

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 45

ADVISORY BOARD ON
RADIATION AND WORKER HEALTH

The verbatim transcript of the 45th
Meeting of the Advisory Board on Radiation and
Worker Health held telephonically on Apr. 5, 2007.

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TRANSCRIPT LEGEND

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

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

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

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

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

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

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

(By Group, in Alphabetical Order)

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School of Health Sciences
Purdue University
Lafayette, Indiana

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BEACH, Josie
Nuclear Chemical Operator
Hanford Reservation
Richland, Washington

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

LOCKEY, James, M.D.
Professor, Department of Environmental Health
College of Medicine, University of Cincinnati

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2
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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.
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Richland, Washington

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

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

SCHOFIELD, Phillip
Los Alamos Project on Worker Safety
Los Alamos, New Mexico

ANNOUNCED AUDIENCE PARTICIPANTS

BARKER, KAY, ANWAG
BARRIE, TERRIE, ANWAG
BEATTY, RAY, FERNALD MEDICAL SCREENING PROGRAM
BEHLING, HANS, SC&A
BEHLING, KATHY, SC&A
BRAND, ANSTICE, CDC WASHINGTON
CALLAWAY, ALLEN, FERNALD MEDICAL SCREENING PROGRAM
CHANG, CHIA-CHIA, NIOSH
DOWNS, ALYCIA, NIOSH
ELLIOTT, LARRY, NIOSH
HOWELL, EMILY, HHS
JACQUEZ-ORTIZ, MICHELE, U.S. CONG. TOM UDALL
KESSLER, MIKE, 5280 MAGAZINE
MAURO, JOHN, SC&A
MCKEEL, DAN, SINW
NETON, JIM, NIOSH
RAMSPOTT, JOHN, GENERAL STEEL INDUSTRIES AND DOW
SHIELDS, LASHAWN, NIOSH
SUNDIN, DAVE, NIOSH

1 **DR. WADE:** Griffon?

2 **MR. GRIFFON:** Here.

3 **DR. WADE:** Lockey?

4 **DR. LOCKEY:** Here.

5 **DR. WADE:** Melius?

6 (No response)

7 Dr. Melius said he might be several minutes
8 late.

9 Munn?

10 **MS. MUNN:** Here.

11 **DR. WADE:** Poston?

12 (No response)

13 Presley?

14 **MR. PRESLEY:** Here.

15 **DR. WADE:** Roessler?

16 **DR. ROESSLER:** Here.

17 **DR. WADE:** Schofield?

18 (No response)

19 Phillip?

20 **MR. SCHOFIELD:** Yes.

21 **DR. WADE:** I'm sorry -- Phillip, are you there?

22 **MR. SCHOFIELD:** Yes, I am.

23 **DR. WADE:** Okay, good. And Dr. Ziemer.

24 **DR. ZIEMER:** Yes, uh-huh.

25 **DR. WADE:** Let me go back and ask again for

1 Clawson?

2 (No response)

3 Brad, are you on the line? Are you muted on
4 the line?

5 (No response)

6 Melius?

7 (No response)

8 Poston?

9 (No response)

10 I will ask again periodically. LaShawn, if I
11 might ask you, could you give a call to Clawson
12 and Poston? Melius did mention that he would
13 be several minutes late.

14 **MS. SHIELDS:** Okay.

15 **DR. WADE:** But we have nine Board members; we
16 have a quorum of the Board and therefore we're
17 -- we're okay to proceed.

18 I guess by way of introductions, when anyone is
19 going to address the Board, if you're involved
20 in a particular discussion, please identify
21 yourself and your organization. We don't have
22 to have everyone on the call identify
23 themselves. I guess I would ask if there are
24 NIOSH individuals who intend to participate in
25 the call, I'd ask you to identify yourselves

1 now.

2 **MR. ELLIOTT:** Larry Elliott, NIOSH.

3 **DR. NETON:** Jim Neton, NIOSH.

4 **DR. WADE:** SC&A members likely to participate
5 in the call?

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

7 **DR. BEHLING:** Hans Behling, SC&A.

8 **MS. BEHLING:** Kathy Behling, SC&A.

9 **DR. WADE:** Okay. Are there other federal
10 employees on the line who need or would like to
11 identify themselves?

12 **MS. HOWELL:** Emily Howell, HHS.

13 **MS. BRAND:** Anstice Brand, CDC Washington
14 office.

15 **MR. SUNDIN:** Dave Sundin, NIOSH.

16 **MS. DOWNS:** Alycia Downs, NIOSH.

17 **MS. CHANG:** Chia-Chia Chang, NIOSH.

18 **DR. WADE:** Any of our colleagues from the
19 Department of Labor on the line who would like
20 to identify themselves?

21 (No responses)

22 Other members of Congress, their staff,
23 representatives of members of Congress on the
24 line who would like to identify themselves?

25 **MS. JACQUEZ-ORTIZ:** Michele Jacquez-Ortiz,

1 Congressman Tom Udall.

2 **DR. WADE:** Welcome, Michele.

3 **MS. JACQUEZ-ORTIZ:** Thank you.

4 **DR. WADE:** Other workers or worker reps who
5 would like to be identified on this call?

6 **MR. RAMSPOTT:** John Ramspott listening in for
7 General Steel Industries and Dow.

8 **MS. BARRIE:** Terrie Barrie with ANWAG.

9 **MS. BARKER:** Kay Barker with ANWAG.

10 **DR. MCKEEL:** Dan McKeel with Southern Illinois
11 Nuclear Workers.

12 **DR. WADE:** Welcome, all. Anyone else on the
13 call who would like to be identified on the
14 record?

15 **MR. CALLAWAY:** Allen Callaway and Ray Beatty
16 with the Fernald Medical Screening Program.

17 **DR. WADE:** Anyone else who would like to be
18 identified?

19 **UNIDENTIFIED:** Can you guys hear me?

20 **DR. WADE:** Yes.

21 **MR. KESSLER:** Mike Kessler with 5280 magazine.

22 **DR. WADE:** Welcome.

23 **MR. KESSLER:** Thank you.

24 **DR. WADE:** Anyone else who would like to be
25 identified?

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(No responses)

By way of etiquette for this call, please, when you -- when you are going to speak, identify who you are. Our court reporter is very good, but might not remember the sound of your voice. Please identify.

When you're speaking, speak into the handset. Sort of refrain from using a speaker phone when you're making comment. It picks up an awful lot of background noise.

If you're not speaking, then if at all possible mute the phone, again to avoid background noise.

And again, keep in mind just your situation with regard to the phone and sort of monitor it. These calls are very productive and a very useful mechanism for the Board to use, but they can be disrupted by all kinds of noises that you might not be aware of, so think about it.

If, when you put your phone on hold, music plays, don't put your phone on hold because we don't want to listen to your music, as pleasant as it might be. So again, think of those -- those simple etiquettes and I think the process will serve the Board and those that the Board

1 serves very well.

2 Let me go back and ask if Brad Clawson is with
3 us?

4 (No response)

5 Brad Clawson?

6 (No response)

7 Jim Melius?

8 (No response)

9 Dr. Poston?

10 (No response)

11 Okay. Paul, we have a quorum of the Board and
12 now it's for you to begin.

13 **DR. ZIEMER:** Thank you very much. Thanks to
14 all the Board members and other participants
15 for taking time today to address some of the
16 issues that are before us. I want to check
17 with all the Board members and make sure you
18 have a copy of the agenda. It should have been
19 e-mailed to you. It also appears on the web
20 site, and others who are listening in, if you
21 don't have a copy of that agenda, it is on the
22 OCAS web site and you might want to pull that
23 up and -- and at least be aware of it.
24 We'll follow the agenda pretty much as it's
25 given, although the time frames are

1 approximate. And if we're more efficient in
2 completing items, we will simply move ahead.
3 I have one time-certain item that I want to
4 make you aware of and I'll double-check with
5 Lew Wade to make sure this is still on
6 schedule, but it's been indicated to me that
7 Senator Bingaman may wish to address the group
8 at 12:00 o'clock. Is that still the case --

9 **DR. WADE:** Right, Senator Bingaman of New
10 Hampsh-- of, excuse me, New Mexico --

11 **DR. ZIEMER:** Bingaman, yes.

12 **DR. WADE:** -- yeah -- wishes to address the
13 group at 12:00. He wishes to address the group
14 concerning the Los Alamos SEC petition. It's
15 expected that the Board will be taking up that
16 petition when it meets face to face in May.

17 **DR. ZIEMER:** So if -- wherever we are in the
18 process at noon, if the Senator comes on the
19 line we will yield and -- and hear from him at
20 that point.

21 **MS. JACQUEZ-ORTIZ:** This is -- this is Michele
22 Jacquez-Ortiz with Congressman Tom Udall's
23 office. We have been communicating with the
24 Senator's staff. Depending on the Senator's
25 comments, I would like to have an opportunity

1 also to convey Congressman Udall's concerns on
2 his behalf, if that would be okay.

3 **DR. ZIEMER:** That would be fine, and we can do
4 that immediately following the Senator's
5 comments, if that's agreeable.

6 **DR. WADE:** Is that agreeable to you, Michele?

7 **MS. JACQUEZ-ORTIZ:** Oh, ab-- oh, absolutely.
8 It may not be necessary, but we may want to
9 just add one or two comments.

LIMITING TIME OF INDIVIDUAL PUBLIC COMMENTS

DR. PAUL ZIEMER

10 **DR. ZIEMER:** That would be fine. Well, let us
11 proceed then. The first item on our agenda is
12 called limiting the time of individual public
13 comment. This is an item that arose after --
14 or during our last meeting. Some of the Board
15 members were concerned that during the public
16 comment period some of the individual
17 commenters were taking lengthy periods of time,
18 to the extent that other members of the public
19 became perhaps discouraged in terms -- or could
20 not stay and make their own comments and -- and
21 perhaps had to leave. And the question arose
22 as to whether we should impose time limits on
23 commenters.

24 I should also note that I received the -- a

1 copy of the -- basically of a fax that was
2 forwarded to me by Terrie Barrie but I don't
3 know -- and Terrie Barrie, if you're on -- or
4 no, was it Terrie Barrie? Or it might have
5 been Kay Walker (sic) -- commenting on this
6 issue. But did other Board members get a copy
7 of that fax or -- or Lew, did you?

8 **DR. WADE:** I don't recall.

9 **MR. PRESLEY:** I don't -- I don't remember.

10 **DR. ZIEMER:** Was it -- it was --

11 **MS. MUNN:** I'm not aware of --

12 **DR. ZIEMER:** I got it yesterday, and -- but let
13 me go ahead and open the floor for discussion
14 and have Board members make your comments on
15 this issue, and then I'll pull up my copy and
16 read those comments to you, as well.

17 Basically this was a worker group that
18 suggested that we not limit it to -- or if
19 there is a limit, that it be at least ten
20 minutes, I believe, but I'll get the exact
21 wording.

22 Who -- who wishes to speak to this issue?

23 **DR. WADE:** Well, could I -- could I speak
24 briefly before the Board --

25 **DR. ZIEMER:** Yes.

1 **DR. WADE:** -- members do? I mean I -- for the
2 record, I think in my time with the Board Dr.
3 Ziemer nor the Board members have ever limited
4 the amount of time they're willing to stay and
5 listen to public comments. I think the Board
6 has been very, very accepting with its time.
7 I think the issue as we saw it the last time
8 was that there were some people who felt they
9 couldn't stay so long and left before they had
10 an opportunity to make their comments. But the
11 Board has always been gracious and has tried to
12 hear everyone who wished to comment. So I'll
13 stop with that.

14 **DR. ZIEMER:** Yes, the idea of limiting it was
15 sort of on behalf of others who were there --

16 **DR. WADE:** Right.

