B  
22                   and C (unintelligible) AEC weapons work done.  
23                   So it sounds like the experimental area may be  
24                   a different area. And my question is, if we  
25                   don't include it in the listing, is it

1                   therefore an area that is not covered by the  
2                   SEC? Or another way of putting that is should  
3                   it be covered by the SEC.

4                   **DR. LOCKEY:** This is Jim Lockey. I think to  
5                   avoid any ambiguity, you should just include  
6                   it, 'cause it seems to me it would be similar  
7                   to the experimental building, building nine.

8                   **DR. ZIEMER:** That was -- that was my thought,  
9                   because the other buildings where the type of  
10                  work was unknown has -- had been included.

11                  **DR. LOCKEY:** Correct.

12                  **DR. ZIEMER:** And if that's the case, to  
13                  eliminate the ambiguity we could simply put  
14                  science labs A, B and C and experimental area,  
15                  building two.

16                  **DR. LOCKEY:** This is Jim Lockey. I concur with  
17                  that.

18                  **DR. ZIEMER:** The others of you?

19                  **MS. MUNN:** I'm having a hard time pulling up  
20                  the -- the matrix, and where can I find Stu's  
21                  matrix?

22                  **DR. ZIEMER:** He distributed that within the  
23                  last few days. Let me see if I -- e-mail dated  
24                  January 8th.

25                  **MS. MUNN:** Okay. I'll get it then. I thought

1 I'd seen it but I sure couldn't find it.

2 The other -- is Stu -- is Stu on the line now  
3 or has he gone off with the --

4 **MR. HINNEFELD:** No, I'm here.

5 **DR. ZIEMER:** Stu, also could you clarify in --  
6 in our -- in our document for the waste yards,  
7 we say building 25 and six in the narration.  
8 Building 26 doesn't appear in the matrix. So  
9 that was a separate question I had. Where you  
10 -- on page 3 where you show the waste yard  
11 buildings, you say building 25, is -- shouldn't  
12 building 26 be included there in the matrix?

13 **MR. HINNEFELD:** I would say it -- it probably  
14 should be, based upon the spreadsheet I had out  
15 along with this work table, the spreadsheet  
16 listed a building -- a number of radioactive  
17 materials that were apparently present in  
18 building numbers 26.

19 **DR. ZIEMER:** Yeah, yeah. Building 26 shows up  
20 on that -- on that sheet, but it doesn't show  
21 up on your chart on page -- well, on any of the  
22 pages there. I assumed when you said waste  
23 yard buildings, plural, and only listed 25 that  
24 probably you had -- probably 26 should have  
25 been included.



1 the buildings that are covered.

2 **MR. KOTSCH:** Yes.

3 **DR. ZIEMER:** And then if you can't put someone  
4 exclusively in the other buildings, then you  
5 include them.

6 **MR. KOTSCH:** Yeah, then we would just include  
7 them as being employed on the -- the site as a  
8 whole.

9 **DR. ZIEMER:** Right.

10 **MR. RUTHERFORD:** Dr. Ziemer, this is LaVon  
11 Rutherford.

12 **DR. ZIEMER:** Yes.

13 **MR. RUTHERFORD:** I think we agree with -- that  
14 in order to make sure we cover the area, to  
15 include both building number two and the  
16 laboratory A, B and C as -- into the  
17 definition.

18 **DR. ZIEMER:** So -- so in the statement where we  
19 say science labs A, B and C, should we add "and  
20 experimental area"?

21 **MR. RUTHERFORD:** Yes.

22 **DR. ZIEMER:** Okay. Any objections?

23 **MS. MUNN:** No.

24 **DR. ZIEMER:** Okay. And then we've agreed that  
25 building 26 as -- as given in our narrative is

1           okay, that should have been in -- on the matrix  
2           as well.

3           Any other issues on this one?

4           **DR. ROESSLER:** Are we still on the buildings or  
5           can I --

6           **DR. ZIEMER:** Well, any other questions, yeah --  
7           items.

8           **DR. WADE:** Oh, is -- is Mark on the phone?

9           **MR. GRIFFON:** Yeah, I'm on the phone. I -- I  
10          just didn't know at what point you were opening  
11          up the discussion overall --

12          **DR. ZIEMER:** Or any other issues, yeah.

13          **MR. GRIFFON:** Well, I -- I mean I guess we -- I  
14          did talk to NIOSH in the interim on the General  
15          Atomics and Monsanto, and you know, the -- the  
16          one thing we went over -- one -- one question  
17          in General Atomics was the laboratories and the  
18          concern over consistency with how we were  
19          treating, you know, analytical labs probably  
20          likely to have little chance of exposures -- at  
21          least we -- you know, we would think.

22          **DR. ZIEMER:** Yeah, that was -- that was the  
23          question that was --

24          **MR. GRIFFON:** Yeah --

25          **DR. ZIEMER:** -- discussed at the last meeting

1 is if it really was an analytical lab, how  
2 would they have enough activity to -- to cause  
3 a --

4 **MR. GRIFFON:** Right.

5 **DR. ZIEMER:** -- significant exposure.

6 **MR. GRIFFON:** I guess the dilemma with the lab  
7 personnel was a couple of things. One was the  
8 -- the source term question. You know, they --  
9 in the other cases that we had, like for Y-12  
10 we had a lab and we particularly didn't include  
11 the thorium for the lab workers because we had  
12 a well-known source term that -- that you could  
13 use to sort of bound the upper limits of the  
14 potential exposure. In this case they had a  
15 couple of source terms and they didn't really  
16 know the quantities over time. And also the  
17 other thing was just where these lab employees  
18 might have worked, in and out of the labs. You  
19 know, it would be hard to sort of determine,  
20 you know, or -- or bound their potential  
21 exposures that way. So that -- that was --  
22 the rationale was described to me a little  
23 better, you know, on a call with NIOSH last  
24 week I think it was.

25 And -- and then the other question that I

1           discussed with them was the -- you know, to me,  
2           the question was you've got all these data, it  
3           appeared to be like 400 boxes of data and, you  
4           know, just a chance to see a little more and --  
5           and Stu and -- and others provided these  
6           matrices to give us a little better idea of how  
7           much data -- how much relevant data they had  
8           and didn't have. And I don't know if you have  
9           this -- Paul, I'm not sure which spreadsheets -  
10          -

11         **DR. ZIEMER:** Well --

12         **MR. GRIFFON:** -- I have --

13         **DR. ZIEMER:** Well, Stu has a separate chart  
14         that's listed by radionuclides --

15         **MR. GRIFFON:** By radionuclides, right.

16         **DR. ZIEMER:** -- and which buildings they were  
17         used in.

18         **MR. GRIFFON:** And that does give a sense of,  
19         you know, what -- what sort of data that they  
20         have and hadn't -- didn't have, so you know,  
21         there were 400 boxes of data, but it seems that  
22         for certain -- especially for some  
23         radionuclides, there's very limited data, at  
24         least according to their review here, very  
25         limited data, you know, by which to do a -- a -

1           - to reconstruct dose. So that was -- that was  
2           a little more information to sort of base our  
3           determination on. I felt more comfortable  
4           knowing that they had some specifics here of  
5           what they did as far as their review of the  
6           documents.

7           **MS. MUNN:** That's a pretty broad review,  
8           actually.

9           **MR. GRIFFON:** Yeah, the -- the only -- you  
10          know, the -- the one -- I guess the question I  
11          had was there -- there was -- you know, on  
12          first glance at some of the raw reports, I  
13          found a lot of what I -- what I -- and what  
14          seemed to be a lot of individuals' specific in  
15          vivo results, and individuals' specific  
16          bioassay cards. But they were quick to point  
17          out there was nothing -- no procedures were  
18          found and no laboratory procedures were found,  
19          and they really had -- all you had was cards  
20          with number-- with names and numbers on them,  
21          but no real way to -- how to (unintelligible)  
22          what those numbers meant. Right? Right.

23          **DR. ZIEMER:** Yeah.

24          **MR. GRIFFON:** So there was a lot of data there,  
25          but there was a ha-- it was hard to put it into

1 any kind of perspective.

2 **DR. ZIEMER:** Yeah.

3 **MR. GRIFFON:** So that made me feel a lot more  
4 comfortable with their conclusion as well.

5 **DR. ZIEMER:** Right. And then separately we had  
6 that issue of if someone really was working  
7 only in an analytical lab, but it also appeared  
8 that it's very difficult to pin down that they  
9 were only in that, though that would be -- if --  
10 -- if we knew that the analytical lab had  
11 limited activity, we could -- and Labor could  
12 handle it like they did the other areas --

13 **MR. HINNEFELD:** Yes.

14 **DR. ZIEMER:** -- say okay, if we could put a  
15 person exclusively in there, that would be  
16 different from whether they could have.

17 **MR. HINNEFELD:** And I guess --

18 **DR. ZIEMER:** At this point we don't have source  
19 term information even on the analytical lab,  
20 although --

21 **MR. HINNEFELD:** That's right.

22 **DR. ZIEMER:** -- although, by its very nature,  
23 it's still a little hard to conceive that one  
24 would have sources in an analytical lab that  
25 would be sufficient to cause significant

1 exposures or you can't do your analyses.

2 **MR. HINNEFELD:** There's a -- at least some of  
3 these labs apparently had up to gram quantities  
4 of plutonium, and these were more like  
5 production control laboratories and things like  
6 that --

7 **DR. ZIEMER:** Yeah.

8 **MR. HINNEFELD:** -- rather than (unintelligible)  
9 lab and environmental -- or analytical  
10 laboratories.

11 **DR. ZIEMER:** Okay, any further comments or  
12 discussion on the General Atomics item?

13 **DR. ROESSLER:** I have a comment.

14 **DR. ZIEMER:** Yes, Gen.

15 **DR. ROESSLER:** In the second paragraph right  
16 below the buildings discussion -- and this is -  
17 - we need to be absolutely clear on what NIOSH  
18 can do and can't do so we know what category  
19 people fall into, and I think it might make it  
20 a little clearer where it says "they believe  
21 that they are able to reconstruct components of  
22 external dose" I'm assuming that's all  
23 components.

24 **DR. ZIEMER:** No, I don't think it's all, is it?  
25 NIOSH -- I -- I would interpret that as being

1           some components, that it would -- it would vary  
2           from case to case. Who's -- who's there from  
3           NIOSH that can speak to that?

4           **MR. RUTHERFORD:** Dr. Ziemer, this is LaVon  
5           Rutherford. I believe we indicated in our  
6           evaluation report that we can do all external  
7           dose.

8           **DR. ROESSLER:** Well, then it appears it's not  
9           clear if -- if that's the case, we should  
10          insert the word "all" there.

11          **MR. GRIFFON:** I'm sorry, I was -- I was trying  
12          to talk -- or -- or just drop off "components  
13          of" --

14          **DR. ZIEMER:** "Components" --

15          **MR. GRIFFON:** -- maybe just put --

16          **DR. ZIEMER:** -- itself --

17          **MR. GRIFFON:** -- "reconstruct".

18          **DR. ZIEMER:** -- implies parts.

19          **MR. GRIFFON:** Yeah.

20          **MS. MUNN:** Sounds like better to take  
21          "components" out -- then they're able to  
22          reconstruct internal dose and --

23          **MR. GRIFFON:** Yeah, right, that's what I'd say.

24          **MS. MUNN:** -- and internal dose.

25          **MR. PRESLEY:** This is Bob Presley. I like that

1 better.

2 **DR. ZIEMER:** So they were unable to completely  
3 reconstruct doses -- they believe they are able  
4 to reconstruct the external dose --

5 **MS. MUNN:** The external dose.

6 **DR. ZIEMER:** -- is that what you're saying?

7 **MS. MUNN:** Yes --

8 **MR. GRIFFON:** Right.

9 **MS. MUNN:** -- and the internal dose.

10 **DR. ROESSLER:** If that would make it clearer --

11 **MR. GRIFFON:** And portions -- and portions of  
12 the internal dose, or...

13 **DR. ZIEMER:** And there, portions are  
14 components, right?

15 **MR. GRIFFON:** Component, yeah.

16 **MS. MUNN:** Well, the -- that's instructive  
17 inside the paren -- it's specifying which --

18 **MR. GRIFFON:** Yeah.

19 **MS. MUNN:** -- parts of the internal dose can be  
20 done.

21 **DR. ZIEMER:** So would this be agreeable then,  
22 that it would say "they believe they are able  
23 to reconstruct the external dose and components  
24 of the internal dose (those from uranium and  
25 tritium for some time periods) and -- et

1           cetera?

2           **MS. MUNN:** Better.

3           **MR. GRIFFON:** Yeah, I agree.

4           **DR. ROESSLER:** Yeah, I like that.

5           **MR. PRESLEY:** This is Bob Presley, I agree.

6           **DR. ZIEMER:** Take that as a friendly amendment  
7 then that clarifies that --

8           **MR. GRIFFON:** I -- I just have one -- one  
9 comment on that sentence, too, and it gets back  
10 to this -- sort of a policy or -- it -- it  
11 comes up in Monsanto and in this one, this --  
12 this "they believe" part, and you know, in  
13 having these discussions with NIOSH earlier  
14 this week there's a couple of things came out  
15 of it. One, for Monsanto, they believe they  
16 can reconstruct polonium exposures, and I don't  
17 doubt that, they have quite a bit of data for  
18 it. But when -- when I pursued that further,  
19 they said that the coworker model had not yet  
20 been completed and wasn't ready for our review.  
21 So I guess the question I had from a -- you  
22 know, I think that we need to move these  
23 forward, but we're actually being given a -- a  
24 sort of -- I guess a not complete evaluation.  
25 You know, that there's a -- a piece that they

1 think they can --

2 **DR. ZIEMER:** Yeah.

3 **MR. GRIFFON:** -- do. I know that's why the  
4 "they believe" is in there, but --

5 **DR. ZIEMER:** Yeah, but keep in mind that if it  
6 turns out that they can't, it doesn't change  
7 much because if they can't it throws the person  
8 back into the Special Exposure Cohort anyway --

9 **MR. GRIFFON:** Right. Right.

10 **DR. ZIEMER:** -- and they're already in there  
11 for the presumptive cancers, so these would  
12 only apply to people with non-presumptive  
13 anyway.

14 **MR. ELLIOTT:** This is Larry Elliott, and -- and  
15 let --

16 **MR. GRIFFON:** Yeah.

17 **MR. ELLIOTT:** -- me speak to this a bit. You  
18 know, the -- the question that we're answering  
19 here is is there any component for the  
20 radiation dose for all workers that we cannot  
21 reconstruct. We feel that our evaluation  
22 reports are complete in answering that  
23 question. We've identified what we've  
24 recognized at this point in time what we can't  
25 reconstruct and we -- yes, we have not finished

1 out looking at -- at the coworker model or the  
2 distribution doses that will be used to handle  
3 dose reconstructions -- partial dose  
4 reconstructions for the non-presumptive claims.  
5 But as we go through that, you know, we'll sort  
6 all of that out and it -- and it presents no  
7 harm to anyone at this point. The only harm  
8 that's presented is if we hold this -- this --  
9 the answer to this question until we flesh out  
10 all the other doses that we think we have  
11 enough data for.

12 **DR. WADE:** Right. Now this is Lew. I also  
13 think Mark's point is important and that the  
14 Board should only attest to what it believes.  
15 And in this case, if it is that NIOSH believes  
16 they can do it, the Board can pass that on.  
17 The Board is not saying that it has verified  
18 that or offers its opinion that NIOSH can do  
19 it. It just passes on the wording --

20 **DR. ZIEMER:** Which in a sense leaves the door  
21 open for those -- at least partial dose  
22 reconstructions for the non-presumptive  
23 cancers.

24 **DR. WADE:** Right. And again, remember, NIOSH's  
25 attempt here is to do everything it can to

1           serve everyone within the population.  If NIOSH  
2           cannot, then they can't, and then there's no  
3           recourse for these people.

4           **DR. ZIEMER:**  Now Board members, any other  
5           comments or discussion on this document?

6           **DR. ROESSLER:**  This is Gen.  I think it's a  
7           grammatical thing.  In this sentence that Mark  
8           brings up where they say "they believe," I  
9           think it should be "it believes."  The Board  
10          notes that although NIOSH found that -- well,  
11          here again --

12          **DR. ZIEMER:**  Oh --

13          **DR. ROESSLER:**  -- I think it's "it" or --

14          **DR. ZIEMER:**  Oh, is NIOSH an "it" or "they," is  
15          that what you're saying?

16          **DR. ROESSLER:**  I think it's "it" unless we say  
17          NIOSH members or staff or --

18          **DR. ZIEMER:**  It believes that they --

19          **DR. ROESSLER:**  NIOSH found that it was unable  
20          to completely --

21          **MR. GRIFFON:**  How about "NIOSH believes"?

22          **DR. ROESSLER:**  Yeah, then you don't have to  
23          (unintelligible).

24          **DR. ZIEMER:**  We can do that, NIOSH believes  
25          that -- that "it" --

1           **DR. ROESSLER:** Oh --

2           **MR. GRIFFON:** No --

3           **DR. ZIEMER:** -- is able?