17 **DR. ZIEMER:** -- that may wish to speak.

18 **DR. WADE:** Correct.

19 **MR. PRESLEY:** Hey, Paul, this is Bob Presley.

20 **DR. ZIEMER:** Yes, Bob.

21 **MR. PRESLEY:** I will speak in motion of
22 limiting the amount of time for comments.
23 We've been very, very good in staying when we
24 were supposed to be finished by 8:00 o'clock
25 and staying till 9:00 and 10:00 o'clock and

1 listening to everybody. But my pro-- my
2 problem or concern is that we have some
3 individuals that continue to get up and read
4 the same thing meeting after meeting and it
5 takes up 30 minutes, and you can see the
6 frustration in some people's face when they
7 just get up and leave after that. And for this
8 reason, I would love to see us limit some of
9 this stuff.

10 Now if somebody's got something that, you know,
11 takes more than -- than ten minutes, I can see
12 them coming up and explaining that to you and
13 us doing it. But where you read a statement --
14 and essentially the same statement -- at every
15 Board meeting, I'm sorry, I -- I think we give
16 a -- we need to give other people time to talk.
17 This is my comment.

18 **DR. ZIEMER:** Thank you. Others?

19 **DR. LOCKEY:** Jim Lockey. I'm hesitant to limit
20 the amount of time people can talk at a public
21 meeting, but I would propose that -- that when
22 we're at different sites an opportunity be
23 given to those members of the audience who have
24 not previously had an opportunity to talk to
25 the Board, or to give their views to the Board.

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

2 **DR. LOCKEY:** In other words, maybe we can
3 prioritize it in a manner that sets it out,
4 people that only have attended one meeting and
5 want to talk at a meeting, they be given the
6 priority to talk first or to give their
7 comments first.

8 **DR. ZIEMER:** Yeah. Let me read into the record
9 also the comment that I referred to a moment
10 earlier. It comes from Janet Michael
11 representing ANWAG, that's -- that group is --
12 the acronym is the Alliance of Nuclear Worker
13 Advocacy Groups. And her letter said (reading)
14 The agenda for the Advisory Board on Radiation
15 and Worker Health includes a discussion of -- a
16 discussion to limit the time for public
17 comment. The Alliance for Nuclear Worker
18 Advocacy Groups understands the need to limit
19 the time in order that the Board may hear from
20 as many concerned stakeholders as possible.
21 ANWAG -- that's the acronym -- would like to go
22 on record with the suggestion that the time
23 limit be no shorter than ten minutes. The
24 issues surrounding the dose reconstruction,
25 Special Exposure Cohort evaluation and site

1 profile issues are complex. As such, it is not
2 always possible for the stakeholders to address
3 these issues completely and clearly in a
4 shorter time period. Thank you for your kind
5 consideration. Sincerely, Janet Michael.
6 So there's the recommendation from Janet by
7 representing that particular group, and we
8 thank them for that comment.

9 Other Board members?

10 **DR. MELIUS:** This is Jim Melius.

11 **DR. ZIEMER:** Jim, thank you.

12 **DR. MELIUS:** Yeah, and I -- I would have no
13 problem with limiting the time if it's ten
14 minutes or something like that. That's
15 probably reasonable. But I think we also need
16 to be careful to make an exception for the SEC
17 petitioners because -- and -- and people
18 associated with those sites because -- I mean I
19 think we sort of set up a separate process for
20 them that allows them to, you know, have more
21 participation during the meetings in the -- in
22 our deliberations and SEC issues and stretched
23 out over many meetings, I think we need to be
24 mindful that -- of their opportunity to
25 participate in the process and -- you know, the

1 context of the petition and so forth. So as
2 long as we take that into account and then all
3 -- also we have a process in place that if for
4 some reason somebody feels that they need a
5 longer period of time to explain something,
6 that they would have an opportunity to speak to
7 Dr. Ziemer or to Lew and -- and get a -- you
8 know, to explain that and then -- and a, you
9 know, appropriate decision could be made.

10 Other than that, I think it would make things
11 go much better and certainly help the people
12 who are new to these meetings and really do
13 feel bewildered and put off by the fact they
14 wait around and listen, you know, for an hour
15 and a half before they have a chance to
16 participate.

17 **DR. ZIEMER:** Okay, thank you. Other comments?

18 **DR. ROESSLER:** This is Gen Roessler. I agree
19 with what Jim has said completely, that a ten-
20 minute limit, with anybody who needs or wishes
21 to go over that to either -- to talk to either
22 you or Lew Wade.

23 **DR. ZIEMER:** Any other comments?

24 **MR. SCHOFIELD:** This is Phillip Schofield.

25 Yeah, I mean I'm in agreement with the ten-

1 minute limit, and those who have a lengthy
2 discussion they need bring -- to bring before
3 the Board, if they could approach the Board and
4 then maybe we could put them more towards the
5 end and encourage them to submit their comments
6 in writing, too, if they have a lengthy set of
7 comments. I think that would help the general
8 public and those people who have traveled who
9 are claimants, that they'd be allowed to
10 address the Board, too.

11 **DR. ZIEMER:** Okay, thank you.

12 **MR. GIBSON:** Dr. Ziemer?

13 **DR. ZIEMER:** Yes, Mike Gibson.

14 **MR. GIBSON:** I think if we could maybe have
15 some kind of sign posted at the sign-in sheet
16 that if you have a -- a presentation or a
17 prepared statement that's going to take over
18 ten minutes, that you indicate that when you
19 sign in. And that way you could kind of adjust
20 -- you know, arrange the speakers in the order
21 that you feel necessary.

22 **DR. ZIEMER:** Okay, thank you.

23 **MR. PRESLEY:** This is Bob Presley again. I
24 think that'd be a good idea. Along with that,
25 put a notation with that that, you know, if

1 they do have something that they need to see
2 Dr. Ziemer or -- or Dr. Wade.

3 **DR. ZIEMER:** I'm -- I'm hearing what appears to
4 be a kind of consensus. Let -- let me address
5 two things -- this is Ziemer again. Certainly
6 on the petitioners -- on an SEC petition, their
7 presentations are outside of what we're talking
8 about here anyway, as far as the SEC petition
9 presentation is concerned, so we're -- we're
10 simply talking here about the public comment
11 period, the general public comment periods.
12 Number one, there seems to be a consensus that
13 we have a -- some sort of time limit, probably
14 ten minutes. What I'm going to suggest, and I
15 think this might capture perhaps all of the
16 ideas. Number one, that we ask the speakers to
17 indicate how much time they need and we would
18 prioritize them by time. Number two, that we
19 indicate that there is a ten-minute time limit.
20 The third thing I'm going to suggest is that --
21 if it's agreeable to the Board members, that an
22 individual who has something lengthier than
23 that, we would ask them to keep it to ten
24 minutes and that at the end of the meeting, if
25 there's still time left overall, they could add

1 additional comments.

2 **DR. LOCKEY:** Paul, this is Jim Lockey, I think
3 that's good. I'd also suggest that -- I really
4 want to make -- when new -- when there's new
5 people at the Board meeting that haven't had a
6 chance to talk, I think they should be given an
7 opportunity to do that.

8 **DR. ZIEMER:** We can -- we can certainly
9 prioritize in that manner, as well, so
10 prioritize by both time and whether they are
11 repeat people.

12 Now in some cases, depending on the topic, if
13 we're discussing at a particular meeting, a
14 particular site -- we have folks like -- let's
15 say Dan, who's on the line now, Dan McKeel, if
16 he's addressing something that has to do with a
17 site that we're concerned with at a particular
18 meeting, then we might not follow that exact
19 procedure because the priority might be for
20 that site, even though the person has spoken to
21 the Board before.

22 **DR. LOCKEY:** Well, that's (unintelligible) --

23 **DR. ZIEMER:** We'd have to use some judgment on
24 that, I think.

25 **DR. LOCKEY:** Correct.

1 **MR. PRESLEY:** Paul, this is Bob Presley.

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

3 **MR. PRESLEY:** I think that's great. If they
4 think they're going over the time limit, then
5 let them -- let them submit their comments to
6 the Board in writing.

7 **DR. ZIEMER:** Let -- let me ask Lew if -- if we
8 have a comment submitted in writing but not
9 orally presented at the meeting, they do not
10 appear in the transcripts. Is that correct?

11 **DR. WADE:** That's correct, although, you know,
12 we could modify as appropriate, but they would
13 not.

14 **DR. ZIEMER:** But -- but they could be
15 promulgated to the Board.

16 **DR. WADE:** But they could be posted on the web
17 site.

18 **DR. ZIEMER:** And in some cases -- in some
19 cases, we've also put those on the web site --

20 **DR. WADE:** Correct.

21 **DR. ZIEMER:** -- yeah, so we can still do that
22 and they then become part of the record.

23 **DR. WADE:** Correct.

24 **MS. MUNN:** This is Wanda. Wouldn't it be easy
25 for us to just simply ask the individuals to --

1 we will -- we will expect to impose a ten-
2 minute time limit on speakers as -- public
3 speakers at future meetings; that we will try
4 to prioritize the list of speakers in terms of
5 the times -- times needed and whether or not
6 they are repeats. We will also ask for written
7 comments in the case of those who have
8 lengthier or more complex pieces of information
9 to present to the Board.

10 Is that -- everyone agree?

11 **MS. MUNN:** Yeah.

12 **MR. SCHOFIELD:** This is Phillip Schofield. I'd
13 like to add one comment to that. I would like
14 to see, when they have these comments that
15 they're submitting to the Board in writing,
16 that they do become part of the record.

17 **DR. ZIEMER:** We will make sure they're part of
18 the record, either -- probably by putting them
19 on the web site. Is that agreeable, Lew? Can
20 we do it that way?

21 **DR. WADE:** Yes, sir -- yes.

22 **DR. ZIEMER:** Okay.

23 **DR. WADE:** Now what I'll do, Paul, with your
24 permission, is I'll work with folks and design
25 a sign-in sheet that conveys that information

1 and then captures what the Board needs to do in
2 its prioritization, and I'll get that out to
3 everyone before the next meeting. And
4 possibly, after comments, we can use that sign-
5 in sheet then.

6 **DR. ZIEMER:** Very good. Okay, thank you very
7 much.

REVISIT BOARD POLICY ON SC&A VISITS TO HILL
DR. PAUL ZIEMER, DR. JOHN POSTON

8 Let's move on to the next item, which has to do
9 with the Board policy on -- on the business of
10 our contractor, SC&A, to the Hill. That is,
11 our contractor from time to time gets requests
12 to -- to brief various congressional staff
13 members on the Hill, and the issue -- and we
14 discussed it before -- has to do with whether
15 or not there should be a requirement that a
16 Board member or members be present during such
17 briefings.

18 Lew has provided all of you with copies of
19 transcripts from previous meetings where this
20 item has -- has come up, basically two
21 different subsets -- I don't have the
22 references here, Lew, do you have --

23 **DR. WADE:** Right, the first -- the first was
24 from day one of our meeting where we discussed

1 it on August 25th, 2005. That starts with page
2 183, and then we picked it up on day two,
3 August 26th of 2005. That starts with page
4 number 15.

5 **DR. ZIEMER:** So you have that as background
6 material, the nature of the discussion before.
7 There -- there are some -- related to the
8 Board's desires, there are also some agency
9 issues between Health and Human Services and
10 their relationships with the congressional
11 staff and with the various contractors. Lew,
12 as a background, do you want to remind us sort
13 of the agency's position on this?