4           **DR. ROESSLER:** Well, maybe we need some expert  
5 advice on that. I would say "it," but...

6           **MS. MUNN:** Well, since both of them are non-  
7 gender-specific, the question is is it a plural  
8 or a singular?

9           **MR. GRIFFON:** Leave it to you, Paul.

10          **DR. ZIEMER:** (Unintelligible) "it" is, NIOSH  
11 believes it is able -- it's a collective noun.  
12 Now Board members, do you want to do the same  
13 thing with this and see the final wording  
14 before you vote, or are these sufficiently  
15 simple that you want to go ahead and vote on  
16 this one?

17          **DR. LOCKEY:** Paul --

18          **DR. ZIEMER:** Uh-huh.

19          **DR. LOCKEY:** -- Jim Lockey, the final wording  
20 on the -- on the Monsanto's on your web site  
21 now.

22          **DR. ZIEMER:** Oh, okay.

23          **DR. LOCKEY:** So it may be just easier to take  
24 care of both of them right away.

25          **DR. ZIEMER:** Well, again, I'm asking do you --

1 do you want to get a clean copy of this one or  
2 does everybody have the wording they need to --  
3 to vote?

4 **DR. WADE:** This is Lew, I would prefer if -- if  
5 we could take a moment and get that wording in  
6 front of you, and also in front of our  
7 colleagues at the Department of Labor. I think  
8 it serves the process better.

9 **MR. GRIFFON:** Al-- also, Paul, I have one more  
10 question on General Atom-- I think it's on  
11 General Atomics.

12 **DR. ZIEMER:** Oh, okay.

13 **MR. GRIFFON:** On the -- on the external dose,  
14 and I -- I thought I understood this but I just  
15 want to clarify on this phone call, saying that  
16 you can reconstruct all external dose, LaVo--  
17 maybe this question's to -- to NIOSH, to LaVon  
18 Rutherford. Is this the site that you had  
19 external dose data but not necessarily by a  
20 individual identifier, or is this individual-  
21 specific data that you have?

22 **MR. RUTHERFORD:** Yeah, Mark, this is LaVon  
23 Rutherford. We -- this is individual --  
24 individual data and -- no, Monsanto was the one  
25 where the identifiers were in question during

1 the earlier period.

2 **MR. GRIFFON:** Okay. Okay. So then -- then --  
3 then maybe my question's for Monsanto. Do --  
4 how -- how are the external -- the external  
5 doses there are being treated with a coworker  
6 model of sorts or...

7 **MR. RUTHERFORD:** That is correct.

8 **MR. GRIFFON:** And that approach is what's  
9 completed. Right? Is that the spreadsheet  
10 that was --

11 **MR. RUTHERFORD:** That is correct, yes.

12 **MR. GRIFFON:** Okay. Okay, so I'm comfortable  
13 with that. So they -- there -- NIOSH in the  
14 interim did provide some more materials on the  
15 O drive and we did have an opportunity to  
16 review some of those, so I -- I just wanted to  
17 clarify that, that -- that General Atomics was  
18 not a coworker -- external -- coworker model  
19 for the external dose. They have all  
20 individual data. Thank you.

21 **DR. ZIEMER:** Okay. Well, let's -- let's follow  
22 Lew's suggestion and we'll defer action on this  
23 till the -- a clean copy is distributed and  
24 that -- and again, can we do that from NIOSH?

25 **DR. WADE:** If -- Stu, can we impose -- or

1 LaVon?

2 **MR. HINNEFELD:** Right, I -- I'm trying -- I've  
3 made some notes here. I'm not sure I caught  
4 all the edits, though, so let me go through  
5 what I have and you can tell me if I've missed  
6 any.

7 **DR. WADE:** Thank you.

8 **MR. HINNEFELD:** I'm starting in the second  
9 paragraph, the -- on the fourth line, the  
10 sentence that starts "The Board respectfully  
11 recommends" and then later in that sentence  
12 there is a listing of the -- of the buildings.

13 **DR. ZIEMER:** Right.

14 **MR. HINNEFELD:** We -- the "Science Laboratories  
15 A, B and C, and the experimental area" and then  
16 -- is there -- so you would insert "and  
17 experimental area" and then you would continue  
18 as it is.

19 **DR. ZIEMER:** Right, uh-huh.

20 **MR. HINNEFELD:** Okay.

21 **DR. ZIEMER:** Right.

22 **MS. MUNN:** Well, experimental area -- we  
23 deleted "Building 2"?

24 **DR. ZIEMER:** No, Building 2 --

25 **MR. HINNEFELD:** Building 2 is here. Building 2

1 is already there, that's next.

2 **MS. MUNN:** Oh, okay --

3 **MR. HINNEFELD:** It's in parentheses, but it  
4 really means "of Building 2".

5 **MS. MUNN:** Oh, okay, so "experimental area"  
6 comes before "Building 2".

7 **MR. HINNEFELD:** Well, yeah, because "A, B and  
8 C" --

9 **MS. MUNN:** Right. Right, I had inserted it in  
10 -- now I understand that. Okay. I had  
11 inserted it afterward.

12 **MR. HINNEFELD:** Okay. And then the next edit I  
13 have goes down below -- well, it'd be I guess  
14 in the last --

15 **DR. ZIEMER:** Last sentence.

16 **MR. HINNEFELD:** -- (unintelligible) paragraph,  
17 "The Board notes that although NIOSH found that  
18 -- I guess this -- it would be "it is unable"?

19 **MS. MUNN:** Or "it was," as the case may be.

20 **DR. ROESSLER:** That would be consistent --

21 **DR. ZIEMER:** Yeah, "it is."

22 **DR. ROESSLER:** -- with the bullet below.

23 **DR. ZIEMER:** Yeah, "it is unable to completely  
24 reconstruct" --

25 **MR. HINNEFELD:** "it is not able to completely

1 reconstruct radiation doses for these  
2 employees, NIOSH believes it is able to  
3 reconstruct the external dose" -- that was a  
4 change --

5 **DR. ZIEMER:** Yes.

6 **MR. HINNEFELD:** -- "and -- an insertion --  
7 "components of the internal dose" --

8 **DR. ZIEMER:** Right.

9 **MR. HINNEFELD:** -- and then it continues on as  
10 is.

11 **DR. ZIEMER:** Right.

12 **MR. HINNEFELD:** And those are the ones that I  
13 have.

14 **DR. ZIEMER:** That's it.

15 **MR. HINNEFELD:** Okay.

16 **DR. ZIEMER:** Now as was indicated, the new  
17 Monsanto draft is on your -- or was distributed  
18 a few moments ago. I want to sort of advise  
19 everybody to keep these straight. They're not  
20 dated, so this one that Helen just distributed  
21 to everybody, mark it Rev. 1, January 11th, '07  
22 so you can distinguish it from the previous  
23 wording. Okay? Or something like that, keep  
24 them all straight.

25 So without objection now on the General

1           Atomics, we'll defer the action till later in  
2           the meeting after everyone has a copy -- a  
3           clean copy of the revision.

4           **DR. WADE:** Thank you, Stu. I just think it  
5           serves us better -- Stu, I know that Helen is  
6           sending this material out. If she could, for  
7           example, indicate an e-mail address -- possibly  
8           hers -- where he could respond with comments,  
9           should he have them.

10          **DR. ZIEMER:** In -- in fact, why don't you have  
11          her mark the top of that "Rev. 1" with today's  
12          date on it so we can get -- get that, as well.

13          **MR. HINNEFELD:** Okay. Now put an e-mail  
14          address for --

15          **DR. WADE:** I'm just concerned that if Pete has  
16          a comment that is not on the call, I'd like him  
17          to -- I'd like to be able to hear his comment.

18          **MR. HINNEFELD:** Okay.

19          **MR. KOTSCH:** Lew, this is Jeff Kotsch.

20          **MR. HINNEFELD:** Yes.

21          **MR. KOTSCH:** I just spoke -- I just spoke with  
22          Pete and he -- he took a look at it and he has  
23          no com-- I mean we're -- we're fine with the  
24          definition for --

25          **DR. ZIEMER:** Okay.

1           **DR. WADE:** If Pete --

2           **MR. KOTSCH:** -- Monsanto.

3           **DR. WADE:** -- (unintelligible) access to this  
4 call through Jeff, then we don't need an e-mail  
5 to clear it up. That's good.

6           **MR. KOTSCH:** I'll do that for the next one,  
7 too.

8           **DR. WADE:** Thank you.

9           **DR. ZIEMER:** Thanks -- thanks, Jeff.

10           Okay, are we ready to proceed? Very good.

11           **CLARIFICATION OF SCIENCE AND TECHNICAL ISSUES**

12           Next item is clarification of science and  
13 technical issues. We had a discussion at the  
14 last Board meeting on those issues and in fact  
15 on what we should call them. You should have  
16 received from -- from Jim Neton a document that  
17 is dated January 5th called "Clarification of  
18 Science and Technical Issues" and I guess --  
19 Jim, are you going to lead us on that  
20 discussion or --

21           **DR. WADE:** Is Jim on the line?

22           **DR. NETON:** Hello?

23           **DR. WADE:** Yes.

24           **DR. NETON:** Yeah, I can do that. This should  
25 be fairly brief. As you pointed out, Dr.

1           Ziemer, there was some concern by the Board at  
2           the Naperville meeting that NIOSH was -- was  
3           not tracking all the issues properly or all the  
4           issues that had been identified by prev-- in  
5           previous Board deliberations. And so we put  
6           out this fairly brief write-up that describes  
7           what we believe we have in-house tracked, and  
8           in fact at this point there are now two  
9           separate lists. Attached to one of the  
10          documents that was mailed out goes over the  
11          list of the working group research topics that  
12          was established way back in February I think of  
13          2003 -- or 2005, and those are particularly  
14          relevant to issues regarding IREP and the risk  
15          models, and we've identified those seven issues  
16          that we're tracking and provide a status  
17          update.

18          And then more recently the Board identified  
19          what was -- I think has been -- come to be  
20          called overarching issues, and in looking at  
21          those, they are particularly related to dose  
22          reconstruction issues that have been identified  
23          either by SC&A or the Board or others that --  
24          that affect multiple sites. And so they are  
25          two separate lists, although we will track them

1 collectively and report on them, and so this is  
2 really just provided as an information update  
3 as to what we have and the -- the promise that  
4 we will provide a -- an update on all these,  
5 where we stand, at the next face-to-face Board  
6 meeting, and certainly can entertain any  
7 questions about this.

8 **DR. ZIEMER:** Thank you, Jim. Board members, if  
9 you have those, just make sure you take a look.  
10 Attachment 1 to Jim's e-mail was the, quote,  
11 Research Topics, and we had prioritized those,  
12 you may recall, and Jim has shown that on the  
13 chart and given us a brief status report on all  
14 of those.

15 And then Attachment 2 are those, as he  
16 described it, sort of issues relating to dose  
17 reconstruction -- oro-nasal breathing, those  
18 kinds of issues.

19 **DR. NETON:** Right, I think the confusion arose  
20 because we had inadvertently included a  
21 discussion of chronic lymphocytic leukemia in  
22 that overarching issues list, and so we kind of  
23 mixed modes on the Board and --

24 **DR. ZIEMER:** Right, and --

25 **DR. NETON:** -- (unintelligible).

1           **DR. ZIEMER:** -- and we had -- and we had really  
2 science issues with sort of procedural issues.

3           **DR. NETON:** Right.

4           **DR. WADE:** Jim, this is Lew. I'd like to  
5 suggest one addition to Attachment 2. Would it  
6 be possible to identify in another column where  
7 the issue was first brought forward, or the  
8 number of places the issue was brought forward.  
9 Some of these come from particular workgroups  
10 looking at site profiles, particular site  
11 profiles. I think it would be good to keep the  
12 -- sort of the continuity and the linkage  
13 between the individual workgroups and some of  
14 these overarching issues so if, for example,  
15 oro-nasal breathing came from Bethlehem and you  
16 run the list. It would be good to just keep  
17 that record somewhere.

18           **DR. NETON:** Yeah, we could certainly do that.

19           **MS. MUNN:** Oh, my, that would be confusing for  
20 me, having been on several workgroups that  
21 brought up similar kinds of issues --

22           **DR. WADE:** The reason I --

23           **MS. MUNN:** -- (unintelligible) at the same  
24 time.

25           **DR. WADE:** The reason I suggested it, I would

1           expect that the workgroup chairs really have in  
2           their matrix the fact that the -- an issue on  
3           ingestion, for example, was defined as an  
4           overarching issue. I'd like to keep the  
5           linkage between the workgroup where that came  
6           up and this matrix to be sure that we reach  
7           closure on everything as we go down.

8           **MR. ELLIOTT:** Lew -- Lew, if I could suggest  
9           something slightly different, I would suggest  
10          that we capture in our position paper where the  
11          issue originated. But I would -- I like your  
12          idea of a column, but the column, as I would  
13          suggest it, should be where the issue has  
14          impact, across which sites or, you know, for  
15          which sites does this issue have potential  
16          impact.

17          **DR. ZIEMER:** Well, then the workgroups can  
18          identify from that, you're saying?

19          **MR. ELLIOTT:** Yes.

20          **DR. WADE:** That's fine, Larry. That's fine.

21          **MR. ELLIOTT:** If that's okay, in our position  
22          paper we'll identify where the issue  
23          originated, which working group or which site  
24          or if it came up in a dose reconstruction  
25          review -- however it originated, we'll place

1           that in the position paper. But we'll also in  
2           the position paper, as best we can, identify  
3           those sites or those processes that are  
4           impacted by the particular issue, and then we  
5           should track that in this column here so that  
6           we make sure that, you know, working group  
7           chairs can check off against it and NIOSH can  
8           check off against it to make sure that in our -  
9           - our Technical Basis Documents reflect the  
10          change made on a given issue.

11         **DR. WADE:** That's fine.

12         **MR. ELLIOTT:** Thank you.

13         **DR. NETON:** In looking at this, though, it  
14         appears -- most -- all of these apply to all  
15         sites.

16         **MS. MUNN:** That's essentially what most of --  
17         several of the working groups in which I was  
18         involved where we were discussing these things,  
19         that essentially was the -- the thought that we  
20         had, that these were issues which, for the most  
21         part, encompass the entire complex in one way  
22         or another.

23         **DR. ZIEMER:** Well -- well, at least they  
24         encompass multiple sites, but for example,  
25         let's say hot particles, that probably is not

1 an issue at every site.

2 **MS. MUNN:** No, I'm sure it isn't -- no,  
3 certainly not, but --

4 **DR. ZIEMER:** But then --

5 **MS. MUNN:** -- 300 sites.

6 **DR. ZIEMER:** -- most of these certainly are  
7 multiple sites, at a minimum.

8 **MR. PRESLEY:** Right.

9 **DR. WADE:** Again, my simple desire is when, for  
10 example, the workgroup on Site XYZ finishes  
11 their work and attests to the fact that their  
12 work is finished, if they had raised an issue  
13 like oro-nasal breathing, I would like to be  
14 able to have the linkage to the fact that it  
15 was raised by that workgroup and it was  
16 resolved through this process, so we can reach  
17 closure on the individual workgroup's activity.

18 **MR. PRESLEY:** This is Bob Presley, Lew. Can I  
19 ask a question?

20 **DR. WADE:** Certainly.

21 **MR. PRESLEY:** Is there any way that we could  
22 put a column in there that lets us know -- when  
23 you say literary or literature review is  
24 complete, but if that -- is it ready for the  
25 TBD document or has SC&A reviewed it? Where do

1 we stand? That would help me as a working  
2 group member and also a person that's leading a  
3 working group 'cause that's what we're looking  
4 for right now. That's one of the things that's  
5 holding us up is -- is where these things  
6 stand.

7 **DR. WADE:** It's a good point.

8 **DR. NETON:** Yeah, we -- we could certainly  
9 provide a much better status report than we  
10 have in here. This was, you know, not mean to  
11 be all -- all complete at this point, but for --  
12 -- certainly for the next Board meeting, which  
13 is in early February, we could -- we could  
14 update this, put a little more information in  
15 here.

16 **MS. MUNN:** That certainly would be  
17 (unintelligible) --

18 **MR. PRESLEY:** That would help tremendously if  
19 we had some type of a status column. I mean --  
20 well, you've got a status column, but --

21 **DR. NETON:** More complete status.

22 **MR. PRESLEY:** Right.

23 **DR. ZIEMER:** Well, this is a good first step,  
24 and we can add to it as we go. These are good  
25 suggestions.

1           The other thing we want to identify is if  
2           there's anything that should be on either list  
3           that's been omitted -- and you may not notice  
4           anything now, but if something does arise, that  
5           can be added at any point. So this -- this can  
6           be an ongoing part of -- of the reporting by  
7           NIOSH to keep us apprised of -- of progress on  
8           these items.