14 **DR. WADE:** Right, I -- I can do that, clearly,
15 and it's -- it's clearly reflected in the
16 documents. And not to -- to overstate the
17 issue, but SC&A, for example, we're talking
18 about, is a -- a contractor to the federal
19 government. It's a contract that exists with
20 the Centers for Disease Control within
21 Department of Health and Human Services.
22 Certainly the Secretary of HHS and the
23 contracting officer -- in this case, David
24 Staudt -- have to reserve the right to instruct
25 the contractor as they think appropriate, given

1 the nature of that contract. It has been, and
2 I think will likely be, the policy of HHS that
3 SC&A would have unfettered access -- the Hill
4 would have unfettered access to SC&A, as
5 appropriate.

6 That said, we intend -- we would intend to
7 understand and act within the spirit of the
8 Board's policy. We feel that the policy in
9 place now we can act consistent with that. If
10 the Board was to adopt a policy that would
11 refuse Hill visits, for example, I can't
12 promise you that -- that the Department would
13 act consistent with that. But we are
14 interested in the Board's wishes and, again,
15 the policy in place now we have found very
16 workable. But again, it is a government
17 contractor and the Secretary and the
18 contracting officer have to reserve the right
19 to instruct the contractor as they think
20 appropriate.

21 **DR. ZIEMER:** And let me remind the Board
22 members of how -- how the policy currently
23 works. If a request comes in to SC&A, John
24 Mauro notifies Lew Wade and me, as Chair, that
25 the request has been made, who has requested it

1 and when; and then, after the visit, provides a
2 written report of the discussion, items that
3 were addressed or questions that were asked and
4 answered in the -- in the visit.

5 **DR. WADE:** I think -- I think, Paul, there's
6 been a -- a further -- there's more detail to
7 the policy, if I might.

8 **DR. ZIEMER:** Sure.

9 **DR. WADE:** I think when the request comes in,
10 and as soon as possible, all Board members are
11 notified of the request, and then any Board
12 member who would like to participate would
13 notify John Mauro, Paul or I that they would
14 like to participate. It would then be our
15 intention to ask the congressional entity
16 requesting the briefing if such participation
17 was agreeable to them. If it was, it would
18 happen. If the congressional office was to say
19 no, we would prefer not to have a Board member
20 or that Board member present, then we would
21 honor those wishes.

22 Then there's also caveats in the policy that
23 SC&A needs to be very careful to identify that
24 very often we're looking at draft materials,
25 they need to make that clear. If Board members

1 participate, Board members need to identify
2 whether they're conflicted or not on a
3 particular site in question. And again, Board
4 members don't speak for the Board unless
5 they've been authorized to do that.

6 So I think that's the policy as we have been
7 following it. I don't think I've misstated
8 anything there, but if I did, please correct
9 me.

10 **DR. ZIEMER:** And the -- the only issue I think
11 that arose was the issue of whether or not the
12 Board should demand or make it mandatory that a
13 Board member be present. And as Lew has
14 already indicated, Health and Human Services --
15 and -- and that -- if there were such a
16 statement, it would go as a recommendation to
17 the Secretary, and whether or not the Secretary
18 would in fact honor that is a separate
19 question.

20 **DR. WADE:** Correct.

21 **MS. MUNN:** This is Wanda. I have one other
22 serious concern about this issue that has come
23 up repeatedly for us, and that is not just the
24 fact that most of the time the written product
25 that is in question is still in draft form.

1 The other thing that is of major concern, and I
2 think it should concern all of us, as well as
3 the members of Congress, is the fact that it's
4 clear from the comments that come back to us
5 from congressional members and their staff that
6 the contractor is seen as an auditor, not as a
7 reviewer. There is a difference, and that -- I
8 -- did not seem to be clear to others outside
9 the area where we work most of the time. I
10 think it's -- it's important for both us and
11 for congressional staff to understand what the
12 status of these materials is and what the
13 status of the presenter of those materials is.
14 **DR. ZIEMER:** Right. And I think, to the extent
15 possible, SC&A has -- has tried to make that
16 clear, although it may not always be
17 successful.
18 **MS. MUNN:** I think they have tried to do that,
19 much to their credit.
20 My other concern is the fact that it's also
21 very clear that congressional staff has had
22 clearly information provided to them long
23 before our contractor or any member of the
24 Board ever sees them. It's -- many members of
25 the Board have expressed their willingness to

1 participate in these kinds of events, but
2 because there seems to be an adversarial
3 component in the congressional view of what
4 we're doing here -- I assume that's the reason
5 why -- it has not always been possible for
6 Board members to be a part of those
7 interactions.

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

9 **MS. MUNN:** That is legitimate reason for
10 concern, I believe, on the part of the Board
11 and on the part of the agency.

12 **DR. ZIEMER:** Okay, thank you for those
13 comments.

14 Other comments, Board members?

15 **DR. LOCKEY:** Paul, Jim Lockey. I wanted to ask
16 you, did you say that the -- that the questions
17 -- when SC&A meets with congressional members,
18 are the -- the questions and answers, are they
19 recorded or -- or...

20 **DR. ZIEMER:** There's not a recording in the
21 sense that -- of having a court reporter.

22 There's a summary -- meeting summary that's --

23 **DR. LOCKEY:** A summary on that meeting
24 generated?

25 **DR. ZIEMER:** Yeah.

1 **DR. WADE:** By SC&A. And I -- from my
2 perspective -- this is Lew -- the quality of
3 those summaries have been excellent.

4 **DR. LOCKEY:** Okay, and the Board gets a copy of
5 that, is that right?

6 **DR. WADE:** Correct.

7 **MS. MUNN:** Yes.

8 **DR. MELIUS:** Can we make sure that the Board
9 gets a copy of those? This is Jim Melius. I
10 don't recall seeing any.

11 **DR. LOCKEY:** I haven't seen any -- any -- yeah,
12 I haven't seen any, either, Jim. That's why I
13 was wondering about that.

14 **MS. MUNN:** I've seen one or two, but I don't
15 see them routinely.

16 **DR. ZIEMER:** I -- this is Ziemer. I thought --
17 I thought the Board members were getting
18 copies. John Mauro, are you on the line?

19 **DR. MAURO:** Yes, I am. Initially I had
20 submitted the copies of these minutes to --
21 Paul, to you and to Lew, but not to the entire
22 Board, and I -- but more recently I -- we've
23 begun to submit them to the full Board, so --
24 but you -- so you're correct, those of you
25 who've only seen occasional ones, that's

1 probably the reason. We certainly from now on
2 -- and we'll make sure that when -- when I send
3 out these minutes, it will go to all Board
4 members.

5 **DR. LOCKEY:** This is Jim Lockey. I think those
6 minutes would be very helpful 'cause it would
7 be an education to us as to the concerns of the
8 congressional members and it would be -- it
9 could be helpful.

10 **DR. ZIEMER:** John, how easy would it be for you
11 to send back copies of the earlier -- back from
12 last year's minutes?

13 **DR. MAURO:** I will -- I will pull a package
14 together of everyone and send a little package
15 out so that you can -- you will all have a full
16 set of all minutes for your records.

17 **DR. MELIUS:** Paul --

18 **DR. ZIEMER:** Yes?

19 **DR. MELIUS:** -- this is Jim Melius. I have
20 (broken transmission) --

21 **DR. ZIEMER:** Go ahead.

22 **DR. MELIUS:** -- somebody else was speaking, I
23 guess Jim. Two things that I'd remind the
24 Board of is -- one is that there's logistical
25 issues with Board members coming in for these

1 visits. The visits are in Washington. Most of
2 the Board is away from Washington, so there's
3 sort of a timeliness issue. For better or
4 worse, I guess since SC&A is in the Washington
5 area and most of the staff are, so it's
6 probably a lot easier for them to -- to make
7 these visits.

8 Secondly, I think we have to remember the
9 reason that they are invited is often a way to
10 provide sort of a technical update in the sense
11 that issues that constituents of that
12 congressperson or representative had raised
13 about NIOSH evaluation or NIOSH report or site
14 profile, whatever, and to provide some
15 assurance that that particular issue is
16 getting, you know, appropriate technical
17 review. And I think in that sense the SC&A
18 staff are often more up to date than we are
19 'cause they're in the process of reviewing
20 something to present to us or have a draft
21 document or whatever.

22 And then secondly, I think it -- you know, it
23 adds considerably to the credibility of the
24 process. I think it -- helps the functioning
25 of the Board and helps the -- our credibility,

1 you know, the overall OCAS program, by allowing
2 this access and having -- having this
3 interchange and I really see no need to -- to
4 change the policy. I think it would be helpful
5 to have these meeting summaries circulated so
6 we have a record and just in case there's
7 something that we may have a concern about the
8 way it was raised, we can always talk to John
9 or whoever was at the site visit and follow up
10 on that.

11 **DR. ZIEMER:** Okay, thank you.

12 **MR. PRESLEY:** Paul, this is Bob Presley.

13 **DR. ZIEMER:** Yeah, Bob Presley, go ahead.

14 **MR. PRESLEY:** My concern is that the Board -- I
15 know the one that I was involved in, I got a
16 call one day when we were on our way to the --
17 to a meeting out west, and they said well,
18 we've got a meeting at 3:00 o'clock today. I
19 would like for somebody to notify us as soon as
20 possible when they know about these things. I
21 mean stuff on the Hill doesn't happen to when --
22 -- you know, where the pick the phone up, can
23 you -- can you be in my office at 3:00 o'clock
24 today. I would like to see that -- that we get
25 as much notification as possible.

1 **DR. ZIEMER:** Yeah. Well, in fact I can tell
2 you that many of these are on very short
3 notice. Sometimes -- and John Mauro, you can --
4 -- can confirm or -- or -- or not, but I know
5 you've had some where it's like the next day or
6 something like that. We don't get a lot of
7 notice on many of these.

8 **DR. MAURO:** Yeah, I would say that -- that we
9 have -- that we've had a number of these, but
10 there have been at least two where we had on
11 the order of a day notice to come by and -- and
12 to give a -- and meet with the delegation, but
13 -- but I would say more often than not we do
14 have more than a day. And typically, unless --
15 you know, some -- delayed a bit, I try to put
16 them out as soon as -- you know, send out the
17 no-- the information to Lew and Paul
18 immediately after receiving such a request.

19 **DR. LOCKEY:** Paul, would these minutes normally
20 go on the web site?

21 **DR. ZIEMER:** I don't think they -- I don't
22 think they have, but they could.

23 **DR. WADE:** They have not, but they could.

24 **DR. LOCKEY:** Okay. I would suggest that,
25 'cause it's -- it sounds like it's a public

1 document and -- and everybody should have a
2 chance to look at it.

3 **DR. ZIEMER:** Any other comments? The -- the
4 actual issue before us is, Board members, do
5 you wish to, in -- in a formal way, change the
6 existing policy? And I think John Poston was
7 the one that raised this concern at the last
8 meeting. I don't -- did John get -- come on
9 the line yet?

10 (No response)

11 But I think John felt that -- that the Board
12 should mandate that we be present and -- and so
13 the issue had to do with whether we should put
14 forth to the Secretary a change in the policy,
15 basically demanding our presence.

16 **MS. MUNN:** Well, this is Wanda. As those of
17 you who were present at the time will probably
18 recall, the original -- that was -- that was
19 pretty close to the original issue. We had
20 originally suggested -- had the suggestion
21 placed before us -- I think I suggested it, as
22 a matter of fact -- that what we provide first
23 for Congress and their staff is a position
24 paper that indicated it was the position of the
25 Board to prefer to have a Board member present

1 when these meetings occur. At that time it was
2 stated, with no conditions attached, the
3 reminder that Congress does in fact have the
4 authority and the desire to speak with whomever
5 they choose, without our policy being taken
6 into consideration at all.

7 **DR. ZIEMER:** That's correct, and in fact our --
8 our present policy is just that, that we
9 basically indicate our desire to be present if
10 -- if we can.

11 **MS. MUNN:** Yes, and --

12 **DR. ZIEMER:** So -- so the question is, do we
13 wish to change that policy.

14 **MS. MUNN:** It seems to be working reasonably
15 well. I have one question for John, however.
16 John, I don't remember whether those
17 abbreviated meeting reports that we've seen
18 included the specifics of who in that
19 congressional office were the members present.

20 **DR. MAURO:** I think you're correct. In my
21 recollection we may have, in some cases, listed
22 everyone that was there; in other cases we have
23 not. So I -- when I go back and collect all
24 the material, you'll have a better sense of the
25 kind of information that's in there. I will

1 certainly send out the full package to
2 everyone. And perhaps, based on that, if you
3 folks would like to provide us with some
4 additional direction -- for example, that you -
5 - that we do have a complete list of all
6 participants at these meetings, and perhaps the
7 time -- you know, period over which it
8 occurred, so we will be pleased to provide any
9 information in these -- as -- as directed.
10 Right now they have been -- my -- our write-ups
11 have really been the judgment of the -- of
12 myself and the others involved, you know, how
13 much detail to provide and how much
14 information, and we certainly can structure it
15 a little bit more formally to meet your needs.
16 **MS. MUNN:** This is Wanda again, and I don't
17 want to wish to burden SC&A unreasonably, but
18 it's clear that they are going to continue to
19 be our voice and our face as far as
20 congressional desires are concerned. It would
21 be very helpful if -- if we could indeed have
22 an indication of who was present. It helps us
23 to understand who the contact people are for --
24 **DR. ZIEMER:** Yeah, I think certainly, Wanda, in
25 -- in terms of at least the major players -- I

1 mean if there's a -- if there's a -- a low-
2 level summer intern present, that may not be
3 critical, but we certainly need to know who the
4 staffers are. Right?

5 **MS. MUNN:** Yes, I would -- I would make that an
6 official request as an addition to our policy.

7 **DR. ZIEMER:** Other Board members, any comment
8 on that?

9 **MR. PRESLEY:** I have no problem if it -- since
10 -- since we'll start getting the minutes, but I
11 just wondered if we could reiterate the policy
12 that, if at all possible, that somebody be
13 given the chance to be there.

14 **DR. WADE:** I, too, think -- this is Lew -- and
15 again, for the record, I think the way we're
16 operating now is that as soon as possible when
17 a request is received -- it could come to SC&A,
18 it could come to me -- then that request would
19 be transmitted to NIOSH, to all Board members,
20 and the offer would be made, if a Board member
21 would like to attend, they would let John or I
22 know that. When we hear that, we would then go
23 to the -- those who are inviting John and SC&A
24 and ask if that was acceptable. If it was,
25 then we would move forward with that. If not,

1 then we would transmit that information back.
2 I think the operative part is John would notify
3 us as soon as possible. And again, the offer
4 would be then extended to any Board member who
5 would like to attend, to make that known.

6 **DR. ZIEMER:** Okay. And that basically is the
7 policy now.

8 **DR. WADE:** Correct.

9 **MS. MUNN:** This is Wanda again, which seems to
10 be working well.

11 **DR. ZIEMER:** Yeah, and I -- I think the -- the
12 only -- if there is any modification, can I
13 take it by consent that we make sure that the
14 recording of the -- of the meeting is complete
15 to the extent it includes who is present.

16 **DR. WADE:** Principals, yes.

17 **DR. ZIEMER:** The principals, both for SC&A and
18 the staff -- and the Hill staffers.

19 **MR. SCHOFIELD:** This is Phillip Schofield. I
20 think I can agree with that 'cause at least
21 that way we have an idea of what this
22 discussion is and if there's something we need
23 to be --

24 **DR. ZIEMER:** Right.

25 **MR. SCHOFIELD:** -- addressing.

1 **DR. ZIEMER:** Right. Any objections to that
2 sort of additional caveat that we make as part
3 of our policy?

4 **MS. MUNN:** No -- Wanda again, one last question
5 -- sorry about that frog in my throat -- one
6 last request, that the minutes also include, if
7 we have a situation where an individual Board
8 member has indicated that they could and would
9 like to be present, if the congressional member
10 rejects that. It would be helpful if that were
11 included also in the comments that SC&A
12 provides for us.

13 **DR. ZIEMER:** And I think, John, you would
14 probably know that because it would be -- if
15 the Board member requested that they be
16 present, that would loop through you and Lew
17 anyway.

18 **DR. WADE:** Right, it would certainly loop
19 through me. Why don't you let me take that as
20 a suggestion, and I wouldn't put that burden on
21 John.

22 **MS. MUNN:** No.

23 **DR. WADE:** Let me take that as a suggestion and
24 talk to the contracting officer and see what we
25 can do in that regard.

1 **MS. MUNN:** Thank you, Lew.

2 **DR. ZIEMER:** Okay. Any other comments on this
3 particular issue?

4 **DR. WADE:** I would -- I know we have friends
5 from the Hill on the line. If -- since we've
6 been talking about your business, if there's
7 any comments that they would like to make.

8 **MS. JACQUEZ-ORTIZ:** This is Michele Jacquez-
9 Ortiz with Congressman Udall's office -- Tom
10 Udall out of New Mexico --

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

12 **MS. JACQUEZ-ORTIZ:** -- and I -- I think that I
13 had raised concerns about this upon first
14 hearing about it at the last meeting -- the
15 Advisory Board meeting in Ohio. And Wanda and
16 I had a chance to sit down after the meeting, a
17 meeting that I really appreciated 'cause she
18 clarified to me what the concern was, and I
19 don't think I fully understood that. It seems
20 to me that what you all are proposing here is
21 extremely reasonable, and I don't -- I can't
22 imagine -- I can only speak on behalf of our
23 office, but I know that -- that the
24 Congressman's staff would absolutely feel
25 comfortable with -- with what you're proposing.

1 the scope of the Board's reviews, and I listed
2 three of them.

3 Instructions -- these are instructions to dose
4 reconstructors. You know, now I think we're
5 starting to capture workbooks in our review,
6 either if the workbooks are related to a
7 particular site profile or through the reviews
8 of individual DRs, you know, the topic of
9 instructions has come up.

10 PERs -- and I apologize, I have a mental block
11 with PERs, I keep saying PREs, but PERs. Larry
12 can tell us a little bit more about what they
13 are, but this is when NIOSH has made and change
14 and then goes back and looks at the impact of
15 that change on previously-completed dose
16 reconstructions. There is -- it is an effort
17 undertaken, there's a report prepared. Again,
18 that's something that, you know, the Board
19 might want to consider as it imagines that it's
20 reviewing everything that it needs to within
21 the scientific scope of the program.

22 And then the last one of my bullets is this
23 ever-nagging issue of the tracking of issues to
24 closure. We -- we see issues come up in
25 workgroups, and then sometimes they're --

1 they're thought to be more generic issues and
2 they move to an overarching list, and then
3 sometimes they come back, and I just think
4 there's an important task to be sure that
5 things are tracked to completion and not fall
6 through the cracks where the workgroup on the
7 site thinks it's being handled generically and
8 the generic people think it's being handled by
9 the site. And I think it's just something
10 worth talking about.

11 Larry, could you just very briefly add to my
12 discussion of PERs?

13 **MR. ELLIOTT:** Yes, this is Larry Elliott. PERs
14 are Program Evaluation Reviews that are done
15 upon the instance where we've made a change,
16 either in our dose reconstruction approach, our
17 methodology, or in our -- perhaps our IREP
18 models. It would -- it would stimulate a
19 review of all claims that have been completed
20 under a previous version of a -- of a tool to
21 see if any of those completed claims that were
22 found to be non-compensable would change in
23 their compensability by the -- by the
24 modification that we're making.
25 Currently I think, if you go on our web site,

1 we -- we publicly display the completed PERs,
2 Program Evaluation Reviews. You will find, I
3 believe, there nine -- nine reviews -- actually
4 I think seven reviews and two plans. We -- we
5 institute a Program Evaluation Plan where we're
6 dealing with a large-scale review, a large
7 number of claims. And in order to outline what
8 we're going to do with regard to reviewing the
9 change and what its effect it might have on
10 claims, we put forward a plan, called a PEP.
11 As we proceed through that plan it becomes the
12 -- the review itself, and the reviews are then
13 reported out in what is shown on our web site.
14 These reports specify what the change was that
15 precipitated this review and also characterize
16 the outcome for the claims that were examined
17 under the review. And you'll see, as example
18 on our web site, (unintelligible) for lymphoma
19 and how -- which target organ we use there, and
20 you'll see other Program Evaluation Reviews
21 that deal with perhaps a dose reconstruction
22 issue at Savannah River Site or -- or
23 elsewhere.
24 So there are a number of Program Evaluation
25 Reviews underway that are not at a point where

1 we would place them on the web site at this --
2 at this time.

3 **DR. WADE:** Okay. Again, this is Lew. I -- I
4 just throw this issue before the Board to think
5 about. I -- you know, this is sort of a new
6 work product and, you know, how the Board feels
7 about that, when it might want to look at this
8 if it thinks it's appropriate, it's just food
9 for thought.

10 **DR. ZIEMER:** Right, okay. I think today may be
11 just some additional -- any Board members have
12 comments on any of these items that Lew has
13 raised. We don't need to take action today. I
14 think Lew is suggesting we begin to think about
15 this. For example, at some point do we want to
16 go back and do a sampling of -- are they PREs
17 or PERs?

18 **DR. WADE:** PERs.

19 **DR. ZIEMER:** -- PERs -- I -- I think my -- my
20 agenda says PRE.

21 **DR. WADE:** That's -- that's me.

22 **DR. ZIEMER:** Yeah, okay, a little -- okay. In
23 any event, for example, is this something we'll
24 want to take a look at, how to handle, you
25 know, those or some of the other tracking

1 issues to closures. We've had concerns about
2 those items on some of our matrices that --
3 that basically are not fully clo-- closed
4 because we've indicated that they are going to
5 be handled in the future in some manner or
6 other, but we -- we need to have a way to go
7 back and -- and assure that what we expected to
8 happen actually happened.

9 **MS. MUNN:** This is Wanda. The comments about
10 tracking through to closure are that we never
11 have really come to full grips with, as best I
12 can tell. In my mind we still do not have a
13 process for assuring that what we have
14 identified as what we've been calling
15 overarching issues in working groups do not
16 disappear when the working group has completed
17 its function. That -- if we have a specific
18 way of moving that from that -- from the
19 working group box into the, quote, overarching
20 issues or whatever is the name --

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

22 **MS. MUNN:** -- box, I'm unaware of what that is.

23 **DR. ZIEMER:** Well, we -- we don't have a formal
24 process at the moment for doing that. We have
25 sort of left that in limbo and that's the

1 reason for -- for raising -- raising it at this
2 point, to say okay, at some point we need to
3 formalize what we are going to do about those
4 kind of items.

5 **MS. MUNN:** And we certainly have enough of
6 those items on our list now of overarching
7 issues that it's certainly time we addressed
8 that. If we can't do it on this phone call,
9 then we certainly need to have some process in
10 mind at least to suggest for our next work-- or
11 for our next full-face Board meeting.

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

13 **MR. PRESLEY:** Hey, Paul, this is Bob Presley.

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

15 **MR. PRESLEY:** Doesn't SC&A have a system that
16 they are using to track the -- some of the
17 things that they are doing? I believe John's
18 got a pretty good system going on tracking some
19 of the items that they're doing where -- where
20 they stand on these items, where they're closed
21 or not. Is that not true?