9           **DR. WADE:** Right, I think our thought was that,  
10          at a minimum, Larry would cover this in his  
11          update. But if required, then there could be a  
12          special presentation --

13          **DR. ZIEMER:** On a particular issue --

14          **DR. WADE:** -- to focus more detail.

15          **DR. ZIEMER:** On a particular issue or on all of  
16          them.

17          **DR. WADE:** Right.

18          **DR. ZIEMER:** Or on both, yeah. Okay.

19          **MR. CLAWSON:** Right, or any -- any new ones  
20          that appear with us. This is -- this has been  
21          part of our thing was -- status part of this is  
22          to be able to find out where we're at on them  
23          and so forth.

24          **DR. ZIEMER:** Yeah, just add new ones to it.

25          **DR. WADE:** But just again, just to share my

1           fear -- I mean workgroups identify issues and  
2           then they -- they're prepared to pass them off  
3           as overarching issues, and then they stop their  
4           tracking. I think it is important that we keep  
5           linkages to be sure that we're done only until  
6           we're done.

7           **MS. MUNN:** Yeah, that was one of our primary  
8           concerns I think at workgroup level is once  
9           it's out of our hands, how do we keep track of  
10          it.

11          When we're talking about badges in our  
12          overarching issues -- this is only a suggestion  
13          at the time for contemplation, but when we're --  
14          -- we identify cohort badging and interpretation  
15          of unworn badge results, one of the -- one of  
16          the badge issues that has come up several times  
17          has been the handling of badges, and I don't  
18          know whether we can -- can dilute that down to  
19          -- reduce that to its essence so that we can  
20          identify exactly what we mean by that. But  
21          when there seems to be recurring concerns from  
22          one site to the other whether badges are  
23          handled correctly by the interpreters and by  
24          the individuals or (unintelligible) that had  
25          responsibility for them between exposure time,

1 is that of sufficient magnitude for us to  
2 consider it in the overarching dose  
3 reconstruction issues?

4 **DR. NETON:** Wanda, this is Jim. My -- my  
5 thought on that is that seems to be a site-  
6 specific issue, though. I can't think of a  
7 generic position that we could take on that,  
8 other than to review the site-specific  
9 protocols and to deal with them accordingly.

10 **MS. MUNN:** I think you're absolutely correct.  
11 It certainly is a site-specific issue, but it  
12 does seem to come up often, whether it was done  
13 properly or not.

14 **DR. NETON:** Possibly we could do something  
15 like, you know, what are the relevant factors  
16 to consider, or something like that.

17 **DR. ZIEMER:** Yeah. Yeah, it obviously is --  
18 generically is a question at every site, but  
19 the --the specifics of it are -- are very  
20 localized. If at some point we need to have  
21 some sort of a -- a protocol for assessing  
22 that, that would be overarching.

23 **MS. MUNN:** Perhaps -- I guess what I'm actually  
24 suggesting here is that perhaps -- we have two  
25 items with respect to badging there now. I'm



1 group updates, and I guess, Lew, we can go  
2 right down through the -- well, I'm getting an  
3 echo here. Do I sound like I'm in an echo  
4 chamb-- I'm hearing myself.

5 **DR. WADE:** No, I -- I feel the same for myself,  
6 but I'm not hearing it for you, Paul. Are you  
7 hearing it for me?

8 **DR. ZIEMER:** No. No, I just hear it for  
9 myself. Maybe (unintelligible) --

10 **DR. WADE:** So then I guess we'll have to deal  
11 with that.

12 **DR. ZIEMER:** Okay. Well, we'll just proceed  
13 here.

14 **DR. WADE:** You want me to read the list of  
15 workgroups?

16 **DR. ZIEMER:** Let's just take them in order, see  
17 if they have a report and an update, status  
18 report on where things stand and any actions  
19 needed by the Board.

20 **DR. WADE:** I'm going to take them in --

21 **DR. ZIEMER:** (Unintelligible) through the  
22 groups.

23 **DR. WADE:** -- in the order of the lists that I  
24 sent -- had sent out to you most recently.

25 We'll start with the subcommittee on dose

1 reconstruction. Mark, I think we'll hear from  
2 you when we talk about the sixth or the seventh  
3 round of DRs. Is there anything else you would  
4 like to put forward?

5 **MR. GRIFFON:** Yeah, I -- I -- not really. Is  
6 that the -- that's the only thing I wanted to  
7 update on was the status of the selection for  
8 the seventh round.

9 **DR. WADE:** Okay. We have that as the next  
10 item.

11 **MR. GRIFFON:** I'll save it for that. No other  
12 updates at this point.

13 **DR. WADE:** Okay. Then we have the workgroup of  
14 the Nevada Test Site site profile, Robert  
15 Presley as chair.

16 **MR. PRESLEY:** Can everybody hear me? This is  
17 Robert.

18 **DR. ZIEMER:** Yep.

19 **MS. MUNN:** Yep.

20 **MR. PRESLEY:** I talked to Mark Rolfes this  
21 morning and we still do not have a date for our  
22 next meeting. Quite a few of the subjects that  
23 we identified that we needed to review on  
24 Technical Basis Documents were still waiting  
25 for information back from Oak Ridge Associated

1                   Universities. We are still waiting for  
2                   external environmental dose correction factors.  
3                   I think that NIOSH is doing an evaluation on  
4                   that. Gene Rollins is working on resuspension.  
5                   SC&A -- we're waiting on something -- right now  
6                   I don't remember what it was, but we're waiting  
7                   on something from SC&A back to NIOSH or -- or  
8                   CDC so that they can make their determination.  
9                   And Mark feels like that it will probably be  
10                  after our next meeting before we can possibly  
11                  get together on this.

12                 **DR. WADE:** Thank you.

13                 **DR. ZIEMER:** Thank you, Robert. Any questions  
14                  for that group?

15   (No responses)

16                 Okay, let's proceed.

17                 **DR. WADE:** Workgroup on Savannah River Site  
18                  site profile, Mike Gibson chair.

19                 **MR. GIBSON:** Yeah, Lew. We haven't had any  
20                  other meetings, either, and there's still quite  
21                  a few open items, but it's mainly I think  
22                  because of more information needed and I think  
23                  there's still a few items that NIOSH needs to  
24                  work out some problems with DOE about and --  
25                  and then hopefully we can be close enough that

1 at our next batch of meetings, say in  
2 Cincinnati, working group meetings or  
3 something, that maybe we can have another  
4 meeting and try to get closer to closure on  
5 this.

6 **DR. WADE:** Thank you.

7 **DR. ZIEMER:** Okay. Any questions for Mike?

8 **MR. HINNEFELD:** This is Stu Hinnefeld from  
9 NIOSH. I just want to -- maybe something for  
10 the Board to consider in terms of Savannah  
11 River. One of the issues that we're pursuing -  
12 - a piece of information we're pursuing with  
13 the Department of Energy is this event or  
14 incident database that has classified data  
15 intermingled in it, and so it will require a  
16 review down there by (unintelligible) who are  
17 cleared. And so it may be at some point, you  
18 know, prudent to identify -- we can probably  
19 identify a person or two; SC&A would, I'm sure;  
20 and the Board -- a person from the Board would  
21 want to go to participate in that -- you know,  
22 some sort of review of that data in that  
23 database.

24 **DR. ZIEMER:** Right. Let's see, on your  
25 workgroup -- Mark, are you the only one

1           cleared?

2           **MR. GIBSON:** Well, Lew, I'm also cleared.

3           **MR. GRIFFON:** Yeah, I have clearance.

4           **MR. GIBSON:** And Brad Clawson does.

5           **DR. ZIEMER:** Oh, Brad, sure, right. Well,  
6           you've got some cleared people on your -- on  
7           your workgroup.

8           **MR. GIBSON:** Yeah.

9           **DR. ZIEMER:** Yeah, good.

10          **MR. GRIFFON:** Yeah, I -- I certainly would be  
11          interested in that if we could arrange that.

12          **DR. ZIEMER:** Okay.

13          **MR. HINNEFELD:** We can -- we can -- would it be  
14          appropriate then for us to work with those two  
15          Board members, Brad and Mark, along with SC&A  
16          and our own staff to try to arrive at a  
17          mutually-agreeable time or a date?

18          **MR. GIBSON:** Just copy me in, if you would.

19          **MR. HINNEFELD:** Of course, of course.

20          **MR. GIBSON:** Okay, yeah, that'd be great.

21          **DR. ZIEMER:** Okay, good. Thank you. Proceed.

22          **DR. WADE:** Workgroup on Rocky Flats site  
23          profile and SEC petition. Mark, the chair.

24          **MR. GRIFFON:** Yeah, we had a meeting on Monday  
25          the 9th and it was changed from a face-to-face

1 meeting to a conference call meeting, really  
2 just to update on the status. We have a lot of  
3 action items, as most people know, winding down  
4 -- the major action items, I think SC&A is  
5 delivering pieces of their final report as we  
6 speak. We've gotten a few in the last couple  
7 of days. I think they're -- they owe us a few  
8 more.

9 We've scheduled another meeting on January 26th  
10 to be a face-to-face meeting in Cincinnati, and  
11 that gives NIOSH a lit-- about a week or a  
12 little over a week to -- to look at these SC&A  
13 products. So we're under the crunch here to --  
14 to try to wind down these final items and I --  
15 I don't want to -- some of them are fairly  
16 large action items, so we've got a fair amount  
17 of work in front of us still, aiming for the --  
18 the February meeting, though, to have -- to be  
19 in a good position to, you know, have good  
20 discussions on all these final action items.  
21 Lew, I don't know if you -- if this is the  
22 place to bring up the letter from --

23 **DR. WADE:** Well, I think we have it on the --  
24 we have it later on the agenda.

25 **MR. GRIFFON:** You outlined it separately, okay.

1           **DR. WADE:** Yeah. Mark, just for completeness,  
2 your 1/26 face-to-face starting at 9:30?

3           **MR. GRIFFON:** Yes.

4           **DR. WADE:** Okay. Thank you.

5           **DR. ZIEMER:** But it may be appropriate, even --  
6 we can discuss it later, but I think  
7 everybody's aware -- I think the letter was  
8 distributed -- we got a letter from the  
9 Congressional delegation from Colorado  
10 requesting that the Board not take action at  
11 its next meeting on the -- on the Rocky Flats  
12 petition, and I -- I simply wanted to ask you,  
13 Mark, do you -- aside from that request --  
14 well, first of all, would that be helpful  
15 anyway? You -- you indicate you're pressing  
16 against these deadlines and I know you guys  
17 have --

18           **MR. GRIFFON:** Yeah.

19           **DR. ZIEMER:** -- a pretty -- pretty big agenda  
20 that you have to come to closure on yet --

21           **MR. GRIFFON:** Well, we have --

22           **DR. ZIEMER:** -- aside from that letter, do you  
23 think you would have been ready anyway?

24           **MR. GRIFFON:** Well, we have -- we have a couple  
25 of technically robust items left on the --

1           **DR. ZIEMER:** That was my --

2           **MR. GRIFFON:** -- action --

3           **DR. ZIEMER:** -- impression, too, and --

4           **MR. GRIFFON:** And on the --

5           **DR. ZIEMER:** -- I was wondering if we -- if it  
6 was realistic in any event to think of closing  
7 --

8           **MR. GRIFFON:** Well, it --

9           **DR. ZIEMER:** -- February.

10          **MR. GRIFFON:** -- it was sort of depending on --  
11 on, you know, how NIOSH responded to some of  
12 the final -- we haven't seen SC&A's product so  
13 I -- I couldn't really tell you, but I suspect  
14 they're -- at least based on the -- the phone  
15 discussion on a couple of the items, I -- we  
16 have the sense that there was, you know, not --  
17 that NIOSH would have to look at these fairly  
18 thoroughly, especially item -- items like data  
19 completeness and the thorium dose  
20 reconstruction model definitely would deserve a  
21 fair amount of time for NIOSH to respond to  
22 SC&A's report. And then the other piece that I  
23 think might be pertinent to bring up is that  
24 this final product from SC&A, along with all  
25 the reports transmitted back and forth, a lot

1 of them have come out in the fair recent time,  
2 and -- and we're probably going to go right up  
3 to the wire with SC&A's final report, and I  
4 think it might behoove us to give the  
5 petitioner some time to have with these  
6 materials as well 'cause they might have some  
7 questions or comments or --

8 **DR. ZIEMER:** Yeah.

9 **MR. GRIFFON:** -- you know.

10 **DR. ZIEMER:** Well, it -- it sounds -- it sounds  
11 like it would be very iffy in any event, aside  
12 from this request.

13 **MR. GRIFFON:** It might be, yes. It was going  
14 to be -- it was going to be close. We were  
15 trying -- we were certainly shooting for it,  
16 but --

17 **MS. MUNN:** It's going to take a lot of midnight  
18 oil.

19 **MR. GRIFFON:** Yeah, yeah, yeah.

20 **DR. ZIEMER:** Well, what I think -- I think we  
21 had a feeling initially that the -- there --  
22 that to some extent we were being pushed by the  
23 petitioners and the delegation to try to close  
24 this faster rather than -- than we might  
25 otherwise have been able to, but this -- this

1 latest letter suggests that they are willing to  
2 -- in fact are encouraging us to delay it, in  
3 part to allow our new Board members to become  
4 involved in the process. But aside from that,  
5 I think to make sure that we have a chance to  
6 thoroughly review this information that's under  
7 -- under consideration.

8 **MR. GRIFFON:** Yeah.

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

10 **MR. GRIFFON:** Yeah, so I -- I have no problem  
11 with the -- the (unintelligible) --

12 **DR. ZIEMER:** But if we do delay it, that also  
13 has some impact perhaps on where we would meet  
14 because, for example, if we said well, we're  
15 not going to act on -- on Rocky until the  
16 spring meeting, then we may want to delay the -  
17 - the Denver -- delay meeting in Denver until  
18 that time, too. So there's a couple of  
19 implications that involve not -- not only the -  
20 - the vote itself, but where we -- when and  
21 where we meet.

22 **DR. WADE:** And this is Lew. At this point I  
23 believe I've got the option to meet whenever  
24 the Board says. I don't think we're committed  
25 to Denver to the point that we couldn't

1           reschedule for May, and then seek another venue  
2           for February. And I guess when I talk to NIOSH  
3           they tell me they expect to present the Fernald  
4           SEC petition in the February, so that could  
5           take us to Cincinnati.

6           **DR. ZIEMER:** Uh-huh. Well, we can proceed with  
7           the reports here, but keep that in mind as  
8           background for possible action relative to the  
9           February meeting then. Okay?

10          **DR. WADE:** Thank you. Mark, anything else on  
11          Rocky Flats site profile/SEC?

12          **MR. GRIFFON:** No, that -- that's it.

13          **DR. WADE:** Okay. The workgroup on Chapman  
14          Valve SEC, that's Dr. Poston. He's not with  
15          us. Is John Mauro on the call?

16          **DR. MAURO:** Yes, I'm still here.

17          **DR. WADE:** I know, John, you've had -- you've  
18          had discussions with Dr. Poston. Could you  
19          give us a sense...

20          **DR. MAURO:** Yes. Well, Dr. Poston has had a  
21          chance to review our report. I don't know if  
22          the other members of the working group have --

23          **MR. GRIFFON:** We have not.

24          **DR. MAURO:** Okay -- and the plan was as soon as  
25          -- Dr. Poston has been committed to some other

1 matters where he has not yet set up a  
2 conference call or a face-to-face regarding  
3 Chapman. But I think there's general agreement  
4 that the issues are -- are -- are limited in a  
5 number of issues and that -- that as soon as we  
6 can convene a working group, we should be able  
7 to make progress quickly.

8 **MR. GRIFFON:** I don't know if I'm ready to say  
9 there's general agreement since we haven't met,  
10 but I -- I think we've -- you know, I -- I  
11 would hope -- I was hoping we'd be in a  
12 position to vote on this in February, but we  
13 haven't had any movement on a meeting, so we  
14 (unintelligible) --

15 **DR. WADE:** Well, I'll engage with Dr. Poston  
16 and see what I can do, and am I correct in  
17 hearing that the other workgroup members have  
18 not seen the SC&A report at this point?

19 **MR. CLAWSON:** This is Brad. I haven't -- I  
20 have not seen anything, either. I've kind of  
21 been holding off -- I kind of feel like I'm  
22 kind of out here in the dark a little bit on  
23 this, too, so --

24 **MR. GRIFFON:** I don't think the report was sent  
25 to all members of the workgroup, was it, John,

1 or --

2 **DR. MAURO:** Yes, it was -- it went out to all  
3 members of the workgroup and NIOSH. I don't  
4 have the date, but it must have been about  
5 three weeks ago.

6 **MR. GRIFFON:** Okay, it has been a while, so I  
7 might have -- I might have actually looked at  
8 it, but we haven't had a meeting so --

9 **DR. WADE:** Would you re-send it, John, just to  
10 be sure it's fresh?

11 **DR. MAURO:** Certainly, I'll take care of that.

12 **DR. WADE:** Okay. Thank you.

13 **DR. ZIEMER:** Okay, let's proceed.

14 **DR. WADE:** Now the workgroup on SEC issues,  
15 paren, including the 250-day issue and the  
16 preliminary review of 83.14 SEC petitions; Dr.  
17 Melius chair. Dr. Ziemer, you're a member.

18 **DR. ZIEMER:** Yeah. Well, I think at our last  
19 meeting we reported on -- on what we had done.  
20 We've not had any meetings since then, since  
21 December, so there's nothing additional to  
22 report on that. We will be -- let's see --

23 **MR. GRIFFON:** Meeting next week. Right?

24 **DR. ZIEMER:** -- meeting on --

25 **DR. ROESSLER:** We're meeting on the 17th in

1 Cincinnati.

2 **DR. ZIEMER:** -- on the 17th, so --

3 **MR. GRIFFON:** Right.

4 **DR. ZIEMER:** -- so a week -- a week from now we  
5 will be meeting in Cincinnati and then  
6 hopefully have something more concrete to  
7 report at the next Board meeting.

8 **DR. WADE:** Okay. Is there a start time  
9 identified for that meeting?

10 **DR. ROESSLER:** 10:00 o'clock.

11 **DR. ZIEMER:** Yes, 10:00 o'clock on the --

12 **DR. WADE:** 17th.

13 **DR. ZIEMER:** -- 17th.

14 **DR. WADE:** Okay.

15 **DR. MAKHIJANI:** And Dr. Wade, may I -- may I  
16 give you a little bit of an update --

17 **DR. WADE:** Please.

18 **DR. MAKHIJANI:** -- on my --

19 **DR. WADE:** Please.

20 **DR. MAKHIJANI:** -- communications with Dr.  
21 Melius? This is Arjun. I -- I have a paper on  
22 Ames, which was one of the three places where  
23 we were supposed to do case studies. I will be  
24 sending that out to the working group and --  
25 and NIOSH today. John Mauro and Hans -- Hans

1 Behling prepared that and I've reviewed it and  
2 John Mauro has reviewed it. I hope to be  
3 sending out a couple of other pieces related to  
4 Nevada by -- by the end of the week.

5 **DR. WADE:** Okay, just -- on that issue, we are  
6 in receipt also of a letter from Laurence  
7 Fuortes at the University of Iowa that relates  
8 in part to the Ames issue and the 250-day  
9 issue.

10 **DR. ZIEMER:** Right.

11 **DR. WADE:** I believe that issue is in the hands  
12 of the workgroup and just wanted to be sure  
13 that we mention that we have that letter and it  
14 is with the workgroup.

15 **DR. ZIEMER:** Incidentally, while -- while we  
16 were talking here I was just checking my  
17 Chapman Valve files and I find that I do have  
18 the SC&A Chapman Valve report and it's dated  
19 December 6th. Is that the one, John, that  
20 you're talking about? John Mauro?

21 (No response)

22 **DR. WADE:** John, are you on mute?

23 (No response)

24 John was also going to have to leave us, so  
25 yes, I believe that that's the one he was

1 referring to.

2 **DR. ZIEMER:** Yeah, I -- I -- I think it may  
3 have been distributed to all the Board members,  
4 not just the workgroup because --

5 **MR. GRIFFON:** I think you're right, Paul. Is  
6 it called "Handouts to workgroups"?

7 **DR. ZIEMER:** Well -- well, this is a working  
8 draft of SC&A's review of Chapman Valve SEC  
9 petition.

10 **DR. NETON:** It should be about a 100-page  
11 report.

12 **DR. ZIEMER:** 109 pages.

13 **MR. GRIFFON:** I -- like I said, I may have it  
14 somewhere, but if you can resend it, I --

15 **DR. ZIEMER:** Yeah, it's -- the report's dated  
16 December 6th, so it's obviously a fairly recent  
17 report. I thought it was distributed to all  
18 the Board members.

19 **DR. ROESSLER:** I think it was. My list shows  
20 that it was distributed to (unintelligible) --

21 **UNIDENTIFIED:** (Unintelligible)

22 **DR. ROESSLER:** -- yes, I think it was.

23 **MR. GRIFFON:** Okay.

24 **MR. CLAWSON:** (Broken transmission) got it.

25 **DR. WADE:** Okay.

1           **MS. MUNN:** I can't find where I filed it.

2           **DR. WADE:** Okay.

3           **MR. GRIFFON:** Yeah.

4           **DR. WADE:** Well, John was going to resend it.

5           **MR. GRIFFON:** Okay, going to resend it, okay.

6           Thank you.

7           **DR. ZIEMER:** Very good. Let's see, where are  
8           we at, we --

9           **DR. WADE:** We're at workgroup to review SEC  
10           petitions that did not qualify, Dr. Lockey.

11           **MS. MUNN:** Before we leave the 250-day issue --

12           **DR. ZIEMER:** Yeah.

13           **MS. MUNN:** -- Arjun said the magic words when  
14           he said he had some additional data on the  
15           Nevada site that was just about ready to go  
16           out. We've mentioned before the overlap that  
17           this 250-day issue has with the NTS group and  
18           if it would be possible for us to -- for the  
19           NTS group to be copied, as well, with that  
20           information, Arjun, it would really be helpful.

21           **DR. MAKHIJANI:** I will do that, Ms. Munn.

22           **MS. MUNN:** Thank you so much.

23           **MR. PRESLEY:** That'd be great.

24           **DR. WADE:** Before we leave that -- that long-  
25           titled workgroup, that workgroup is also

1           looking at the preliminary review of 83.14 SEC  
2           petitions, so NIOSH, I assume that as you  
3           prepare to bring these forward, you would be in  
4           contact with that workgroup, particularly the  
5           chair, to provide them as early a view of those  
6           83.14s as possible.

7           **MR. ELLIOTT:** Yes, we -- this is Larry Elliott.  
8           Yes, we would. And Dr. Melius has asked that  
9           at the next workgroup meeting we will -- we  
10          have a discussion about the experience with our  
11          recent submittals of 83.14s to the Board at  
12          Naperville. So we'll pick up a couple of those  
13          as examples to talk through them.

14          **DR. WADE:** I also think that there are some  
15          lessons learned on the two petitions we just  
16          talked about today and how that goes to the  
17          preparation of the evaluation reports, and I  
18          think the workgroup will want to talk about  
19          that, as well.

20          Okay. Next we have the workgroup on Hanford  
21          site profile chaired by Dr. Melius; Clawson,  
22          Ziemer, Poston. Dr. Ziemer?

23          **DR. ZIEMER:** Well, that workgroup has not met  
24          yet. We had a telephone meeting just to get a  
25          -- which actually Jim reported on at our last

1 meeting -- to just -- to get updated on what  
2 was available, but other than that, we have not  
3 met yet.

4 **DR. WADE:** Okay.

5 **DR. ZIEMER:** Incidentally, I don't know if you  
6 skipped Jim Lockey's SEC --

7 **DR. WADE:** Oh, I did. I read it and then I  
8 didn't --

9 **DR. ZIEMER:** He actually gave us a report at  
10 the last meeting. I think that was kind of a  
11 closeout, wasn't it, Jim?

12 **DR. LOCKEY:** Jim Lockey. Jim Melius at that  
13 meeting had asked me to -- that one of the  
14 things he wanted to look at in addition was  
15 what happened when these petitions were  
16 referred to NIOSH for a appeal, and I guess  
17 I'll have to get with Jim Elliott to -- I'm  
18 sorry, Larry Elliott, to -- to see if there's  
19 examples of that process and how they can be  
20 made available to the workgroup.

21 **DR. WADE:** Right, that was an open issue.

22 **MR. ELLIOTT:** This is Larry Elliott, and Dr.  
23 Lockey, we will be forwarding to the workgroup  
24 the three petitions that have come out of the  
25 appeal panel so that you can evalu-- you can

1 look at how they were handled.

2 **DR. LOCKEY:** That'd be fine. I think we can do  
3 that by -- by just e-mailing that to us and  
4 then we can have a short con-- or a conference  
5 call and handle that and close this -- this  
6 workgroup out then.

7 **MR. ELLIOTT:** Sure.

8 **MS. MUNN:** Yeah, we can probably do that by  
9 phone, especially given the small number we're  
10 dealing with.

11 **DR. WADE:** I'm sorry I skipped over that. But  
12 again we're back to Dr. Lockey, workgroup on  
13 conflict of interest policy for the Board, Dr.  
14 Lockey, as one we had tabled.

15 **DR. LOCKEY:** At the last Board meeting I had  
16 asked the Board's legal counsel to put together  
17 a workbook where the various ongoing conflict  
18 of interest statements would be indexed,  
19 including the example through the CDC -- the  
20 Immunology Committee that has a conflict of  
21 interest statement in place. I have not yet,  
22 as I am aware, received that. That was going  
23 to be distributed to all the workgroup members.  
24 Perhaps I need to -- Lew, should I get with you  
25 on that or --

1           **DR. WADE:** That's fine. Liz, Emily, are you --  
2           is that something on your list?

3           **MS. HOWELL:** Yes, on the list and I'm working  
4           on it now and hope to have something to Dr.  
5           Lockey within the next couple of weeks.

6           **DR. WADE:** Okay, thank you.

7           **DR. LOCKEY:** Thank you very much. And after --  
8           after we get that, then I'll -- we'll schedule  
9           a -- I think people will take a week or so to  
10          review that, then we'll schedule a -- probably  
11          a face-to-face meeting.

12          **DR. WADE:** Very good. Workgroup on procedures  
13          review, Wanda Munn chair.

14          **MS. MUNN:** Our procedures review group has not  
15          met for quite some time, and we have now begun  
16          to put together -- we -- we've been provided by  
17          NIOSH with a more complete list of where we  
18          are, which has just come to us. We have not --  
19          I have not called the group to see when a  
20          convenient date would be for us to review this  
21          new information -- the latest information, the  
22          most updated for what we have.

23          **DR. WADE:** And just for completeness, I think  
24          when we talk about the future SEC (sic) tasks  
25          update next, I think SEC's (sic) prepared to

1 talk a bit about procedures review and some  
2 thoughts there, so Wanda, pay attention to  
3 that. It could define some work or --

4 **MS. MUNN:** I certainly will, yes.

5 **DR. WADE:** -- for your workgroup.

6 **MS. MUNN:** Yes. At this juncture we will await  
7 further instruction with respect to what's  
8 going to happen with the SEC procedures group  
9 and we'll try to coordinate and go from there.

10 **DR. WADE:** Thank you. And we'll stay with you  
11 to do workgroup on Blockson Chemical SEC.

12 **MS. MUNN:** Yes, Blockson Chemical, as you are  
13 probably all aware, had the SEC petition and  
14 the site profile withdrawn by NIOSH as a result  
15 of our last meeting when we had several issues  
16 that were raised at that time. Our workgroup  
17 did have a very brief conference call on  
18 Tuesday the 9th, and we covered three topics  
19 that were fairly simple.

20 We asked NIOSH to clarify whether the findings  
21 in the draft report were going to be covered by  
22 the new deliberations that they were  
23 undertaking with respect to the site profile.  
24 The answer to that generally is yes.

25 We asked the working group members to identify

1           any additional comments and concerns that they  
2           might have. We did not have a significant  
3           number of those, but we had a brief discussion  
4           with respect to them. And -- as they were  
5           applicable to both the SEC and the SC&A report.  
6           And our next concern was what the reasonable  
7           schedule for next steps was going to be. Our  
8           information that we received that was valuable  
9           to us during that discussion was that there  
10          were going to be meetings in Joliet on the 24th  
11          and the 25th to interact with the Blockson  
12          people who remain in that area and who might  
13          have some better information with respect to  
14          where exactly in their process the new  
15          introduction of (unintelligible) was required  
16          for a contract with the government to be  
17          completed. That has created the question of  
18          where the additional waste stream began on the  
19          site. In view of the fact that that meeting is  
20          going to occur and in light of how productive  
21          those discussions have been both for SC&A and  
22          for members of the Board in the past, I'd like  
23          to request that we consider the possibility of  
24          having SC&A's expert on say chemical processes  
25          and as head of the working group I also would

1           like to attend at least one or more of those  
2           meetings. In light of the fact I have to be in  
3           Cincinnati on the 26th for (unintelligible) the  
4           Rocky Flats working group, as well, I'm going  
5           to have to come across (unintelligible) and  
6           would like for the group to consider the  
7           possibility of having Phillip -- gosh, what's  
8           Phillip's name, from the SC&A group?

9           **DR. ROESSLER:** Is it Chick Phillips?

10          **MS. MUNN:** (Unintelligible) contract  
11          (unintelligible).

12          **DR. ROESSLER:** Charles Phillips?

13          **DR. MAKHIJANI:** This is Arjun. I don't think  
14          John is on the call. I -- I think Chick  
15          Phillips did work with -- with John on the  
16          Blockson review, yes.

17          **MS. MUNN:** And it's -- since there are going to  
18          be two meetings, both the 24th and 25th, it  
19          would be helpful I think if we considered the  
20          possibility of (unintelligible) an additional  
21          presence at the meeting.

22          Right now we are expecting a report at the May  
23          meeting. Exactly how far we will be along that  
24          path depends upon how extensive the NIOSH re-do  
25          is of the existing (unintelligible) and I -- I

1           certainly can't speak to that. Can any of our  
2           NIOSH team speak to that? Or do they wish to?

3           **MR. ELLIOTT:** Well, this is Larry Elliott.  
4           Your first comment, you know, we would  
5           certainly welcome any Board member's  
6           participation in -- in this -- these two worker  
7           outreach meetings, as well as -- any  
8           representative who can tag along. And -- and  
9           to your last point, you know, it's a challenge  
10          that I have set for the OCAS staff and the ORAU  
11          team to pull together the re-evaluation and be  
12          able to present hopefully revised documents at  
13          the May meeting. I hope that's what we'll be  
14          able to do, but we want to make sure that we do  
15          a thorough job. We're committed to making sure  
16          that we address all of the dose that needs to  
17          be reconstructed at Blockson Chemical and  
18          documents only address the AEC dose. So now  
19          we're looking at what partial dose may be, so  
20          we have to wait and see how that shapes up for  
21          us.

22          **MS. MUNN:** This is not a large site nor a large  
23          claim, but it's a very interesting one and it  
24          has some unique twists I think, so it's going  
25          to be a bit of a challenge for all of

1 concerned, as I see it.

2 **DR. WADE:** And Larry, again, the dates of the  
3 worker outreach meetings, please?

4 **MS. MUNN:** January 24 and 25, as I  
5 (unintelligible).

6 **DR. WADE:** Okay. Thank you.

7 **DR. ZIEMER:** Those are in Joliet. Right?

8 **MS. MUNN:** Correct.

9 **MR. HINNEFELD:** At the Joliet Municipal  
10 Building, 7:00 o'clock each day.

11 **DR. WADE:** 7:00 p.m.

12 **MR. HINNEFELD:** Right.

13 **DR. ZIEMER:** Good. Thank you, Wanda.

14 **DR. WADE:** Last but not least, we have the  
15 workgroup on the Fernald site profile and SEC,  
16 Brad Clawson chair.

17 **MR. CLAWSON:** (Broken transmission) Well, Lew,  
18 this is Brad. At this point we have not had a  
19 meeting yet. When we -- I first got assigned  
20 this, NIOSH had not had an opportunity yet  
21 (unintelligible) review SC&A's comment  
22 (unintelligible) at that point right now.

23 **DR. MAKHIJANI:** Doctor, we might -- and Mr.  
24 Clawson, might I give an update on that? I am  
25 preparing the matrix, as directed by the Board

1 at the last meeting, in two parts; one part  
2 related to the SEC issues arising from the site  
3 profile review and also from the petition and  
4 the evaluation report, and a second matrix that  
5 would relate to non-SEC issues from the site  
6 profile review. I hope that resolves -- this  
7 is a transition thing for -- for me to be  
8 (unintelligible) of this from transitioning  
9 from the site profile to the SEC. I will hand  
10 that off to Hans Behling in the next 10, 15  
11 days I hope. And Mr. Clawson, we'll send you a  
12 first draft of this also at that time and  
13 circulate it to the working group, but it  
14 should be in the next two weeks.

15 **MR. CLAWSON:** Appreciate that, Arjun. Now we  
16 did get some e-mail conversation back and  
17 forth, and you will not be the lead on it.  
18 It'll be Hans that'll be the lead.

19 **DR. MAKHIJANI:** For -- for the SEC -- for the  
20 SEC petition review, I will not be the lead on  
21 it and I'm just handing off from the site  
22 profile review process but preparing this  
23 matrix. I will be working along with Hans as a  
24 site expert, so I'll be -- I'll be along for  
25 the ride. I'll be -- I'll be working on it,

1 but I will not be the lead on it.

2 **MR. CLAWSON:** And -- and Larry, my  
3 understanding was that Mark Rolfes is the lead  
4 on this from your e-mail that you sent me for  
5 NIOSH. Is that correct?

6 **MR. ELLIOTT:** Yes, Mark Rolfes, that's correct.