22 **DR. ZIEMER:** John Mauro, do you want to re--
23 comment?

24 **DR. MAURO:** Yes, I'd be glad to. I think that
25 the starting point is -- are the -- many of

1 these concerns are imbedded in the dose
2 reconstruction reviews. That is, when we look
3 at individual cases. And in the process of
4 going over our findings, we very often hit one
5 where it's decided well, this is -- this is a -
6 - a site profile issue, or this is some type of
7 generic issue, and it's -- and -- so there is a
8 -- there is a -- a record. That is, each one
9 of the matrices -- for example, in the case of
10 the dose recon-- if -- if it's triggered as a
11 result of a -- a dose reconstruction review or
12 audit, it's -- it's -- it's in that record. So
13 we could actually go back and identify all of
14 them there.

15 This is also the case for the site profile
16 reviews that we do when we -- we hit an issue
17 that -- it's -- as part of the closeout
18 process, we identify it. So I think that we do
19 have a way to go back to the matrices, whether
20 it's a matrix that's been generated in support
21 of the -- the Task IV, dose reconstruction
22 reviews, or the Task I, site profile reviews,
23 we can actually go back through those matrices
24 and identify the places where we sort of put
25 these in a parking lot, saying well, these are

1 going to be handled elsewhere. So I -- I think
2 it's tractable, but you know -- but it's -- but
3 -- and I believe also that -- that Jim Neton
4 has, in one of his previous presentations, has
5 indicated areas -- the items that are now --
6 it's like a growing list of items that are
7 being tracked. So what I -- I guess what I'm
8 saying is I believe the paper -- paper trail
9 exists right now to go back and -- and
10 recreate, okay, what are all the items that
11 have -- that are -- are in the record right now
12 as part of the -- the -- the matrices that we
13 use for tracking closure, so I think it's
14 there, but it may not be -- it would take a
15 little work to pull them all out and -- and --
16 and cleanly have a nice separate list and --
17 and then formally track them. I don't think
18 we've lost any, though. I think they're all
19 there.

20 **DR. ZIEMER:** Let me ask Jim Neton to comment,
21 if Jim is on the line.

22 **DR. NETON:** Yeah, I'm on the line. I'm not
23 exactly sure what to comment on at this point.

24 **DR. ZIEMER:** Oh, I -- I was just -- John
25 Mauro's remark that he thought you had sort of

1 been --

2 **MR. GRIFFON:** I think it was Stu, actually,
3 that gave that update.

4 **DR. NETON:** No, I think I -- I did -- I do have
5 a tracking list for the dose reconstruction-
6 related items that were identified during the
7 SC&A reviews that were global issues.

8 **DR. ZIEMER:** Okay.

9 **DR. NETON:** And then those were taken off of
10 the -- not taken off of, but extrapolated from
11 the -- the individual site profile reviews and
12 dose reconstruction reviews, identified as such
13 and tracked separately so that we didn't end up
14 addressing them in every single dose
15 reconstruction or site profile review where
16 they occur -- where they, you know, appear.

17 **DR. WADE:** All right, this is Lew. Perhaps I
18 can define the problem a bit and then, you
19 know, step back and let you guys work the
20 problem. But -- I mean the Board is conducting
21 reviews of individual dose reconstructions.
22 SC&A assists them in that. During those
23 reviews issues will be raised and often in the
24 resolution process it's marked that that issue
25 will be dealt with in a site profile. Or it

1 might say that issue will be dealt with when we
2 review procedure XYZ -- again, because there
3 are also site profile reviews and procedure
4 reviews going on.

5 When we do site profiles, sometimes issues come
6 up and we say we -- we're seeing it here at the
7 XYZ site, but it's a -- it's really an
8 overarching issue which needs to be looked at
9 across the complex.

10 So we have all of these sort of reviews, and
11 then we have the -- the binning of issues.
12 What we're really -- what we don't have is the
13 ability to -- to bring this all to closure.
14 The linkages between the matrices, as it were,
15 need to be thought about. Now maybe nothing is
16 falling through the cracks, but my experience
17 is, given the complexity of what you guys are
18 doing, it's quite possible that we -- while we
19 might think we completed a -- a DR review by
20 saying we'll deal with that when we look at the
21 procedure, making sure that that's happened and
22 we can really put that to closure, there needs
23 to be a mechanism.

24 So I think all the information is there. I
25 don't think anyone is trying not to deal with

1 the information. The question is, is there a
2 way to manage all that information? It almost
3 requires an information system with linkages is
4 what we're talking about.

5 **MS. MUNN:** This is Wanda. As you were
6 speaking, Lew, it became very clear where the
7 concern lies, from my perspective. That is the
8 fact that the individuals from the agency and
9 from SC&A who are in the individual workgroups
10 who are addressing these things identify them
11 as being what Jim has now called global issues.
12 But we do not have any document -- there -- we
13 have not ever established a piece of paper that
14 goes from the working group to the agency
15 saying we have identified this as a global
16 issue; please put it on the list. That one
17 link is -- you know, we -- we're relying on
18 whoever is at the meeting when that's
19 identified to somehow translate that into the
20 other list, and we don't have a -- a simple
21 memo saying we've identified this, please add
22 it to the list.

23 **DR. WADE:** This is Lew again. That's true, and
24 then beyond that, when an issue has been
25 resolved in some quarter, be it a procedures

1 review or a site profile review, the
2 information needs to flow back to the
3 originating review document to say the fact
4 that you have closed on this is indeed true
5 because the issue has been put to rest.
6 Just looking at the Board being able to
7 conclude its business and check off on things,
8 that linkage back, that the item now has been
9 closed through work in another venue, is really
10 what I also think needs to be thought about.

11 **MS. MUNN:** Yes.

12 **DR. WADE:** I'll -- I'll be quiet.

13 **DR. ZIEMER:** Okay, other comments?

COMMENTS ON LOS ALAMOS SEC PETITION

SENATOR BINGAMAN, D-NM

14 **SENATOR BINGAMAN:** This is Jim Bingaman. Did
15 anyone --

16 **DR. ZIEMER:** Oh --

17 **SENATOR BINGAMAN:** -- alert you folks
18 (unintelligible) --

19 **DR. ZIEMER:** -- yes, we -- we agreed that as
20 soon as you came on the line we would be
21 pleased to hear from you. Thank you for
22 joining us and we have most of the Board
23 members present on the line, as well as a
24 number of members of other federal agencies and

1 the public, so we welcome you, Senator. We'd
2 be pleased to have your remarks --

3 **SENATOR BINGAMAN:** Well, thank you --

4 **DR. ZIEMER:** -- at this time.

5 **SENATOR BINGAMAN:** -- thank you for letting me
6 interrupt thing for just a minute. I did want
7 to just put in a plug for an issue that's very
8 important in my state of New Mexico, and that's
9 this Ruiz SEC petition that was just approved
10 by NIOSH, this -- I think most people think of
11 Los Alamos as sort of a place where theoretical
12 physicists sat around with chalkboards. In
13 fact, Los Alamos, since the time of the
14 Manhattan Project, has been the nation's
15 prototype laboratory for building nuclear
16 weapons and components for the nuclear arsenal,
17 and much of that work involved testing of
18 plutonium and some of the other highly
19 radioactive sources, such as tritium, that go
20 into a warhead. Many of these tests of course
21 were -- were sort of cutting-edge and -- and
22 they knew very little about what they were
23 doing, and the scientists and technicians that
24 were involved in that testing really did not
25 have much focus at all on the health impacts of

1 that.

2 I think what's important about this [Name
3 Redacted] petition is that the NIO-- NIOSH
4 recognized that while the workers had dose
5 badges -- external dose badges that they wore,
6 there was really little if any internal
7 measurement going on, and little if any ability
8 to reconstruct what they inhaled in these sort
9 of one-of-a-kind engineering tests. So the SEC
10 that NIOSH has approved is very important and
11 visible in New Mexico because we have lots of
12 people who -- who worked at -- at the
13 Laboratory there for over for-- over 60 -- the
14 last 60 years and -- and I just hope that
15 NIOSH's recommendation can be approved so that
16 these -- particularly some of these elderly
17 individuals can -- can find compensation. So
18 that's -- that was the -- that was the message
19 I wanted to deliver. I hope that you can take
20 that into consideration.

21 **DR. ZIEMER:** We certainly will, and we
22 appreciate your taking the time to -- to be
23 with us here today, Senator.

24 **SENATOR BINGAMAN:** Well, I'm -- I know you have
25 a lot of other fish to fry as well, but I

1 wanted to be sure that was on your list.

2 **DR. ZIEMER:** It is on our list. We thank you
3 so much.

4 **SENATOR BINGAMAN:** Okay, thank you for letting
5 me talk with you.

6 **DR. ZIEMER:** Okay.

7 **SENATOR BINGAMAN:** Bye-bye.

8 **MS. MUNN:** Thank you, Senator.

9 **DR. WADE:** Now from Senator -- from Congressman
10 Udall.

11 **MS. JACQUEZ-ORTIZ:** Yes, thank you, Lew. Just
12 to reiterate what the Senator shared, we too
13 feel very grateful that there was a
14 recommendation on the [Name Redacted] petition,
15 and I think I stated this at the last meeting,
16 but we do want to reiterate what we stated at
17 the last meeting and we are working with the
18 Senator's staff on this, which is, in terms of
19 the class definition, there are some concerns
20 that the group has out here and we look forward
21 to working with NIOSH and DOL to address those
22 concerns. It would be ideal to get at some of
23 those concerns prior to the May meeting. That
24 may not be possible, in which case we will
25 express the -- the advocates with whom we are

1 working will be expressing those concerns
2 before the Board.

3 **DR. ZIEMER:** Very good. And thank you for
4 those additional comments.

5 **MS. JACQUEZ-ORTIZ:** Thank you.

6 **REVIEW OF THE COMPLETENESS OF BOARD REVIEWS**

7 **DR. ZIEMER:** Okay, then let us now return to
8 the issue that we were talking about. I forget
9 who had the floor at the moment.

10 **DR. WADE:** Well, I was speaking, Lew -- this is
11 Lew -- only to try and define the issue. And
12 again, I think -- as Wanda started and then I
13 tried to finish -- there are two sides to it.
14 One is we want to make sure that when issues
15 are raised they're being captured to be worked
16 on. And then my add-on to that is, and when
17 issues are resolved we want to be sure that
18 that information flows back to the originating
19 venue so that the -- the review can indeed be
20 closed with certainty. And I worry about the
21 right hand not knowing what the left hand is --

22 **DR. ZIEMER:** Right.

23 **DR. WADE:** -- doing, both in terms of defining
24 the issue and then in closing on the issue.

25 **DR. ZIEMER:** I -- I'd like to get some addition

1 input, and it could be at our next meeting, but
2 I'd like to learn from our contractor, John,
3 what you folks could be prepared to do in terms
4 of tracking issues of this sort -- because some
5 of this is sort of a database issue --
6 capturing and tracking. And then the other --
7 other end of it would be for our Board members,
8 and we may need to have a working group that
9 simply addresses this in some way, even one
10 that -- that considers how to -- how to best
11 address it, what is -- what is needed in terms
12 of information tracking.

13 **DR. MAURO:** Paul, yeah, I think it's very
14 doable, simply because we do have all of these
15 matrices that emerge from the various tasks
16 that we're working on, whether it's under Task
17 I or site profiles or Task IV -- that's mainly
18 where they come from, from Task IV or the DR
19 reviews, and then what really -- what happens
20 is there's a cross-talk with -- between --
21 between the -- these Tasks. We -- what -- what
22 -- I guess a suggestion -- my first thought is
23 that when -- every time we hit one, here we go
24 with another matrix, but what we do is we keep
25 a list that said -- you know, as they emerge,

1 just accumulate them on the list and we keep a
2 record of -- of the list.

3 **DR. ZIEMER:** Yeah, well, and -- and I'm not
4 going to ask you to give us a solution right
5 now 'cause it would be top of the head, but
6 what I -- what I think we do need to know, and
7 Lew, you can help me on this, but it seems to
8 me we need to know if -- is this a separate
9 task, is this something that is substantive or
10 is it -- is it just simple rearrangement of
11 existing information and pulling it out in a
12 different cross-walk sort of some -- of some
13 manner, or is this a substantial effort. And
14 if so, is it a separate task even.

15 **DR. WADE:** Yeah, and what I would suggest,
16 Paul, with your permission, is possibly a
17 conference call with NIOSH and SC&A and I, and
18 certainly we would let the Board know that --
19 Board members know if it was going to take
20 place, just to sort of explore this issue. You
21 know, there are responsibilities all around.
22 The solution might come from such a discussion,
23 at least to bring to the Board. But it's not
24 an unusual issue when you start to have
25 matrices linked to matrices and the need to

1 cross-link. But I think we need to talk about
2 it, explore it, and then we can get the
3 contracting officer involved to see, if indeed
4 we want to pursue it with SC&A, whether it
5 falls within the terms of the existing
6 contract.

7 **MS. MUNN:** This is Wanda. It doesn't seem to
8 be an intractable issue and -- and --

9 **DR. ZIEMER:** No, it's just a matter of getting
10 our hands around it properly and -- and -- and
11 determining how to best do it, I think.

12 **MS. MUNN:** It would seem that a half-hour's
13 conversation would be able to outline a fairly
14 clear process for doing this without undue
15 burden.

16 **DR. ZIEMER:** Any other Board comments at this
17 time?

18 **MR. PRESLEY:** Hey, Lew, this is Bob Presley.

19 **DR. WADE:** Yes.

20 **MR. PRESLEY:** You know, Larry Elliott gives us
21 a -- a (unintelligible) quarterly update on
22 some of the items that we have asked NIOSH to
23 report on, and it may be that we want to come
24 up with a running list, check them off as we
25 go.

1 **DR. WADE:** You know, I do think that we've done
2 well -- the Board has done well working with
3 NIOSH in terms of these global issues, to -- to
4 use Jim's word, but that's just another matrix
5 that falls within this universe of matrices
6 that need to be sort of cross--
7 (unintelligible).

8 **MR. PRESLEY:** (Unintelligible)

9 **DR. ZIEMER:** Okay, this doesn't require action
10 now except to follow up. And Lew, can you make
11 sure that we get a conference call and -- I
12 certainly want to be involved, and any other
13 Board members that are interested in -- in
14 participating. We don't want a full Board
15 meeting, but we certainly can let Lew know if
16 you want to sit in on the -- on the exchange.

17 **DR. WADE:** All right, I'll put out a little
18 note on Monday suggesting such a call and
19 dates. It doesn't have to be a workgroup. It
20 certainly wouldn't --

21 **DR. ZIEMER:** Well, it might --

22 **DR. WADE:** -- we couldn't have a quorum --

23 **DR. ZIEMER:** -- it might emerge into one later,
24 but --

25 **DR. WADE:** Right.

1 DR. ZIEMER: -- right -- right now --

2 DR. WADE: It'll just be a discussion.

3 DR. ZIEMER: -- it'll be a preliminary
4 discussion.

5 DR. WADE: Correct.

6 DR. ZIEMER: Okay, thank you very much.

7 MR. GRIFFON: Hey, Paul?

8 DR. ZIEMER: Yeah.

9 MR. GRIFFON: Mark Griffon.

10 DR. ZIEMER: Yeah, Mark.

11 MR. GRIFFON: I didn't have any further
12 comments on the tracking question. I think we
13 beat that one around well. The first two items
14 on there, though, I just wanted to -- I -- I
15 think where PERs become relevant, and it ties
16 back to our matrices, is that if -- if the --
17 well, there -- they're totally -- they're also
18 relevant if -- if NIOSH submits a PER based on
19 (unintelligible) issues or changes, but I think
20 we could tie them to our -- it'd be beneficial
21 to us to tie them to our matrix if -- in fact,
22 for example, the -- the finding that keeps
23 coming up again and again on our DR reviews is
24 the AP geometry question, and I'm pretty sure
25 that's being examined as a PER issue --

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

2 **MR. GRIFFON:** -- so if it was flagged that way,
3 then we could see --

4 **DR. ZIEMER:** Who could pick it up, yeah.

5 **MR. GRIFFON:** -- (unintelligible) the PER --
6 right, right, right.

7 **DR. ZIEMER:** Yeah.

8 **MR. GRIFFON:** That's one comment. Then the
9 other thing, this -- this first item of
10 instructions, I've asked that that also be on
11 our agenda for the subcommittee meeting coming
12 up, and maybe we can get more into the details
13 on that, but I feel like these instructions or
14 notes or DR guidelines, they're called various
15 things, but they -- they really are the
16 templates by which the dose reconstructors do -
17 - do the -- do the dose reconstruction for --
18 for certain sites, anyway, especially -- I -- I
19 -- and we -- Stu Hinnefeld did send around a
20 bunch of example ones for us to review and --

21 **DR. ZIEMER:** Right, and these -- these look a
22 little more like procedures, it seems to me.

23 **MR. GRIFFON:** Well, they -- yeah, they're a
24 little like procedures, but they -- I guess --

25 **DR. ZIEMER:** I would wonder if something like a

1 procedures review approach would be
2 appropriate. That's the reason --
3 **MR. GRIFFON:** Well, I brought this up
4 previously and -- and it turns out these are
5 not really proceduralized and -- and actually
6 there's a question as to whether they keep
7 revisions from one to another. These evolve on
8 a week-- sometimes on a weekly basis, based on
9 the -- Group B, I think it is, or Group -- I'm
10 not sure which group within ORAU does the dose
11 reconstructions, but they have their -- their
12 weekly meetings and they -- they -- you know,
13 these are -- these are constantly evolving for
14 their -- their -- you know, they're templates
15 to do these DRs. And I think -- you know, even
16 if we don't review them as procedures, I think
17 they'd be very beneficial to review in the
18 process of reviewing the cases. And right now
19 these are not included in part of the
20 individual case file, so that's -- that's one
21 thing I wanted to discuss with the subcommittee
22 is should we ask if NIOSH can include the --
23 the version of the DR notes or whatever they're
24 called for -- say for Savannah River, whatever
25 version the dose reconstructor used for that

1 case, case number 1234, they include a copy in
2 that case file. That way when we're -- when
3 we're reviewing the case we know exactly sort
4 of what -- you know, what guidelines they were
5 using --

6 **DR. ZIEMER:** Uh-huh, uh-huh.

7 **MR. GRIFFON:** -- to reconstruct the dose. And
8 -- and -- and if available, I don't know if
9 this is possible, but you know, I -- it would
10 be nice to see all previous revisions so that,
11 you know, if we pull a case that was
12 reconstructed in '04, we can look and see a --
13 a Savannah River '04 version that would be
14 applicable, you know, in terms of our review.

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

16 **MR. GRIFFON:** But -- but I think they're very
17 helpful in terms of -- I -- I think they're
18 helpful to SC&A in terms of understanding what
19 the dose reconstructor was doing and --

20 **DR. ZIEMER:** Yeah, well, Mark, as a start maybe
21 the dose reconstruction subcommittee could --
22 could take an initial look at how these things
23 are and -- used and how they have evolved and
24 whether or not the approach you've just
25 described is the way to do it.

1 **MR. GRIFFON:** Yeah, okay, okay, and we can
2 discuss it on the subcommittee and maybe come
3 to the full Board with a -- with a re-- a
4 proposal or...

5 **DR. ZIEMER:** Yeah. Lew -- Lew, that would
6 separate these out from the other two items, I
7 think.

8 **DR. WADE:** Correct, and I think it's a --

9 **DR. ZIEMER:** Let the subcommittee take an
10 initial look at that and see how they think we
11 ought to approach it.

12 **DR. WADE:** Correct.

13 **DR. ZIEMER:** Is that agreeable?

14 (No responses)

15 Any objections?

16 (No responses)

17 We'll proceed on that basis then.

18 **DR. WADE:** And then on the PERs, I guess we'll
19 be hearing from NIOSH, you know, as to the
20 activities there, and that will trigger Board
21 discussion. And then on the tracking issue --

22 **DR. ZIEMER:** Well, that could be -- that sort
23 of can couple with the tracking, in a sense,
24 perhaps, but --

25 **DR. WADE:** Right. Right.

1 **DR. ZIEMER:** -- 'cause there is a tracking that
2 would be needed for that, as well.

3 **DR. WADE:** Correct, and then I'll arrange a
4 call to talk about the overall tracking issues,
5 and then we'll bring the results of that call
6 back to the Board.

7 **DR. ZIEMER:** Okay, very good. Are we ready to
8 proceed?

ASSIGNMENT OF TWO MEMBER TEAMS

9 **TO REVIEW INDIVIDUAL DR'S**

10 **DR. PAUL ZIEMER**

11 Okay, the next is assignment of team members to
12 review the individual dose reconstructions.

13 This is for round seven. And Board members, I
14 -- I have actually made some assignments which
15 I want to pass along, but I -- I need you to
16 have your lists of -- for round seven. And
17 Mark, you might help me on this. The -- the
18 matrix that I am using was the one in the book
19 at our last meeting, and I show that -- that
20 your subcommittee selected 28 cases, or
21 recommended 28 cases for this round. Does that
22 agree with what you had? There were --

23 **MR. GRIFFON:** I -- I think that's correct,
24 yeah, let me -- I'm pulling it up as well,
25 sorry.

1 **DR. ZIEMER:** Okay. Now the -- the list we had
2 was a list that I think Stu gen-- Stu Hinnefeld
3 generated for you. The numbers were in random
4 order and I'm looking at this -- this is a list
5 dated December, 2006, I think is when he
6 originally generated it. The first case on the
7 list is 2006-12-079. All the cases start with
8 2006-12, which is December, 2006, and then the
9 first case is case 079, which was a Los Alamos
10 case. Do you all have that list?

11 **DR. WADE:** What I sent out was a list of those
12 28 cases that had been very kindly compiled by
13 Kathy Behling. Unfortunately, that shows the
14 NIOSH ID number and --

15 **DR. ZIEMER:** And we can't use the NIOSH ID
16 number in this meeting.

17 **DR. WADE:** Well, I don't know, I would -- I
18 would ask -- I think we can refer to the NIOSH
19 ID number.

20 **MS. HOMOKI-TITUS:** No, you can't --

21 **DR. WADE:** Liz, are you on the call?

22 **MS. HOMOKI-TITUS:** No, you can't use the NIOSH
23 ID number, it -- it links to (unintelligible)
24 and documents in our system of records.

25 **DR. WADE:** So I can't even say the number on

1 the --

2 **MS. HOMOKI-TITUS:** No.

3 **DR. WADE:** -- call? But I can identify the
4 site and the cancer type and the best estimate.

5 **DR. ZIEMER:** Well, if -- if we all use --

6 **MS. HOMOKI-TITUS:** Yeah.

7 **DR. ZIEMER:** -- the list that we had at the
8 last meeting --

9 **MS. HOMOKI-TITUS:** Or you could just -- the
10 first one on the list is number one, the second
11 one on the list is number two --

12 **MS. MUNN:** Right.

13 **DR. ZIEMER:** Well --

14 **MS. HOMOKI-TITUS:** (Unintelligible) everybody
15 has the same (unintelligible) --

16 **DR. ZIEMER:** -- I think the list that Stu gave
17 us was not NIOSH numbers, Liz.