7 **DR. WADE:** Okay, Dr. Ziemer, that runs the list  
8 of active workgroups that I have.

9 **DR. ZIEMER:** Good. Thank you very much. Any -  
10 - any final questions from Board members on the  
11 workgroup updates?

12 **MR. PRESLEY:** This is Bob Presley.

13 **DR. ZIEMER:** Uh-huh.

14 **MR. PRESLEY:** Is there any way that Lew can  
15 send out another list of the people that are on  
16 the workgroups, along with the contact from  
17 SC&A and the contact -- NIOSH -- is there any  
18 way we can get an update on that?

19 **DR. WADE:** Yes, I'll take that as a task and  
20 I'll be contacting SC&A and NIOSH later today  
21 or tomorrow, and hopefully have that in your  
22 mailbox by tomorrow.

23 **MR. PRESLEY:** Thank you, Lew. That would  
24 really help.

25 **FUTURE TASKS FOR SC&A**

1           **DR. ZIEMER:** Thank you. Okay. Now, let's see,  
2           the next item on the agenda, future tasks for  
3           SC&A. We have seventh round of dose  
4           reconstruction reviews, and then we have site  
5           profile reviews.

6           **DR. WADE:** I would like to add to that, Paul,  
7           the Task III question that's arisen recently,  
8           and if we could put that on the list I think it  
9           would -- would serve us.

10          **DR. ZIEMER:** Right. Got that as a third item  
11          then.

12          **DR. WADE:** On the seventh round for DRs -- I  
13          mean it was our desire to try and name -- or --  
14          or identify particular cases that would  
15          represent that seventh round, and the Board did  
16          some preliminary work to that end when it was  
17          last together. But again, when the material  
18          was assembled, it appeared that maybe we  
19          weren't as far along as we thought we were.  
20          And I don't know if Stu or Mark want to address  
21          that issue.

22          **MR. HINNEFELD:** This is Stu, I can comment on  
23          that. Last time the Board selected I believe  
24          32 claims to gather additional information  
25          beyond what's available on our traditional

1 selection matrix. And that additional  
2 information had to do with what dose  
3 reconstruction techniques were used for both  
4 internal dosimetry and external dosimetry, job  
5 title for the worker and the building location  
6 -- what we (unintelligible) about that.  
7 And when we compiled that for these 32 cases,  
8 we found that, as I recall, 19 of the 32 -- the  
9 internal dosimetry technique was a  
10 overestimating approach -- was the  
11 (unintelligible) overestimating approach, which  
12 has been reviewed in quite a number of dose  
13 reconstructions already. So based on that, I  
14 thought maybe we -- if we (unintelligible)  
15 that, certainly (unintelligible) that we might  
16 be able to come up with more -- more than 13  
17 dose reconstructions that would yield maybe a  
18 more fruitful review. It might take  
19 (unintelligible) research on that, maybe go  
20 back and gather that similar additional  
21 information on another subset of the 300 and  
22 some that were presented in the last  
23 (unintelligible) matrix.

24 **MR. GRIFFON:** And -- and I guess to that end,  
25 Stu and I talked -- maybe a week ago, Stu, I

1                   guess?

2                   **MR. HINNEFELD:** Something like that.

3                   **MR. GRIFFON:** Yeah, and I -- I -- I took a -- a  
4                   little liberty here, but I -- I selected 30  
5                   additional cases for Stu to then compile more  
6                   information, and then I think what we'll have  
7                   is like that list of 62 at the next  
8                   subcommittee meeting, is my anticipation, that  
9                   -- that we have the 62 cases in front of -- in  
10                  front of us, and then from that we'll get our  
11                  20 final cases. I think at le-- we should --  
12                  hopefully -- I -- I think you ended up with --  
13                  I forget the numbers you just said there, Stu,  
14                  from the first set of 32. It looked like a  
15                  bunch of them were OTIB-2, though --

16                  **MR. HINNEFELD:** Right.

17                  **MR. GRIFFON:** -- so I -- I selected 30  
18                  additional -- the reason I didn't -- I -- I  
19                  would have done it with the full subcommittee,  
20                  but I -- I didn't want to slow up SC&A's  
21                  progress and the whole Board's progress, and I  
22                  thought if we wait till February to select  
23                  another batch and give them back to NIOSH to  
24                  give us more information, then we have to wait  
25                  for the next meeting and do more on it, I

1 thought that was kind of backing up our work a  
2 little bit, so I --

3 **DR. WADE:** Most appropriate. Most appropriate  
4 what you did.

5 **MR. GRIFFON:** Yeah.

6 **DR. WADE:** Mark, are you imagining that the  
7 subcommittee would meet the morning of the  
8 first day of the February Board meeting?

9 **MR. GRIFFON:** That's what I was hoping, yeah.

10 **DR. ZIEMER:** At that point, Stu -- or Mark,  
11 you'd be able to come up you think with the  
12 final list then?

13 **MR. GRIFFON:** I think so, yeah, 'cause we'll  
14 have (unintelligible) --

15 **DR. ZIEMER:** Then the Board could approve that  
16 at that point.

17 **MR. GRIFFON:** Yeah, the -- the subcommittee can  
18 go through the entire list of 62 and give a --  
19 you know, a priority list back to the full  
20 Board at that meeting.

21 **DR. ZIEMER:** Did you -- did you get the  
22 subcommittee members a copy of that last  
23 selection group that you --

24 **MR. GRIFFON:** I just sent it out this morning  
25 to (unintelligible) --

1           **DR. ZIEMER:** Oh, good.

2           **MR. GRIFFON:** -- but I'll forward it to  
3 everyone. I just have the selection numbers --

4           **DR. ZIEMER:** Make sure the subcommittee has  
5 that.

6           **MR. GRIFFON:** Yeah, I will. I will.

7           **DR. ZIEMER:** Yeah.

8           **DR. WADE:** So we're looking at a subcommittee  
9 meeting at 9:00 a.m. on February 7th. Good.  
10 Kathy Behling, I assume you're on the line, you  
11 provided a work product to all of us that  
12 possibly would be useful to the subcommittee or  
13 the Board. Could -- could you just walk us  
14 through that?

15           **MS. BEHLING:** Yes. What I tried to do is look  
16 at -- last 120 cases and compared those 120  
17 cases to the initial selection criteria that  
18 was established by the Board. Now I have not  
19 included all of the new types of selection  
20 criteria that Mark talked about, but I have  
21 tried to put together -- and I worked in --  
22 along with Stu Hinnefeld. He provided me with  
23 his statistics, al-- also. And I just tried to  
24 lay out -- you all of the facilities that we  
25 have already -- and made a compari-- to the

1 available number of facilities -- 2.5 percent  
2 of the available number from each of the  
3 various facilities -- might just -- in my first  
4 slide. I also looked at the POC category, at  
5 decade of first employment, duration --  
6 employment and also risk models or cancers that  
7 we've already selected. In each case, if you  
8 look at -- slide, I tried to, under the  
9 heading, put some information regarding what  
10 your initial selection -- would  
11 (unintelligible) to -- to do.

12 **DR. WADE:** Thank you. I think that's most  
13 helpful.

14 **DR. ZIEMER:** Did you send this -- you sent this  
15 to all the Board members, didn't you, Kathy? I  
16 think --

17 **MS. BEHLING:** Yes, I did.

18 **DR. ZIEMER:** -- (unintelligible) distribution.  
19 I think it's very helpful information.

20 **MS. BEHLING:** Thank you.

21 **DR. WADE:** And it was dated January 9th. At  
22 least that's the date I received it, January  
23 9th.

24 **DR. ZIEMER:** Yeah, that's correct.

25 **MS. MUNN:** Very helpful. Thank you, Kathy.

1           **MS. BEHLING:** Thank you.

2           **DR. WADE:** So then our individual DRs, we have  
3 a -- a crisp plan of action.

4           **DR. ZIEMER:** I'm going to request one other  
5 thing of this subcommittee. You know, we had  
6 the initial report that went in to the  
7 Secretary on the first 20 cases. The second  
8 and third 20, that is -- yeah, the next 40 --  
9 that -- that report is basically completed.  
10 There were some number differences between  
11 SC&A's list and -- and ours, and Mark and I and  
12 Kathy are working (unintelligible) be ready.  
13 SC&A also prepared a summary report covering  
14 the first 60 -- first 60 cases. I -- I think  
15 it was distributed fairly recently, Kathy, as I  
16 recall -- maybe in December -- with kind of a  
17 summary of everything that's covered in the  
18 first 60 cases.

19           **MS. BEHLING:** Yes, we did prepare that.  
20 However one of the -- is that it was -- earlier  
21 than that, maybe October or November. If  
22 anyone needs another copy of it --

23           **DR. ZIEMER:** My -- my point is, I'm wondering -  
24 - I don't know if the -- the subcommittee may  
25 want to take a specific look at that and see

1           whether you think it would be also useful to  
2           submit that -- the 60-case summary -- to the  
3           Secretary in some form. I simply ask that  
4           question and maybe you can consider that, Mark,  
5           as you do -- do your tasks at the next meeting,  
6           if you have a chance to take a look at that  
7           SC&A report and determine whether that would,  
8           in some form, be useful to send on as kind of a  
9           summary of -- of the first 60 cases. Okay?

10          **DR. WADE:** So that takes us to the second item  
11          on the list, which is site profile -- just to  
12          give you a status of the tasking of your -- of  
13          your contractor. For this fiscal year we had  
14          said we would give SC&A five new site profiles  
15          to review, in addition to the review of the  
16          Savannah River Site site profile. That made  
17          the sixth. They were given the go-ahead at  
18          this point on Lawrence Livermore National Lab,  
19          on K-25 and on Pantex, so there are two  
20          unfilled slots at the moment. You voted that  
21          those slots would likely be filled by  
22          Portsmouth and Argonne National Lab West. We  
23          have not given SC&A the go-ahead on Portsmouth  
24          or Argonne National Laboratory West. You don't  
25          have to do it now. I -- I would think we

1           shouldn't do it any later than February,  
2           though, when we meet.

3           **DR. ZIEMER:** And I think we sort of --  
4           initially we said well, we'll -- we actually  
5           had prioritized seven. We said we would assign  
6           the first three, wait till later and see if  
7           there were any priority changes, and then do  
8           the next two or three. And Lew is suggesting  
9           that we go ahead at least with the next two so  
10          that they have sort of oncoming work known to  
11          them in advance.

12          **DR. WADE:** If we do Portsmouth and Argonne  
13          National Laboratory West, then we will have  
14          completed the complement for this fiscal year.  
15          Now you'll have five new plus Savannah River,  
16          and contractually we were speaking of six.

17          **DR. ZIEMER:** And just for information -- put  
18          this in context -- on our priority list I  
19          remember six was Sandia Albuquerque, priority  
20          seven was -- I have Clarksville --

21          **DR. WADE:** Let me look at my list.

22          **DR. ZIEMER:** -- I don't even remember what  
23          Clarksville was, but --

24          **MS. MUNN:** I don't either.

25          **MR. PRESLEY:** I do. This is Bob Presley --

1           **DR. WADE:**   Clarksville Medina.

2           **MR. PRESLEY:**  -- Clarksville Medina, that is  
3           one of the earliest assembly points on there.

4           **DR. ZIEMER:**  Yeah.  Anyway, those -- those were  
5           the seven that we prioritized as -- well,  
6           actually we also had Atomics and National  
7           Technology Center sort of in there as a  
8           possible seven, as well, but anyway, the  
9           question is, did you want to go ahead with four  
10          and five and are -- is everybody still  
11          comfortable with Portsmouth and Argonne West?

12          **MS. MUNN:**  There hasn't been any new  
13          information or anything changed since our last  
14          deliberations, has there?  I -- I thought -- I  
15          had the impression that most of the Board was  
16          fairly accepting of the two that we had  
17          prioritized in that order.  I didn't hear  
18          anyone objecting to either Portsmouth or  
19          Argonne West.

20          **DR. ZIEMER:**  I'm not aware of any major  
21          changes, either, that would cause us to change,  
22          but --

23          **MS. MUNN:**  But there have not been any change--

24          **DR. ZIEMER:**  -- opportunity for people if they  
25          do want to change that.

1           **MS. MUNN:** If there's not been any change, I'm  
2 certainly more than -- than glad to move that  
3 we --

4           **DR. ZIEMER:** We need a formal motion if we wish  
5 to task the contractor to proceed on these.

6           **MR. GIBSON:** Excuse me -- Paul, could I ask a  
7 question first?

8           **DR. ZIEMER:** You bet.

9           **MR. GIBSON:** Back on the individual dose  
10 reconstruction reviews, I think we were going  
11 to do some blind dose reconstruction reviews,  
12 if memory serves me correct, and I don't think  
13 we've done any of those yet. Is that correct?

14           **DR. ZIEMER:** I believe that's correct. Mark,  
15 can you --

16           **MR. GRIFFON:** Yeah, that -- that's correct,  
17 Mike. I -- actually I was going to bring that  
18 up in the subcommittee meeting in -- wherever  
19 we have the next Board meeting, but I think we  
20 do need to -- to go back to our original scope  
21 as looking at the advanced reviews and -- and  
22 some blind reviews that were never done. So we  
23 may want to select some of these cases for a  
24 blind review, but we should discuss that at the  
25 subcommittee.

1           **MR. GIBSON:** (Unintelligible)

2           **MR. GRIFFON:** -- our position, yeah.

3           **MR. GIBSON:** Did we -- refresh my memory, if  
4           you will. Did we lay out a method--  
5           methodology about how that'll be done, or we  
6           still need to do that, also?

7           **MR. GRIFFON:** I think we may need to go -- all  
8           refresh our memories on that and go back to the  
9           original scope. I don't think we set out a  
10          methodology on that, though.

11          **MS. MUNN:** It's been a while.

12          **MR. GRIFFON:** Yeah.

13          **MR. GIBSON:** Okay.

14          **DR. ZIEMER:** Well, remember that on the blind  
15          review we have to select it in such a way that  
16          the contractor doesn't know in advance what the  
17          outcome was.

18          **MR. GRIFFON:** Right, so these cases may not be  
19          eligible for it, yeah.

20          **DR. ZIEMER:** Well -- well, or we have to select  
21          it in such a way that that information is not  
22          disclosed.

23          **MR. GRIFFON:** (Unintelligible) listing's out  
24          there, so --

25          **DR. ZIEMER:** Right, I (unintelligible) --



1                   Appears to be no discussion. Board members, we  
2                   will vote by roll call. If you're in favor of  
3                   the motion, say aye. If you're opposed, say  
4                   no. If you're abstaining, so state. Lew, will  
5                   you call the roll, please?

6                   **DR. WADE:** Wanda Munn?

7                   **MS. MUNN:** Aye.

8                   **DR. WADE:** Robert Presley?

9                   **MR. PRESLEY:** Aye.

10                  **DR. WADE:** James Lockey?

11                  **DR. LOCKEY:** Aye.

12                  **DR. WADE:** Brad Clawson?

13                  **MR. CLAWSON:** (No response)

14                  **DR. WADE:** Brad Clawson, are you on or muted?

15                  **MR. CLAWSON:** Can you hear me now?

16                  **DR. WADE:** I can, yes. What's your vote, Brad?

17                  **MR. CLAWSON:** Aye.

18                  **DR. WADE:** Gen Roessler?

19                  **DR. ROESSLER:** Aye.

20                  **DR. WADE:** Mark Griffon?

21                  **MR. GRIFFON:** Aye.

22                  **DR. WADE:** Dr. Poston is not on the call. Mike  
23                  Gibson?

24                  **MR. GIBSON:** Aye.

25                  **DR. WADE:** Jim Melius?

1 (No response)

2 **DR. WADE:** Dr. Ziemer, do you wish --

3 **DR. ZIEMER:** Aye.

4 **DR. WADE:** -- to vote?

5 **DR. ZIEMER:** Yes, I'll vote aye.

6 **DR. WADE:** Okay. So we have eight ayes, no  
7 no's, no abstentions.

8 **DR. ZIEMER:** Motion carries. Thank you very  
9 much. The -- oh, okay, now Task III issues.  
10 You want to kick that off, Lew?

11 **DR. WADE:** Yeah. Again, John Mauro has sent e-  
12 mails to us very recently that sort of speak to  
13 the status of where they are and I guess my  
14 very brief telling of it is that we've given  
15 them the go-ahead on 24 procedures to review of  
16 a budgeted total of 30 that's available. I  
17 think John is saying in his note that there are  
18 seven procedures that are reviews carrying on  
19 from last year and he would intend to complete  
20 them. I think John is also saying that there  
21 are eight procedures that he's identified that  
22 are under at least a partial review from some  
23 other Board review function -- a site profile  
24 review or an SEC review or something of that  
25 type. I think John is saying that they would

1           like to expand those to full reviews. And then  
2           he's still saying that within the budget he  
3           thinks he can fit an additional six reviews,  
4           and as early as this morning sent out a list of  
5           those six reviews.