18 **DR. WADE:** Correct. Now that -- if everybody
19 has that list, but I didn't send that list
20 around. I sent around the list that had the
21 NIOSH numbers on it. That was my mistake.

22 **MS. MUNN:** Well, if we just call them number
23 one through 28 and not refer to the ID number -

24 -

25 **DR. WADE:** That should work just fine.

1 **MS. MUNN:** -- that would certainly be better
2 right here. Identifying -- finding the
3 original ones --

4 **DR. ZIEMER:** Well, on Stu's list, they -- they
5 actually went from one -- there was an 001 on
6 up to 470, and I guess from those he picked at
7 random ones that had certain characteristics,
8 so I'm a little confused here now on which
9 numbers to use. If we start calling these one,
10 two, three, then -- then you --

11 **MS. MUNN:** Well --

12 **MS. BEACH:** This is Josie Beach. Is it
13 possible for someone just to quick send that
14 out to us?

15 **DR. WADE:** I don't know, let me ask Kathy or
16 Hans, do you have electronically a matrix of
17 the seventh set that is led by the random
18 number that we used at the last meeting, as
19 opposed to the NIOSH ID.

20 **MS. BEHLING:** This is Kathy Behling. Yes, I
21 do, I have Stu's initial list that has -- that
22 has all of the cases on it and I can forward
23 that to everyone.

24 **DR. WADE:** Would we be able to identify the 28
25 from that list?

1 **DR. ZIEMER:** I can identify them from that list
2 for you.

3 **DR. ROESSLER:** Seems to me it would be easier
4 to take the list that came out and do like
5 somebody suggested and just number them from
6 one to 28.

7 **MS. MUNN:** Since we all have that in our hands
8 right now --

9 **DR. ROESSLER:** Right.

10 **MS. MUNN:** -- and nobody has to look for
11 anything else.

12 **DR. ROESSLER:** I just printed mine out so I can
13 renumber.

14 **DR. ZIEMER:** Well, the prob-- here's the
15 problem. I -- I made the -- I made the
16 assignments from the matrix, not from Lew's
17 list.

18 **DR. WADE:** But if you were to define the case,
19 Paul, I could then state the number, one to 28.

20 **MS. MUNN:** You can define it just as easily by
21 the POC.

22 **DR. WADE:** Right. I mean if you tell us -- if
23 you -- if you want to say the cases assigned to
24 the first team by the POC, the site and the
25 cancer type, then I can identify the numbers --

1 **MS. MUNN:** Yeah.

2 **DR. WADE:** -- what people have in front of
3 them.

4 **DR. ZIEMER:** Let -- let me do the following.
5 Let -- let me just give you my assignments and
6 I'm going to -- I'm going to give them in -- in
7 the numerical order -- this is from Stu's list,
8 but in numerical order starting with 001.
9 Okay? And I'll tell you the -- the case
10 numbers and the facility and the team. Okay?
11 Now, first of all let me give you the -- I've
12 got six teams of two now, so here are the --
13 here are the six teams of two. Most of these
14 teams are similar to before, but I've moved
15 Josie and Phil onto other teams. They were on
16 teams of three before. Now we're -- we're
17 changed, but team one will be still Poston and
18 Presley. Team two is Roessler and Lockey.
19 Team three, Griffon and Clawson. Team four,
20 Gibson/Ziemer. Team five, Munn/Beach. Team
21 six, Melius and Schofield. I'm sorry, team
22 five is Melius/Schofield. Team six is
23 Munn/Beach -- get them out of order here.

24 **DR. WADE:** Okay.

25 **MS. MUNN:** Say that again. I'm sorry, I was

1 writing what I thought you said first --

2 **DR. ZIEMER:** Yeah, just change your number to
3 team six, Wanda --

4 **MS. MUNN:** Okay, I'm team six.

5 **DR. ZIEMER:** -- instead of five, and then
6 Melius/Schofield is team five.

7 **MS. MUNN:** And Jim and Phil are team six (sic).

8 **DR. ZIEMER:** Yeah.

9 **MS. MUNN:** Okay.

10 **DR. MELIUS:** Wanda, they're breaking up our
11 (broken transmission).

12 **DR. ZIEMER:** Okay -- what (unintelligible)?

13 **DR. WADE:** Dr. Melius was lamenting the fact
14 that they've broken up the Melius/Munn team.

15 **DR. ZIEMER:** Oh, yeah, I had to separate you
16 guys.

17 **MS. MUNN:** And I don't know why --

18 **DR. ZIEMER:** And actually I put Munn/Beach
19 together because it's probably easier to avoid
20 conflicts of interest there since they're both
21 from that same site.

22 **MS. MUNN:** (Unintelligible).

23 **DR. ZIEMER:** Okay. Now, I've assigned five
24 cases to most of the groups. Two of the groups
25 will just get four cases.

1 DR. WADE: We got it.

2 DR. ZIEMER: Next is 017.

3 DR. WADE: Okay.

4 DR. ZIEMER: This is Pacific Northwest.

5 MS. MUNN: (Unintelligible) from the bottom.

6 DR. WADE: Pacific Northwest -- okay, we got
7 it.

8 MS. MUNN: Is that team number one?

9 MR. PRESLEY: (Unintelligible) 29, the lung?

10 DR. WADE: Okay, so for we got three for number
11 one. What's the fourth for number one?

12 DR. ZIEMER: Fourth is 056, and that's Los
13 Alamos.

14 MS. MUNN: Right, in the middle, number --
15 well, which -- we have two Los Alamos.

16 DR. WADE: Okay, give them the --

17 DR. ZIEMER: It's -- it's -- well, on the -- on
18 the list that came out it would be the second
19 Los Alamos one, which would be --

20 MS. MUNN: (Unintelligible)

21 MR. PRESLEY: (Unintelligible)

22 DR. ZIEMER: Yeah, 17.79.

23 DR. WADE: Okay.

24 DR. ZIEMER: 058, which is Rocky Flats.

25 MS. MUNN: POC of 33.84?

1 **DR. WADE:** It's the only Rocky Flats, yes.

2 Okay.

3 **DR. ZIEMER:** Okay, team two.

4 **DR. WADE:** Well, just stop for a moment, Paul.

5 Let me -- let me translate. So team one, if

6 you take the list that I sent out and you

7 number it down from the top, one, to the

8 bottom, 28, then team one has numbers 16, it

9 has number 19, it has number 23, 26 and 28.

10 **MR. PRESLEY:** I've got them.

11 **DR. WADE:** Okay.

12 **MR. PRESLEY:** Yes, sir.

13 **MS. HOWELL:** And Lew, this is Emily. I just

14 wanted to draw your attention to number 16

15 having a potential problem.

16 **DR. WADE:** Okay.

17 **DR. ZIEMER:** Number which?

18 **MS. MUNN:** Sixteen.

19 **DR. ZIEMER:** Portsmouth.

20 **MR. PRESLEY:** That was me, Emily?

21 **DR. WADE:** No, 16 is the Los Alamos. Let me

22 look on my list.

23 **DR. ZIEMER:** Sixteen on your list is 001,

24 Portsmouth.

25 **DR. WADE:** Right, and your concern is the

1 Poston conflict.

2 MS. HOWELL: Yes --

3 DR. WADE: Correct?

4 MS. HOWELL: -- with the -- with Los Alamos.

5 DR. WADE: Okay, so --

6 DR. ZIEMER: Oh, Poston has a Los Alamos?

7 DR. WADE: Yes, so we would need to move --

8 DR. ZIEMER: Okay. Okay.

9 DR. ROESSLER: Well, you can put them on team
10 two; I don't have a conflict.

11 DR. WADE: So leave them with five and then
12 move that to someone else.

13 DR. ZIEMER: Okay.

14 DR. WADE: Okay?

15 DR. ZIEMER: We'll just pull that out.

16 DR. WADE: Okay.

17 MR. PRESLEY: So that's tak-- taking away the
18 Los Alamos. Is that correct?

19 DR. WADE: Correct, so now for team one we have
20 19, 23, 26 and 28.

21 MR. PRESLEY: Okay, that's what I have.

22 DR. ZIEMER: Well, wait a minute, 26 --

23 DR. WADE: On my list, 26.

24 DR. ZIEMER: Was 26 --

25 MS. MUNN: PNNL.

1 **DR. ZIEMER:** -- Portsmouth?
2 **MS. MUNN:** No, PNNL.
3 **DR. WADE:** PNNL.
4 **DR. ZIEMER:** You've moved them, though.
5 **MR. PRESLEY:** That's 28.
6 **MS. MUNN:** No, 28 is Portsmouth.
7 **DR. WADE:** Right, 28 is Portsmouth, 26 is --
8 **MS. MUNN:** PNNL.
9 **DR. ZIEMER:** Well, hang on. Lew, your -- your
10 number 16 is what?
11 **DR. WADE:** My number 16 is LANL, LA -- LANL.
12 All I'm doing is numbering from the top of the
13 list I sent out.
14 **DR. ZIEMER:** Oh, okay. Okay, ready for --
15 **DR. WADE:** Number two, team number two.
16 **DR. ZIEMER:** Okay, this is case 060, Paducah.
17 **DR. WADE:** One moment, please.
18 **DR. ROESSLER:** Number ten?
19 **MS. MUNN:** 42.96?
20 **DR. WADE:** Right, okay. Go ahead.
21 **DR. ZIEMER:** Uh-huh. 063 is Oak Ridge X-10.
22 **DR. WADE:** Let me find it, Oak Ridge X-10,
23 that's number eight.
24 **DR. ZIEMER:** 076 is Pinellas.
25 **DR. ROESSLER:** Twenty-two?

1 **DR. WADE:** Twenty-two -- well, there's two,
2 you've got to give us more information, Paul.

3 **DR. ZIEMER:** Oh, hang on, let's see, 076,
4 that's -- that's the second Pinellas on the
5 list, there's -- let me catch --

6 **MS. MUNN:** 44.43?

7 **DR. ROESSLER:** Twenty-four?

8 **DR. ZIEMER:** It -- hang on. It's -- yeah,
9 44.4.

10 **DR. WADE:** Okay.

11 **DR. ZIEMER:** Then 079, Los Alamos.

12 **DR. ROESSLER:** What's the POC?

13 **DR. ZIEMER:** 079 -- oh, that's the very first
14 one on the list, that's 42.38.

15 **DR. WADE:** Got it.

16 **DR. ROESSLER:** Number three on our list.

17 **DR. WADE:** Okay, so now we have four for team
18 two. Do you have another one for team two?

19 **DR. ZIEMER:** 099, Project Gnome.

20 **DR. ROESSLER:** Number 15.

21 **DR. WADE:** Okay. Now if we pause for just a
22 moment, according to the numbered list that I
23 provided you, numbering down from one to 28,
24 team two has number 3, it has number 8, has
25 number 10, has number 15 and number 24.

1 DR. ROESSLER: I'm okay on all.
2 DR. WADE: Okay.
3 DR. ROESSLER: Is Jim on?
4 DR. ZIEMER: Ready?
5 DR. WADE: We're ready for three.
6 DR. ZIEMER: Team three, num-- number 340,
7 Hanford, and 344, Hanford.
8 MS. MUNN: These are 44.1 and 47.33?
9 DR. WADE: Right. Okay.
10 MS. MUNN: Numbers six and seven, respectively.
11 DR. ZIEMER: You got those? Then --
12 MR. GRIFFON: Who is team three? I'm sorry.
13 DR. ZIEMER: Team three is Griffon/Clawson.
14 MR. GRIFFON: Okay.
15 DR. ZIEMER: 354, Aliquippa.
16 DR. WADE: Let me find it.
17 DR. ZIEMER: Aliquippa Forge.
18 MS. MUNN: Number 21.
19 DR. ROESSLER: Twenty-one.
20 DR. WADE: Okay.
21 DR. ZIEMER: 360, Simonds Saw.
22 DR. WADE: 360, Simonds Saw, I've got it.
23 That's number 18, correct.
24 DR. ZIEMER: And 362, Hanford.
25 DR. WADE: Let me find the Hanford, 362.