6           So Kathy, can you correct the mistakes I made  
7           and then take us forward in this?

8           **MS. BEHLING:** No, everything you said is  
9           correct, Dr. Wade. We are recommending or  
10          suggesting that -- I believe you all -- a memo  
11          that -- three tables, and Table 1 includes the  
12          procedures that have been selected at the  
13          various Board meetings and ones that we had  
14          previously reviewed and will include in this  
15          group. There is also in Table 2 and 3  
16          asterisked documents that we would like to get  
17          approval to formally review. We are in some  
18          capacity reviewing these, either under Task I,  
19          the site profile, or the SEC petitions.  
20          In addition, I -- morning looked at Table --  
21          and Table 3 and attempted to select six  
22          procedures that we feel we do have the budget  
23          to include with this group. It is a little bit  
24          difficult to select procedures, just because a  
25          lot of -- are administrative in nature.

1           However, let me just suggest six, maybe seven,  
2           procedures here that you may want to consider.  
3           From -- 2 there's ORAU -- zero -- three six,  
4           and that's the internal -- coworker data for --  
5           has got -- plan and I guess that's appropriate  
6           now in light of the motion that was carried.  
7           Also on -- in Table 2 is ORAU OTIB-0040, which  
8           is the external coworker dosimetry data. A  
9           little further down on Table 2 is ORAU PROC --  
10          zero (unintelligible) four, which is Special  
11          Exposure Cohort procedure. And I believe,  
12          Arjun, and you can correct me if I'm wrong, we  
13          may have looked at this. I don't believe it's  
14          been formally reviewed.

15          **DR. MAKHIJANI:** My attention was a little  
16          distracted. Can you repeat that?

17          **MS. MUNN:** I thought we (unintelligible).

18          **DR. MAKHIJANI:** Kathy, my attention was a  
19          little distracted. Can you --

20          **MS. BEHLING:** Okay.

21          **DR. MAKHIJANI:** -- (unintelligible).

22          **MS. BEHLING:** Okay. I -- to the Board that --  
23          were select -- an additional -- or making some  
24          recommendations as to some additional  
25          procedures that the Board may want to assign

1 us, and one of those that was put on this list  
2 and there's also -- let me introduce Steve  
3 Marksy\*, who I believe is on this phone call,  
4 who is an SC&A employee who helped put this  
5 table together. One of -- procedures that was  
6 included was ORAU PROC (unintelligible) four  
7 four, which is the Special Exposure Cohort  
8 procedure. Now -- a little unsure whether this  
9 was formally reviewed. I know we did look at  
10 it when you started the SEC -- but I don't know  
11 if it was actually ever written up in a formal  
12 document.

13 **DR. MAKHIJANI:** I don't believe it has been.

14 **MS. BEHLING:** Okay.

15 **DR. MAKHIJANI:** If it has been, I haven't been  
16 involved with it.

17 **MS. BEHLING:** I get -- that -- thought.

18 **MS. MUNN:** Mark, did we discuss PROC-44 at some  
19 point in the subcommittee?

20 **MR. GRIFFON:** It wasn't in our -- it wasn't in  
21 that -- we didn't review it in there, no, but  
22 we did review it -- I think we discussed it in  
23 -- in the SEC procedures discussion but I don't  
24 recall reviewing it in (unintelligible) --

25 **MS. MUNN:** Well, we had a lot of discussion

1           about it. I guess that's why it sticks in my  
2           memory.

3           **MR. GRIFFON:** Yeah.

4           **MS. MUNN:** Okay.

5           **MR. GRIFFON:** Yeah.

6           **MS. MUNN:** Thank you, Kathy. Go on.

7           **MS. BEHLING:** Okay. Also ORAU PROC -- eight  
8           six. I'm not -- sure about -- but it did seem  
9           to be that it could be of some interest. It's  
10          case (unintelligible) complex internal  
11          (unintelligible) claims, and again, it may be  
12          somewhat -- but I thought it might be  
13          beneficial -- us to review it for the dose  
14          reconstruction process.

15          **DR. ZIEMER:** What was that number again,  
16          PROC...

17          **MS. BEHLING:** PROC-0086.

18          **DR. ZIEMER:** 86, okay, uh-huh.

19          **MS. MUNN:** And Kathy, you're sounding a little  
20          hollow to me, what -- what was the title of  
21          that document?

22          **MS. BEHLING:** Okay, the title was Case  
23          Preparation, Complex Internal Dosimetry Claims.

24          **MS. MUNN:** Okay.

25          **MS. BEHLING:** Did you hear me better?

1           **MS. MUNN:** Yes.

2           **MS. BEHLING:** I'm sorry. If we move on to  
3 Table 3, and I hope everyone has these tables  
4 in front of them, there were also two  
5 procedures that I've selected from that which  
6 you may want to consider. One is OCAS P  
7 (unintelligible) P zero zero (unintelligible),  
8 and that's evaluation of the change in target  
9 organs for dose reconstruction involving  
10 lymphoma. I'm not -- I did look at this  
11 briefly. I'm not excessively familiar with  
12 these program evaluation plans, I don't know  
13 how appropriate it would be for us to review  
14 them, but the title sounded like it would be  
15 worthwhile.

16           And then lastly is OCAS TIB-0012. That title  
17 is selection for internal and external  
18 dosimetry target organs of lymphatic and  
19 hemopoietic cancers. Now I don't want to add  
20 confusion to this issue, but one of the  
21 documents that's not on here, and I know we  
22 discussed this before, and that is ORAU PROC-  
23 0006, which is the external dose reconstruction  
24 procedure. I believe there's been a Rev. 1  
25 that's a complete rewrite, and I know that as a

1 follow-up to previous -- that we've re-- we've  
2 re-- yeah, we've reviewed this before, but in  
3 order to be sure that this doesn't fall through  
4 the crack, I was also hoping that we might be  
5 able to include that into this set of procedure  
6 reviews.

7 **DR. WADE:** Thank you, Kathy. And Wanda, I  
8 guess this is fodder for your workgroup to  
9 consider and decide how to proceed.

10 **MS. MUNN:** Yes, a lot of fodder.

11 **MR. GRIFFON:** Kathy, I just had a question.  
12 How -- how does -- from a -- I guess from a  
13 work or a budget standpoint that in the initial  
14 procedures review, your last comment brought  
15 back memories. I think one of our -- many of  
16 the actions was that NIOSH has rewritten or  
17 redrafted or -- or is such-and-such a procedure  
18 took precedence and -- and therefore SC&A will  
19 review it, just all -- all tho-- all those  
20 follow-up reviews or closeout on actions, are  
21 they included in your work scope, are they  
22 covered by your available funds, that sort of  
23 thing?

24 **MS. BEHLING:** I believe they are covered by the  
25 available funds.

1           **MR. GRIFFON:** Okay.

2           **MS. BEHLING:** However, I want -- sure -- as I  
3 mentioned, that they do get formally included -  
4 - one of these -- supplemental procedure  
5 reviews.

6           **DR. ZIEMER:** All right. Kathy, this is Ziemer.  
7 On -- on this last one, PROC 0006, what -- is  
8 that Rev. 1?

9           **MS. BEHLING:** Rev. 1.

10          **DR. ZIEMER:** Now I notice -- well, I think we  
11 already approved that in the December meeting.  
12 Is this the one on external dose  
13 reconstruction?

14          **MS. BEHLING:** Okay, you're correct. I'm sorry,  
15 I missed that this morning. Never mind.

16          **DR. ZIEMER:** Yeah, so that was already on our  
17 list.

18          **MS. MUNN:** That was on.

19          **DR. ZIEMER:** Okay.

20          **MS. MUNN:** Okay, we can mark that out.

21          **DR. ZIEMER:** Now the question is now do we want  
22 to go ahead and approve these six or some other  
23 ones now, or do you -- or would you rather have  
24 the workgroup review this recommendation first  
25 and then come to the Board meeting with a

1 specific recommendation at the next meeting?

2 **DR. WADE:** From a contract point of view --

3 this is Lew -- I don't think it's critical that

4 we do it today. I would like to see it done in

5 February, but --

6 **DR. ZIEMER:** Why don't we ask then -- ask the

7 workgroup to review this recommendation from

8 Kathy and consider any other related issues.

9 They may be able to even do this by phone,

10 Wanda, but --

11 **MS. MUNN:** I think so.

12 **DR. ZIEMER:** -- it would be appropriate to have

13 the workgroup take a look at this and then come

14 back with a formal recommendation.

15 **MS. MUNN:** My preference would be that SC&A

16 give us this recommendation and -- in written

17 format by e-mail -- and then that we coordinate

18 a conference call for the group to take a look,

19 once they've taken a look at the procedures and

20 the recommendation, and just --

21 **DR. ZIEMER:** Then have a chance to consider any

22 others that we might --

23 **MS. MUNN:** Correct.

24 **DR. ZIEMER:** -- think are --

25 **MS. MUNN:** We'll have a conference call to

1 discuss that and hopefully have a  
2 recommendation for February.

3 **DR. ZIEMER:** Well, if that's agreeable and  
4 there's no -- no issue with the contracting  
5 officer time-wise, then we can proceed on that  
6 basis.

7 **DR. ROESSLER:** This is Gen. I'd like to ask  
8 that all Board members get the SC&A  
9 recommendations in writing because I think I'd  
10 like to give some input to the workgroup.

11 **MS. MUNN:** Absolutely.

12 **DR. ZIEMER:** That would be excellent.

13 **DR. WADE:** Thank you, Kathy, for your last-  
14 minute work. I appreciate it.

15 **MS. BEHLING:** You're welcome, and I will send  
16 out an e-mail to the entire Board.

17 **DR. WADE:** For completeness sake, could you put  
18 your e-mail just on top of John's previous  
19 analysis so everyone has the complete package  
20 then and the -- the tables that are referred  
21 to?

22 **MS. BEHLING:** Yes, I will.

23 **DR. WADE:** Thank you.

24 **DR. ZIEMER:** Very good.

25 **MR. GRIFFON:** Yeah, I -- I agree with -- I

1           agree with Wanda on that, that I -- we can talk  
2           about it on the workgroup. I was -- I was  
3           wondering -- I'm looking for these tables that  
4           Kathy was referencing. I'm sure I have them  
5           somewhere. But do the tables, Kathy, include -  
6           - 'cause this was one of my questions before --  
7           do the tables include procedures that are not  
8           completed yet? There seem to be gaps in the  
9           numbers. I had talked to Stu about this and he  
10          said some of them were assigned and never used  
11          and some of them were like in draft form and  
12          not actually approved yet and I was wondering  
13          if there were important ones that fell in those  
14          gaps that we might want to save some money to  
15          review.

16         **MS. BEHLING:** I believe that the only  
17          procedures that are on our list are ones that  
18          have been published, not that are in draft form  
19          at this point.

20         **MR. GRIFFON:** Is Stu on the call still or...

21         **MR. HINNEFELD:** Yeah, I'm here.

22         **MR. GRIFFON:** Do you remember -- I mean I know  
23          -- I think I brought this up with you or -- in  
24          the Chicago meeting, maybe, I can't remember  
25          where, but my question of -- I think -- you --

1                   you told me that, you know, in some cases --

2                   **MR. HINNEFELD:** I believe I sent the --

3                   **MR. GRIFFON:** You did?

4                   **MR. HINNEFELD:** I believe I sent the list of  
5 all the assigned numbers and the topics --

6                   **MS. MUNN:** Yes, you did.

7                   **MR. HINNEFELD:** -- with that number.

8                   **DR. ZIEMER:** Yeah, we did -- we got that, too.

9                   **MR. GRIFFON:** I seem to recall, and you  
10 probably did -- I'll -- I'll look for them, but  
11 I think we should reference that, too, to...

12                   **DR. ZIEMER:** Yeah, make -- and the subcommittee  
13 needs to make sure they have that on there, as  
14 well.

15                   **MR. GRIFFON:** That may be something that --  
16 that's due out soon that we want to just --  
17 instead of picking ones that are -- well, we're  
18 not sure we're interested in this that much,  
19 there might be some that are coming out  
20 (unintelligible)--

21                   **DR. WADE:** Kathy, do you have Stu's matrix?

22                   **MS. BEHLING:** Yes, I do, I have it in front of  
23 me and in fact it's dated 12/28/2006.

24                   **DR. WADE:** Could you just make a nice bundle  
25 and put it all together and --

1           **MS. BEHLING:** I will do that.

2           **MR. GRIFFON:** Thanks.

3           **MS. BEHLING:** Okay.

4           **MS. MUNN:** That would be helpful to have it all  
5 in one spot.

6           **MS. BEHLING:** Yeah, that's a good  
7 recommendation.

8           **MS. MUNN:** I feel like it's out in about three  
9 different places -- or four.

10          **MS. BEHLING:** Yeah, it's actually a good  
11 recommendation to look ahead and see what might  
12 be coming out and what might be important for  
13 us to look at.

14          **MS. MUNN:** Thank you, Kathy.

15          **DR. ZIEMER:** Okay, very good.

16          **MR. PRESLEY:** Hey, Paul?

17          **DR. ZIEMER:** I'm sorry?

18          **MR. PRESLEY:** This is Bob Presley.

19          **DR. ZIEMER:** Yeah, go ahead, Bob.

20          **MR. PRESLEY:** Can I ask Kathy to send me  
21 another copy of that document that she sent out  
22 on the 9th? My e-mail address has changed and  
23 I sent you the new e-mail. I can't find that  
24 one anywhere on my -- on my computer.

25          **MS. BEHLING:** I will -- I will send you --

1           resend everything. Just if there's anything at  
2           all that you didn't get, please let me know and  
3           I'll try to forward those over to you.

4           **MR. PRESLEY:** Thank you.

5           **DR. WADE:** Kathy, this is Lew. If -- you know,  
6           you sent that list of the six or so that you  
7           would recommend, and if you wanted to  
8           reconsider that list based upon Stu's matrix --  
9           I don't know if you've done that or not -- as  
10          much thought as you can provide to the working  
11          group the better for them to consider.

12          **MS. BEHLING:** Very good, I will do that. Thank  
13          you.

14          **MS. MUNN:** Most helpful. Thank you.

15          **DR. ZIEMER:** Okay, let's proceed then. We have  
16          several items to deal with during our work  
17          period here. One is the -- the request from  
18          the Colorado delegation on postponing action on  
19          the Rocky Flats SEC. Another is, let's see,  
20          response to Congresswoman Slaughter relating to  
21          Linde Ceramics, and that's the material that I  
22          sent out earlier in the week that you should  
23          have received. And let's see -- and then we  
24          have -- we have to take formal action on the  
25          SEC petitions that we discussed earlier.

1           **DR. WADE:** Right, and I think the response to  
2           this Slaughter letter, Paul, brings us at least  
3           to break ground on the issue of the SEC-  
4           reviewed site profiles that are not under  
5           active Board consideration.

6           **LETTER FROM CONGRESS**

7           **DR. ZIEMER:** Right. Maybe we should go ahead  
8           and we'll start with the Slaughter letter. A  
9           copy of that was distributed I think by LaShawn  
10          and you should have that. And I drafted a  
11          response to I think the key thing here is --  
12          and recall that my instructions from the Board  
13          are not to respond until Board has input on  
14          these kinds of issues, so I have the suggested  
15          letter where I have pointed out what has been  
16          done, that SC&A has -- that they've done 15  
17          site profiles, Linde is one of those that we  
18          have actually closed out; two, they have five  
19          more in process and we have eight that we've  
20          not done anything with and one of those is  
21          Linde, and what I'm suggesting here is that we  
22          commit to getting the Linde process underway.  
23          That is, we ask NIOSH to begin the -- the  
24          comment resolution process based on the  
25          findings of SC&A and that we would commit to

1           setting up a workgroup at our next meeting that  
2           would then follow up and -- and proceed on the  
3           Linde process.

4           What I'd like to ask is -- is that you look at  
5           my draft letter to Louise Slaughter and make  
6           suggestions on either amendments or  
7           improvements, changes, or if you think we  
8           should do something different. I -- I do feel  
9           like we need to commit to some action and  
10          actually not only Linde, but the others that --  
11          For your information, just to let you know what  
12          site profiles have been completed but for which  
13          we have taken no action and no comment  
14          resolution process is really underway. INEL is  
15          one, Los Alamos is another, X-10 Oak Ridge,  
16          Mound, Fernald, Paducah, Linde and Pinellas.  
17          So we have quite -- quite a group of -- sort of  
18          a backlog. Now granted, most of those were --  
19          were completed within the last six months, and  
20          some much later than -- from July to December,  
21          some of them as recent as December. But some  
22          are less, we have kind of a backlog for which  
23          we have not -- not gotten into the comment  
24          resolution processes.

25          **DR. WADE:** Just for the record, Paul, Fernald

1 we do have a workgroup looking at  
2 (unintelligible) --

3 **DR. ZIEMER:** We do have a working group, right.

4 **DR. WADE:** -- but not -- not (unintelligible).

5 **DR. ZIEMER:** That one's just barely underway.

6 **DR. WADE:** Right.

7 **DR. ZIEMER:** So -- and -- and I'm not -- I  
8 haven't put all that detail in the letter, but  
9 just pointing out to her that, you know, Linde  
10 is not a special case, it's one of many. But  
11 we need to -- we need to proceed.

12 **DR. WADE:** Also to -- for the record to be  
13 complete, Y-12 is a unique case in that we  
14 started with the subcommittee looking at Y-12  
15 site profile. They sort of morphed into issues  
16 related to the SEC petition. That's wrapped  
17 up. But there is still hanging the issue of  
18 non-SEC matrix items related to Y-12.

19 **DR. ZIEMER:** Right, and -- and when I say that  
20 we've closed two of these, I'm mainly referring  
21 to Bethlehem Steel and Mallinckrodt. We did  
22 close the SEC part of Y-12, but the site  
23 profile is not closed.

24 **DR. WADE:** And right now it's not tasked to  
25 anyone because --

1           **DR. ZIEMER:** It's not tasked.

2           **DR. WADE:** -- we -- we recast the subcommittee.

3           **DR. ZIEMER:** Right.

4           **MS. MUNN:** Paul, I don't think that you have  
5 missed anything that needed to be said or  
6 actually could be said in response to the  
7 Slaughter letter. Your response seems fine to  
8 me.

9           **DR. ZIEMER:** Yeah, I -- I need formal action so  
10 if you'd like to make a motion to approve this  
11 letter, we can take action or --

12           **MS. MUNN:** I would like to make a motion that  
13 we accept Dr. Ziemer's letter as provided for  
14 us in the draft of 1/11 for his response to the  
15 Slaughter letter relative to (unintelligible).

16           **DR. ROESSLER:** This is Gen. I'd second.

17           **DR. ZIEMER:** Now before we take action, let me  
18 point out to you that in doing so, in essence  
19 we are also requesting that NIOSH proceed on  
20 Linde. We give this perhaps a kind of priority  
21 to -- to -- in here we say "as they're able" --

22           **MS. MUNN:** Yes.

23           **DR. ZIEMER:** -- or what do we say?

24           **MS. MUNN:** Well, you said as soon as feasible.

25           **DR. ZIEMER:** Soon as feasible --

1           **MS. MUNN:** Yes, I -- that --

2           **DR. ZIEMER:** -- (unintelligible) provide the --  
3 really get the resolution process underway.

4           **MS. MUNN:** That's reasonable. I certainly  
5 don't have any personal feel as to how much  
6 NIOSH has already --

7           **DR. ZIEMER:** We have -- we have not mandated a  
8 timetable here, but it -- it's simply to let  
9 NIOSH know that we want to proceed.

10          **DR. LOCKEY:** Paul --

11          **DR. ZIEMER:** Yes.

12          **DR. LOCKEY:** -- Jim Lockey, you'll check it for  
13 typos. Right?

14          **DR. ZIEMER:** Well, give me some if you have  
15 them right now. I'll --

16          **DR. LOCKEY:** Well, the -- the middle paragraph,  
17 fifth sentence down, "when the (unintelligible)  
18 review have come to us."

19          **DR. ZIEMER:** Which sentence is this?

20          **DR. LOCKEY:** First sen-- paragraph, fifth  
21 sentence down, starts with "Reviews".

22          **MS. MUNN:** Some of these eight reviews --

23          **DR. ROESSLER:** Oh, yes, --

24          **DR. ZIEMER:** Seven of these eight have come --

25          **DR. LOCKEY:** Have come to us.





1           Okay, now the matter of Rocky Flats.

2           **DR. WADE:** Well, be-- could I just ask that at  
3           least we tee up the issue of -- we have all of  
4           these other work-- all of these other SE--  
5           excuse me, site profiles --

6           **DR. ZIEMER:** Yes.

7           **DR. WADE:** -- not acted upon. I think we --  
8           it's not -- I don't know of a solution to it,  
9           but I think at least in February we need to put  
10          our shoulder to it.

11          **DR. ZIEMER:** Yeah, and maybe what we can do --  
12          and I -- I made myself up a table to kind of  
13          track these and I can make a copy of that  
14          available. It lists which ones have been  
15          completed and when and -- and where we are on  
16          closing out the comments. We -- at a minimum  
17          we're going to have to prioritize the next  
18          batch here.

19          **DR. WADE:** So I'll put that on the agenda for  
20          February.

21          **DR. ZIEMER:** Yeah.

22          **DR. WADE:** Okay, thank you.

23          **MS. MUNN:** And certainly pleased to hear that  
24          you've put that together, Paul. I've been  
25          wondering how to keep track of these things

1 personally, so thank you for putting that --

2 **DR. ZIEMER:** Well, and -- and keep in mind, in  
3 addition to the -- the eight that we -- are  
4 really not underway, we've got six more coming  
5 down the pike.

6 **MS. MUNN:** I'm well aware of that -- very.

7 **DR. ZIEMER:** So you know, the workload gets --  
8 it keeps increasing.

9 **MS. MUNN:** It really does.

10 **ROCKY FLATS SEC**

11 **DR. ZIEMER:** Yeah. Okay, very good. Looks  
12 like we have now --

13 **DR. WADE:** Rocky Flats letter.

14 **DR. ZIEMER:** -- Rocky Flats. What's your  
15 pleasure, Board members, on the Rocky Flats  
16 issue?

17 **MS. ALBERG:** Lew?

18 **DR. WADE:** Yes.

19 **MS. ALBERG:** This is Jeanette Alberg -- can --  
20 that I had with -- representative for --

21 **DR. WADE:** Okay, so --

22 **MS. MUNN:** I didn't understand that.

23 **DR. ZIEMER:** It's kind of breaking up, but go  
24 ahead.

25 **MS. ALBERG:** My name is Jeanette Alberg. I'm

1 with -- office. I was -- in the call today for  
2 -- I had with the petition representative this  
3 morning.

4 **DR. ZIEMER:** Uh-huh.

5 **MS. ALBERG:** And -- I wanted -- they were okay  
6 with the delay -- Board -- that.

7 **DR. ZIEMER:** The petitioners are?

8 **MS. ALBERG:** (Broken transmission) Yes. Yeah,  
9 and they said they were agreeable if -- and the  
10 workgroup -- with -- provide additional time to  
11 review the documents. And then the -- caveat  
12 they had was that -- was agreeable to amending  
13 its schedule to make sure that -- was a Board  
14 meeting in Denver when the Rocky Flats petition  
15 was -- on.

16 **DR. ZIEMER:** Well, very good. Thank you for  
17 those comments. That's helpful.

18 **MS. ALBERG:** Okay. Thank you.

19 **DR. WADE:** Thank you.

20 **DR. ZIEMER:** Board members, what is your  
21 pleasure? Do you want to formally take action  
22 in this? If so -- well, let me -- I'm -- I'm  
23 trying to see whether we need a repl-- actually  
24 I don't know that we necessarily have to reply  
25 to the letter because they can be made aware of

1 the action. Right, Stu?

2 **DR. WADE:** I think that's correct, Paul.

3 **DR. ZIEMER:** Board members, do you want to  
4 recommend that we formally agree to delay  
5 action, or do you just want to wait and see  
6 what -- what the workgroup comes up with?  
7 There -- there is the issue, though, that if  
8 we're not ready in February and we end up  
9 meeting in Denver, then we -- it's a bit of a  
10 dilemma because certainly the Rocky Fork --  
11 Rocky Flats group would like us to be in Denver  
12 at the time that the action is to be taken.

13 **DR. WADE:** And then given the reality of the  
14 hotel arrangements, you know, I would rather  
15 see us make a decision today.

16 **MR. PRESLEY:** This is Bob Presley. I -- I feel  
17 like we've got to go ahead and let -- notify  
18 them that we will put it off. Then at light --  
19 we've already talked about moving the meeting  
20 date -- or not the meeting date, but meeting --  
21 the location, it would be bad if we did decide  
22 to have the meeting in Denver and then we all  
23 couldn't get out there to vote on it or  
24 something like that.

25 **MR. GRIFFON:** Yeah, I -- I -- I agree with Bob.

1 I think the -- you know, I think I made sort of  
2 the case before, but you know, given that we're  
3 going to get a lot of large work products and  
4 comp-- complex work products toward the very  
5 end of this process, and we may still have some  
6 outstanding issues come February, I think it  
7 makes sense to probably -- you know, especially  
8 since the petitioners do not -- they actually  
9 are recommending that we do that, let -- let's  
10 put that off and then make sure that we get all  
11 work products to them in a timely fashion, give  
12 them plenty of time to review it prior to the  
13 May meeting, be in a better position to...

14 **DR. ZIEMER:** Well, Mark, or somebody, then wish  
15 to make a motion that we formally delay --  
16 agree to delay action on the Rocky Flats  
17 petition until our May meeting?

18 **MR. PRESLEY:** Mark, you want to go ahead and do  
19 that.

20 **MR. GRIFFON:** Yeah, if -- if we -- do we need a  
21 motion to do that or -- I guess -- yeah, I'll  
22 make a motion.

23 **DR. ZIEMER:** I think we need -- need that  
24 formal action --

25 **MR. GRIFFON:** Okay.

1           **DR. ZIEMER:** -- so we get the -- make sure we  
2           have the --

3           **MR. GRIFFON:** Yeah.

4           **DR. ZIEMER:** -- sense of the Board on this.

5           **MR. GRIFFON:** I make a motion that we delay  
6           final deliberations on the SEC -- the Rocky  
7           Flats SEC until the May Advisory Board meeting,  
8           which --

9           **MR. PRESLEY:** This is Bob --

10          **MR. GRIFFON:** -- may be held in Denver.

11          **MR. PRESLEY:** This is Bob Presley. I'll go  
12          ahead and second that.

13          **DR. ZIEMER:** Okay. Any discussion?

14          **MS. MUNN:** I think it would be wise for us to  
15          actually respond to that letter in such a way  
16          that it is clear from the Board's perspective  
17          that the issues involved are of sufficient  
18          magnitude and of sufficient scope that,  
19          although all parties involved are moving as  
20          quickly as possible on this, the degree of  
21          completeness that is necessary to make a final  
22          decision simply requires more time than is  
23          available between now and February.

24          **MR. PRESLEY:** This is Bob Presley. I -- I  
25          think that that needs to be put into the form

1 of a letter, especially in the light of the way  
2 that their letter was put to us.

3 **DR. ZIEMER:** Now the letter part presents a bit  
4 of a dilemma since the Board has a requirement  
5 that -- although I can take the sense of the  
6 Board and -- and draft the letter and agree to  
7 send it out for -- for editing and then -- and  
8 then send it.

9 **MR. GRIFFON:** I think that'd be fine, Paul.

10 **DR. ZIEMER:** The sense of the letter would  
11 simply be that the Board will -- has agreed to  
12 this delay, and that's based largely on the  
13 fact that we have a number of complex issues  
14 that need to be resolved and we believe that  
15 the time should be fruitfully spent in doing  
16 so. So I -- I can prepare a letter to that  
17 effect, distribute it to the Board for editing  
18 purposes and then -- and then send it.

19 **MS. MUNN:** That seems appropriate.

20 **DR. ZIEMER:** Then let -- let me take that as a  
21 separate motion, though --

22 **MR. GRIFFON:** Yeah.

23 **DR. ZIEMER:** -- in a mo-- in a moment. Mark's  
24 motion is that we delay action until the May  
25 meeting.

1           **MS. MUNN:** Yes.

2           **DR. ZIEMER:** And we'll need a roll call vote on  
3 that, Lew.

4           **DR. WADE:** And I would just clarify, Mark, also  
5 that the May meeting would be held in Denver.

6           **DR. ZIEMER:** That the meeting be held in  
7 Denver.

8           **DR. WADE:** Okay. Wanda?

9           **MS. MUNN:** Aye.

10          **DR. WADE:** Robert?

11          **DR. LOCKEY:** Can I -- Jim Lockey, can I ask you  
12 a question first?

13          **DR. WADE:** Sure.

14          **DR. LOCKEY:** Paul, we're delaying action  
15 because -- not because of this letter, but  
16 we're delaying action because we're not yet --  
17 we don't have enough yet -- data yet to make an  
18 informed decision. Is that correct?

19          **DR. ZIEMER:** Well, I suspect it would be fair  
20 to say that it may be both. I -- I was trying  
21 to ascertain earlier from Mark whether he would  
22 have wanted a delay in any event, aside from  
23 the letter. I -- I think, aside from the  
24 letter, Mark would have been pushing very hard  
25 to get everything done by the time of the

1 Denver meeting, and we would have had the  
2 meeting in Denver.

3 **DR. LOCKEY:** Mark, do you think -- do you think  
4 --

5 **MR. GRIFFON:** I -- I think it's the --

6 **DR. ZIEMER:** In essence, it's hard to uncouple  
7 it from the letter, because now that we --  
8 we've heard from both the delegation and the  
9 petitioners, who we thought earlier were  
10 pressing hard to come to closure but now --  
11 regardless of the motivation here, they have  
12 indicated that they are comfortable with a  
13 slight delay, and I think this does give the  
14 workgroup a little breathing room to really be  
15 able to handle the -- the information and  
16 review it without -- without feeling like they  
17 have to shortchange anything because of the  
18 time pressure.

19 **MR. GRIFFON:** And I would just add "the  
20 workgroup and all interested parties."

21 **DR. ZIEMER:** Yeah.

22 **MR. GRIFFON:** That -- that's the other factor,  
23 'cause they've --

24 **DR. ZIEMER:** All of the information --

25 **MR. GRIFFON:** -- been following the product --

1           **DR. ZIEMER:** -- that the -- even the  
2           petitioners need the opportunity --

3           **MR. GRIFFON:** Right.

4           **DR. ZIEMER:** -- to review that, as well. This  
5           -- this gives everybody a -- a better chance to  
6           really deal with -- with whatever issues are --  
7           are forthcoming. So I think it's probably  
8           both, Jim.

9           **DR. LOCKEY:** And how does that -- how does that  
10          rub up against our mandate -- relationship to  
11          time limitations and action?

12          **DR. ZIEMER:** Well, we -- we don't have an  
13          official time limitation. There's not a clock  
14          tick-- ticking. Our time limitation is only  
15          one of trying to be timely but thorough.

16          **DR. LOCKEY:** Okay.

17          **DR. ZIEMER:** And we're not under the kind of  
18          mandate NIOSH is to complete certain things in  
19          certain times, so we -- we do have the  
20          opportunity, if we need to -- if we believe we  
21          need the time to do the job right, to have a  
22          delay of this sort, which is -- in the scheme  
23          of things, is not that big a time delay.

24          **DR. LOCKEY:** Okay.

25          **DR. WADE:** I'll start again. Wanda?

1           **MS. MUNN:** Aye.

2           **DR. WADE:** Robert Presley?

3           **MR. PRESLEY:** Aye.

4           **DR. WADE:** Jim Lockey?

5           **DR. LOCKEY:** Aye.

6           **DR. WADE:** Brad Clawson?

7                                 (No response)

8           Brad, we can't hear you.

9           **MR. CLAWSON:** Aye.

10          **DR. WADE:** Gen Roessler?

11          **DR. ROESSLER:** Aye.

12          **DR. WADE:** Mike Gibson?

13          **MR. GIBSON:** Aye.

14          **DR. WADE:** Mark Griffon?

15          **MR. GRIFFON:** Aye.

16          **DR. WADE:** I assume that Drs. Melius and Poston  
17          are not with us.

18          Dr. Ziemer?

19          **DR. ZIEMER:** Aye.

20          **DR. WADE:** So eight for, no against.

21          **DR. ZIEMER:** The motion carries, thank you very  
22          much.

23          Now a motion instructing the Chairman to  
24          respond to the letter indicating that we are  
25          indeed going to delay action until the May

1 meeting in order to make sure that the  
2 workgroup and other interested parties are able  
3 to thoroughly deal with the emerging issues or  
4 the -- the -- well, not necessarily emerging,  
5 but with all the issues that yet have to be  
6 resolved.

7 **DR. ROESSLER:** So moved.

8 **DR. ZIEMER:** And I would draft -- I would draft  
9 a letter to that extent -- to that idea and  
10 distribute it for editing by Board members  
11 prior to sending. Is there a motion to that  
12 effect?

13 **DR. ROESSLER:** So moved.

14 **MR. PRESLEY:** I second that motion. This is  
15 Bob Presley.

16 **DR. ZIEMER:** Now, any discussion?

17 (No responses)

18 Okay --

19 **MR. ELLIOTT:** Dr. Ziemer?

20 **DR. ZIEMER:** Yeah.

21 **MR. ELLIOTT:** This is Larry Elliott, and just a  
22 -- a friendly suggestion as a matter of  
23 perspective. As we all know, words are  
24 important and when you use the phrase "delay,"  
25 that has a certain connotation to certain

1 people.

2 **DR. ZIEMER:** Yeah.

3 **MR. ELLIOTT:** And -- and I -- I would just  
4 friendlyly (sic), you know, in a friendly way  
5 suggest that you might consider a different  
6 phrase, that you withhold action until or --

7 **DR. ZIEMER:** Withhold or --

8 **MR. ELLIOTT:** -- something like that.

9 **DR. ZIEMER:** -- postpone?

10 **MS. MUNN:** No.

11 **MR. GRIFFON:** No.

12 **DR. ZIEMER:** Not postpone?

13 **MS. MUNN:** Why not "reschedule" or --

14 **DR. ZIEMER:** Okay, I'll -- "reschedule" might  
15 be the word.

16 **MS. MUNN:** Or "move to the May agenda."

17 **DR. ZIEMER:** Okay, I'll "reschedule action to  
18 May." Very good. Thank you, Larry. That's a  
19 good suggestion.

20 Any other comments? And again, you'll have an  
21 opportunity to edit to make sure that the Chair  
22 doesn't get too far off in some way or another.  
23 Okay, again, all in favor, signify by "aye"  
24 when your name is called.

25 **DR. WADE:** Wanda?

1 MS. MUNN: Aye.

2 DR. WADE: Robert?

3 MR. PRESLEY: Aye.

4 DR. WADE: Dr. Lockey?

5 DR. LOCKEY: Aye.

6 DR. WADE: Brad Clawson?

7 (No response)

8 Brad? Brad, we can't hear --

9 MR. CLAWSON: Aye, yeah.

10 DR. WADE: Gen?

11 DR. ROESSLER: Aye.

12 DR. WADE: Mike?

13 MR. GIBSON: Aye.

14 DR. WADE: Mark?

15 MR. GRIFFON: Aye.

16 DR. WADE: We do not have Dr. Ziem-- excuse me,

17 Dr. Melius or Poston. Dr. Ziemer?

18 DR. ZIEMER: Aye.

19 DR. WADE: Okay.

20 DR. ZIEMER: Then motion carries and it is so  
21 ordered.

22 FERNALD

23 DR. WADE: Our last little bit of business is  
24 then in February where -- I mean I would put on  
25 the table the possibility of Cincinnati as it

1 relates to Fernald. I -- (unintelligible) of  
2 the opinion NIOSH will present the Fernald  
3 petition for the first time in February.

4 **MR. PRESLEY:** This is Bob Presley. I'll -- I  
5 would agree to that. That way we'll have all  
6 of our NIOSH people in one place and it may be  
7 that by the first day of the meeting that the  
8 NTS working group could meet or something like  
9 that.

10 **DR. WADE:** Okay.

11 **DR. LOCKEY:** This is Jim Lockey. I think it's  
12 a great idea to meet in Cincinnati.

13 **DR. ZIEMER:** I would think --

14 **DR. WADE:** My commitment, if it's --

15 **DR. ZIEMER:** Well -- well said by the  
16 representative from Cincinnati.

17 **MS. MUNN:** How interesting you would say so.

18 **DR. ZIEMER:** Now if the Fernald-- do we know for  
19 sure the Fernald petition is going to be ready?

20 **DR. WADE:** Larry?

21 **MR. ELLIOTT:** Yes, it is our every intent to  
22 have it ready and -- and a very fine  
23 presentation it will be.

24 **DR. ZIEMER:** Okay.

25 **MS. MUNN:** Good.

1           **DR. WADE:** All I can commit to you is  
2           everything I can do to make this change. I'll  
3           have contractual issues I'll have to work  
4           through, but you know, I'll work through them.

5           **DR. ZIEMER:** Okay. So I think the sense of the  
6           Board is that with -- Cincinnati would be fine.

7           **DR. WADE:** Thank you.

8           **DR. ROESSLER:** Paul, I have a question --

9           **DR. ZIEMER:** Yeah.

10          **DR. ROESSLER:** -- this is Gen. Is it still  
11          expected that the morning -- the dose  
12          reconstruction subcommittee will meet in the  
13          morning? In other words, I'm wondering if I  
14          can -- for planning purposes -- fly in that  
15          morning.

16          **DR. ZIEMER:** I think we will have the dose  
17          reconstruction subcommittee scheduled. Lew, is  
18          that --

19          **DR. WADE:** Correct. I mean I think our  
20          procedure will be the subcommittee, and also  
21          the possibility of working groups, although we  
22          -- we have overlapping membership issues you'll  
23          have to be cognizant of. But we have a  
24          subcommittee at 9:00 and possibly time for  
25          workgroups at 10:30. I would reserve Mark's

1 judgment as to how much time the subcommittee  
2 would need, but yes, the full committee would  
3 not meet until 1:00 o'clock on that first day.

4 **DR. ROESSLER:** Thank you. That helps.

5 **MONSANTO AND GENERAL ATOMICS DRAFTS**

6 **DR. ZIEMER:** Okay. Now we -- we still have two  
7 documents to approve. We have the Monsanto  
8 draft and you should have all received that now  
9 with the -- with the rewording. And likewise  
10 the General Atomics draft.

11 Let's start with Monsanto. Basically --  
12 deferred action till later in the meeting.  
13 I'll simply in a sense call it off the table  
14 where -- where it's a motion before us. The  
15 revised draft was distributed by e-mail with  
16 the -- with the wording changes that we agreed  
17 to earlier. I'd like to ask if there are any  
18 other changes, and particularly if any of the -  
19 - Liz or any of the people on -- General  
20 Counsel or Department of Labor folks, also any  
21 wording issues that anyone wishes to raise.

22 (No responses)

23 Liz, are you still on the line?

24 **MS. HOMOKI-TITUS:** Yeah, I'm still on the line,  
25 but I don't have any wording issues.



1           **DR. WADE:** Gen Roessler?

2           **DR. ROESSLER:** Aye.

3           **DR. WADE:** Mike Gibson?

4           **MR. GIBSON:** Aye.

5           **DR. WADE:** Mark Griffon?

6           **MR. GRIFFON:** Aye.

7           **DR. WADE:** Absent, Melius and Poston. Dr.  
8           Ziemer?

9           **DR. ZIEMER:** Aye.

10          **DR. WADE:** Okay.

11          **DR. ZIEMER:** Motion carries. Thank you very  
12          much.

13          Now the General Atomics, and again the revised  
14          document was distributed by e-mail a little bit  
15          ago. Everybody get their copy?

16          **UNIDENTIFIED:** Yeah.

17          **DR. ZIEMER:** Okay. This one even now has the  
18          date on it. There are some -- there's a change  
19          here that I think has been inserted that I  
20          didn't know that we had agreed to. There's  
21          some -- my copy has some -- some highlighted  
22          words that say "this class does not include the  
23          following buildings at that location:  
24          technical office building 13, (unintelligible)  
25          building 1 and -- (unintelligible) building

1           number one, building 14, technical  
2           (unintelligible) east building number two,  
3           building 15."

4           **MR. ELLIOTT:** Dr. Ziemer --

5           **DR. ZIEMER:** Did that get added by --

6           **MR. ELLIOTT:** -- this -- this was -- Dr.  
7           Ziemer, this is Larry Elliott.

8           **DR. ZIEMER:** Yeah.

9           **MR. ELLIOTT:** That was language that Dr. Melius  
10          added in response to Pete Turcic's question.

11          **DR. ZIEMER:** Oh, okay.

12          **MR. ELLIOTT:** So that was clarifying language  
13          that was in the version that you were working  
14          with this morning. I don't know that Dr.  
15          Melius got to that point --

16          **DR. ZIEMER:** No, no, and he had --

17          **MR. ELLIOTT:** -- (unintelligible) call.

18          **DR. ZIEMER:** -- we had lost him in -- by then  
19          so we didn't have him --

20          **MR. ELLIOTT:** Yeah, so --

21          **DR. ZIEMER:** -- at that point, so this was  
22          recommended by Dr. Melius.

23          **MR. ELLIOTT:** Right, and -- and certainly, you  
24          know, we just left it folded so that we could,  
25          you know, make sure that that was not lost.

1           That's the way it was presented to you this  
2           morning by Dr. Melius.

3           **MS. MUNN:** Oh, my.

4           **DR. ZIEMER:** So basically --

5           **MR. ELLIOTT:** NIOSH agrees with this language,  
6           by the way.

7           **DR. ZIEMER:** Yeah, and -- and basically that's  
8           just a clarifying sentence. It would not -- as  
9           I see it, it would not be in bold in the letter  
10          to the Secretary.

11          **DR. WADE:** Correct.

12          **DR. ZIEMER:** This is just emboldened here to  
13          show us that it had been inserted from the --  
14          the copy that we had earlier, I believe, 'cause  
15          the copy that Melius sent us yesterday did not  
16          include that.

17          **DR. WADE:** Right. Now what happened is that  
18          Pete Turcic then sent a response to Dr. Melius.  
19          Dr. Melius modified --

20          **DR. ZIEMER:** Oh.

21          **DR. WADE:** -- the letter, and before he was  
22          able to present that change to you, we -- he  
23          lost his ability to participate.

24          **DR. ZIEMER:** Very good. Well, in any event,  
25          this comes back to us now as -- as a formal

1 motion. That addition which is in bold in the  
2 new copy I -- I will rule as being a friendly  
3 amendment 'cause it doesn't change the -- the  
4 content or change the thrust of the petition,  
5 simply clarifying language.

6 Let me ask if there are any comments or other  
7 changes?

8 (No responses)

9 Appear to be none. Are you ready to vote then?

10 **DR. WADE:** Could we hear from Department of  
11 Labor and counsel, as well? Jeff, are you okay  
12 with this?

13 **MR. KOTSCH:** Yeah, this -- this is Jeff Kotsch.  
14 Actually, again, I spoke with Pete on this one,  
15 too, and we're fine.

16 **DR. ZIEMER:** Okay, thank you.

17 **DR. WADE:** Liz and the attorneys?

18 **MS. HOMOKI-TITUS:** I don't have any comments on  
19 it. Thank you.

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

21 **DR. WADE:** Thank you.

22 **DR. ZIEMER:** Board members, then are you ready  
23 to vote?

24 **MR. PRESLEY:** Yes, sir.

25 **DR. ZIEMER:** Okay, if -- if you favor

1 recommending this petition to the Secretary,  
2 say "aye"; if opposed, "no" or "abstain".

3 **DR. WADE:** Wanda Munn?

4 **MS. MUNN:** Aye.

5 **DR. WADE:** Robert Presley?

6 **MR. PRESLEY:** Aye.

7 **DR. WADE:** James Lockey?

8 **DR. LOCKEY:** Aye.

9 **DR. WADE:** Brad Clawson?

10 **MR. CLAWSON:** Aye.

11 **DR. WADE:** Gen Roessler?

12 **DR. ROESSLER:** Aye.

13 **DR. WADE:** Mike Gibson?

14 **MR. GIBSON:** Aye.

15 **DR. WADE:** Mark Griffon?

16 **MR. GRIFFON:** Aye.

17 **DR. WADE:** We are absent Drs. Poston and  
18 Melius. Dr. Ziemer?

19 **DR. ZIEMER:** Aye.

20 **DR. WADE:** Okay.

21 **DR. ZIEMER:** So motion carries. Thank you very  
22 much. I'm looking to see if we have any other  
23 items to come before the Board today.

24 **FUTURE MEETINGS**

25 **DR. WADE:** I don't think so. The only thing I

1 would add, if I can find my piece of paper  
2 here, is in terms of planned actions or  
3 meetings, all I have on the schedule now is,  
4 again, the Board meeting on Feb. 7, 8 and 9; a  
5 subcommittee meeting at 9:00 a.m. on February  
6 7th; a face-to-face meeting in Cincinnati  
7 starting at 9:30 on the Rocky Flats site  
8 profile and SEC petition; a --

9 **MS. MUNN:** On the 26th. Right?

10 **DR. WADE:** The -- did I say the -- yes, the  
11 26th of January, I'm sorry.

12 **MS. MUNN:** May I make a request --

13 **DR. WADE:** Certainly.

14 **MS. MUNN:** -- in light of our discussion  
15 earlier regarding the possibility of my being  
16 in Joliet the previous day, is it going to foul  
17 us up too much if we push that meeting back to  
18 10:00 o'clock? I can get a flight out of  
19 O'Hare that will get me into --

20 **MR. GRIFFON:** I think that's fine, Wanda.

21 **MS. MUNN:** -- Cincinnati at 9:30.

22 **DR. WADE:** Okay, so we'll change that to 10:00  
23 a.m. on the word of the chair.

24 **MS. MUNN:** I'd appreciate it.

25 **MR. GRIFFON:** I'll be coming in that morning,

1           too, so --

2           **MS. MUNN:** Yeah, 10:00 -- if 10:00's okay with  
3           you.

4           **MR. GRIFFON:** That's good.

5           **MR. PRESLEY:** This is Bob Presley, that's fine.  
6           I'll be coming in that morning, also.

7           **MS. MUNN:** Good.

8           **DR. WADE:** Then we have a workgroup on SEC  
9           issues including the 250-day issue and  
10          preliminary review of 83.14s scheduled for a  
11          face-to-face, Cincinnati, the 17th at 10:00  
12          a.m.

13          **MR. GRIFFON:** Right.

14          **DR. WADE:** We have in the offing a call of the  
15          workgroup on procedures review, date  
16          unspecified, to look at the selection of the  
17          additional procedures to be reviewed. And then  
18          tangentially we have a worker outreach meeting  
19          7:00 p.m. in Joliet on the 24th and one on the  
20          25th related to outreach to Blockson Chemical  
21          workers. And that's what we've got.

22          **DR. ZIEMER:** Okay. And just for your  
23          information, tentatively Larry has -- Larry  
24          Elliott has scheduled, although we don't know  
25          yet for sure if it'll be firm, the orientation

1 for the new members for January 22nd and 23rd.  
2 Josie, I don't know if that's -- if they've  
3 already touched base with you on that.

4 **MS. BEACH:** Yes, they have.

5 **DR. ZIEMER:** And -- and I don't know if we've  
6 heard from Phillip yet, but Lew and I would be  
7 meeting with them, as well as Larry's staff,  
8 but --

9 **MR. ELLIOTT:** That -- that looks like a good  
10 date, Dr. Ziemer. Right now --

11 **DR. ZIEMER:** Yeah.

12 **MR. ELLIOTT:** -- it looks like everybody  
13 (unintelligible) --

14 **DR. ZIEMER:** And -- and is it necessary that  
15 all the other paperwork be done before that?  
16 Will they be able to get into -- into the  
17 databases and so on at that point?

18 **MR. ELLIOTT:** At the orientation, one of the  
19 sessions that we provide will be, you know, the  
20 training in how to access the claims in  
21 (unintelligible) --

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

23 **MR. ELLIOTT:** -- files, and they'll get the  
24 Privacy Act training, as well, from Liz and her  
25 team, and the ethics training, as well. And so

1           it's not necessary, in my mind, that their  
2           member's paperwork be processed to a point, as  
3           long as we have those trainings --

4           **DR. ZIEMER:** As long as you have the Privacy  
5           Act training in place.

6           **MR. ELLIOTT:** Yeah, that --

7           **DR. ZIEMER:** Yeah.

8           **DR. WADE:** We'll operate on that assumption.  
9           If it changes, we'll let everyone know.

10          **DR. ZIEMER:** Yeah, just wanted the Board  
11          members to know that that was occurring, too.  
12          So a lot -- lot going on in the next month or  
13          so.

14          **MS. MUNN:** Yes.

15          **DR. ZIEMER:** Lot of activities.

16          **DR. BEHLING:** Dr. Ziemer --

17          **DR. ZIEMER:** Yes.

18          **DR. BEHLING:** -- this is Hans Behling. I just  
19          wanted to raise a question. Some time ago  
20          there was some discussion about having a face-  
21          to-face meeting regarding the issue of Hanford  
22          neutron/photon ratio, and there was a tentative  
23          schedule for next week, I believe, to -- to  
24          have that meeting in Cincinnati, but I guess  
25          there was also some comments made by NIOSH that

1           they may not be ready, but at this point in  
2           time I'm not sure whether or not a -- a new  
3           date has been set and -- and it is ob--  
4           obviously Dr. Melius (unintelligible) --

5           **DR. ZIEMER:** Yeah. No, I --

6           **DR. BEHLING:** -- is not here.

7           **DR. ZIEMER:** -- think Dr. Melius was waiting to  
8           hear, as well -- as was I -- and so I'm not  
9           sure we know the answer to that yet, do we?

10          **MR. HINNEFELD:** This is -- this is Stu  
11          Hinnefeld at NIOSH. The -- kind of what we  
12          consider a key technical resource for this  
13          discussion, Jack Fix, is essentially  
14          unavailable until late February, so our view is  
15          that to have a crucial discussion on the topic,  
16          we -- we don't think we'd be able to have a  
17          crucial discussion on the topic until perhaps  
18          the week of February 25th.

19          **DR. ZIEMER:** So that'll be delayed, Hans, it  
20          sounds like.

21          **DR. BEHLING:** Okay. I -- I just wanted  
22          clarification and I appreciate that, Stu.

23          **DR. WADE:** We need to leave the final thought  
24          on that also to Dr. Melius as the workgroup  
25          chair.



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**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 Jan. 11, 2007; 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 8th day of March, 2007.

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