1 **MS. MUNN:** POC 34.83?
2 **DR. WADE:** Correct.
3 **MS. MUNN:** Number 25.
4 **DR. WADE:** Okay, so team number three has,
5 according to my numbered list, 6, 7, 18, 21 and
6 25.
7 **DR. ZIEMER:** Okay.
8 **DR. WADE:** Okay.
9 **DR. ZIEMER:** Team four, this would be
10 Gibson/Ziemer, number 100.
11 **DR. WADE:** Let me find it.
12 **MS. MUNN:** Number 11.
13 **DR. ZIEMER:** It's the very last one on --
14 **DR. WADE:** Got it.
15 **MS. MUNN:** 42.7?
16 **DR. WADE:** Got it, yes.
17 **DR. ZIEMER:** Let's see, number 306, Mound.
18 **MR. GIBSON:** I can't do that.
19 **DR. ZIEMER:** Oh, sorry, yeah. We're -- let's --
20 -- can we trade, let's trade Mound, 306, for the
21 Los Alamos one --
22 **DR. WADE:** Okay.
23 **DR. ZIEMER:** -- that team one had.
24 **MS. MUNN:** Number 16.
25 **DR. ZIEMER:** And Los Alamos, 056, will go to

1 team four.

2 **DR. WADE:** Okay.

3 **MR. GIBSON:** What was the -- what was that
4 number, Paul?

5 **DR. ZIEMER:** We would -- we would pick up 056,
6 Los Alamos, instead of the Mound one.

7 **DR. WADE:** I'll give you the numbers, Mike,
8 when we're finished.

9 **MR. PRESLEY:** What's the number on that Mound?

10 **MS. MUNN:** Number 13 on this list.

11 **DR. ZIEMER:** It's 3-- 306 on the original list.

12 **MR. PRESLEY:** All righty, I've got it marked.

13 **DR. WADE:** Number 13 on our list. Go ahead.

14 **DR. ZIEMER:** 322, Kansas City.

15 **MS. MUNN:** Number 17.

16 **DR. WADE:** Okay.

17 **MS. MUNN:** POC 22?

18 **DR. WADE:** Correct.

19 **DR. ZIEMER:** And 337, Lawrence Livermore.

20 **MS. MUNN:** POC 51.04, number 14 on our list?

21 **DR. WADE:** Correct.

22 **DR. ZIEMER:** And 340, Hanford.

23 **MS. MUNN:** POC 34.83 -- no, we've already done
24 that one.

25 **DR. WADE:** We need --

1 **DR. ZIEMER:** 340 -- let me check it here.

2 **MS. BEACH:** Is that Hanford/PNNL?

3 **DR. WADE:** No, we did that one.

4 **DR. ZIEMER:** Hang on here.

5 **MS. MUNN:** POC 46.89?

6 **DR. ZIEMER:** It's 46.897.

7 **MS. MUNN:** Right, yeah.

8 **DR. WADE:** Okay, that's it.

9 **MS. MUNN:** Number 12.

10 **DR. ZIEMER:** That's Hanford/PNNL, yeah.

11 **DR. WADE:** Okay, so now team four, on our list
12 has number 4, number 12, number 14, number 16
13 and number 17.

14 **DR. ZIEMER:** Okay. Now team five is going --

15 **MS. HOWELL:** I'm sorry, Lew, could you repeat
16 one more time what team four has?

17 **DR. WADE:** Team four has number 4, number 12,
18 number 14, number 16 and number 17.

19 **MS. BEACH:** I thought we just gave them number
20 11, the Hanford/PNNL.

21 **MR. GRIFFON:** I thought so, too, yeah.

22 **MS. HOWELL:** Right, and I don't have them down
23 for number 4 on our list.

24 **MR. GRIFFON:** No, not number 4. That's
25 Savannah River.

1 **DR. WADE:** I'm sorry. I'm sorry, change my
2 number 4 to number 11. Number 11, 12, 14, 16
3 and 17. Sorry.

4 **DR. ZIEMER:** Okay. Team five will have 335,
5 Mound.

6 **DR. WADE:** We need a POC on that.

7 **DR. ZIEMER:** Okay, hang on here.

8 **MS. BEACH:** 51.45, 27?

9 **MS. MUNN:** Got to be it.

10 **DR. ZIEMER:** That's the one near the front of
11 the list here, let's see -- yes, it's 36.61.

12 **MR. GRIFFON:** Who is this team now?

13 **DR. ZIEMER:** This is team five, which is
14 Melius/Schofield.

15 **MS. MUNN:** I thought we'd given that to number
16 one.

17 **MS. BEACH:** To number one.

18 **MR. PRESLEY:** That's what I was going to say,
19 y'all gave 36.61 to team one.

20 **DR. ZIEMER:** I didn't give -- give it to team
21 one.

22 **DR. WADE:** Okay, so we will make that
23 correction. Let me just capture the paperwork
24 here. So 36.61 now goes to team five and the
25 Mound --

1 **MS. HOMOKI-TITUS:** Be sure that we're not using
2 the NIOSH ID numbers.

3 **DR. WADE:** Yeah, that's the probability of
4 causation. And 51.45 goes to team one, Mound.

5 **DR. ZIEMER:** That -- that --

6 **MR. GRIFFON:** That's right.

7 **DR. WADE:** Okay, give us another one, Paul.

8 **UNIDENTIFIED:** (Unintelligible)

9 **DR. ZIEMER:** Where are we at here? What was
10 the last one I gave you?

11 **DR. WADE:** You gave us a Mound on team five.

12 **DR. ZIEMER:** Okay, next is 370, Hanford.

13 **MS. MUNN:** What's the POC?

14 **DR. ZIEMER:** 70, Hanford --

15 **MR. GRIFFON:** Oh, Hanford's (unintelligible).

16 **DR. ZIEMER:** 70, Hanford.

17 **MS. MUNN:** I thought we had the Hanford ones
18 covered.

19 **MR. GRIFFON:** Yeah, we have another Hanford.

20 **DR. WADE:** Okay, no more Hanford.

21 **DR. ZIEMER:** That one is 44.1.

22 **MS. MUNN:** We'd originally assigned that to
23 number three.

24 **MS. BEACH:** Three.

25 **MR. GRIFFON:** Did you have two Hanfords for

1 team three, Paul?

2 **DR. ZIEMER:** Team three I have -- I have 340
3 and 362, Hanford.

4 **DR. WADE:** Okay, I -- this isn't going to work
5 then, I guess. Maybe Paul and I could go off
6 line and --

7 **DR. ZIEMER:** Yeah, we can work --

8 **DR. WADE:** -- make up this list and send it to
9 you.

10 **DR. ZIEMER:** -- it out.

11 **DR. WADE:** Okay? Sorry.

12 **DR. ZIEMER:** There's a -- there's -- there's
13 several Hanfords on here, so whatever one you
14 wrote down before must not have been 362 -- or
15 3-- 370 I didn't give before.

16 **MS. MUNN:** Well, we've got five of them on here
17 and I show them all assigned, so --

18 **DR. WADE:** Yeah, so we're -- we're just not --
19 I mean it's -- I sent out the wrong ID number
20 and that's my fault, so what we will do is I'll
21 get with Paul, we'll put together these
22 assignments, we'll send them out to people and
23 give people an opportunity to comment if they
24 would. And if we hear no comments, then we'll
25 assume the assignment's made.

1 **MS. MUNN:** Fine.

2 **DR. WADE:** Okay? We tried. I'm sorry.

3 **DR. ZIEMER:** Yeah, just -- just for ease here,
4 I'll just mention to you that for team six,
5 Melius/Schofield, I've got four Savannah River
6 ones, starting with 421, 428, 455 and 470 are
7 the numbers from the -- from the matrix.

8 **MS. MUNN:** I think that ought to do it then,
9 everything else is (unintelligible) --

10 **DR. ZIEMER:** Those -- those are the last four
11 Savannah River ones on this sheet -- make it
12 easy for you.

13 **MS. MUNN:** Yeah, that'd be great, then
14 everything else belongs to -- to Josie and me.

15 **DR. ZIEMER:** Right, but -- but we'll send out a
16 list and clarify all these.

17 **DR. WADE:** Right, we'll just have to deal with
18 that one Hanford case that has
19 (unintelligible).

20 **DR. ZIEMER:** Yeah.

21 **DR. WADE:** Okay? So, you know, you should hear
22 from us very soon on this, and this way SC&A
23 can begin its process to -- to make contacts.
24 That's really why we wanted to do this quickly
25 so that they could proceed with their work on

1 the seventh set.

2 **DR. ZIEMER:** I'll -- I'll try to give you my
3 list tomorrow by e-mail, Lew.

4 **DR. WADE:** Thank you, and then I can translate
5 it and send it out.

6 **DR. ZIEMER:** Yeah.

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

8 **MS. MUNN:** Thank you.

BOARD CORRESPONDENCE: LETTER FROM DR. FUORTES
DR. ZIEMER

9 **DR. ZIEMER:** Okay. Next, Board correspondence,
10 letters from Dr. Fuortes. Lew, did -- you
11 distributed those letters?

12 **DR. WADE:** Yeah, I distributed a lot of letters
13 and I need to explain. You know, there --
14 there are two sort of batches of letters that
15 had come in, and you know, for completeness and
16 transparency, I sent everything out to you.

17 There are two e-mails I sent to you that dealt
18 with the Ames SEC petition that Dr. Fuortes had
19 sent to me.

20 Larry, could you put those two in perspective
21 as to -- not their content, but from a
22 procedural point of view -- where that process
23 and how it's likely to unfold?

24 **MR. ELLIOTT:** Yes, this is Larry Elliott. The

1 input from Dr. Fuortes that relates to Pantex,
2 and there I've sent you everything that I had
3 received. Dr. Fuortes particularly asked that
4 we share this with the Board and -- and I've
5 done that.

6 Larry, could -- would you -- could you put this
7 situation in context?

8 **MR. ELLIOTT:** Yes, I'll put it in a procedural
9 context. This petition came forward from --
10 from Dr. Fuortes regarding workers at the
11 Pantex facility over a number of years. The --
12 as part of our process in dealing and working
13 with petitioners, we had a consultation call
14 with -- (unintelligible) and -- and the other
15 two petitioners on this petition concerning
16 elements of information that needed to be
17 provided in order for the petition to be
18 qualified for evaluation. In that consultation
19 we did not find the petition to meet the
20 criteria for evaluation and moving on, and so
21 we were ready to -- in fact, we had determined
22 that it was not qualified for evaluation and
23 Dr. Fuortes was a-- was interested in appealing
24 that determination, and that would normally go
25 in front of the appeal panel that the Director

1 of NIOSH establishes to review these -- these
2 instances where a petition is denied and
3 somebody wants -- the petitioner wants an
4 appeal.

5 Post that -- and so you'll see a letter from me
6 to Dr. Fuortes that indicates that we had this
7 consultation call and the deficiencies and that
8 there was no remedy, and so we were finding a
9 determination that the petition did not qualify
10 for evaluation. After that you'll see a letter
11 from Dr. Fuortes that was addressed to me and
12 it was submitted under an e-mail to myself and
13 to Lew Wade taking exception to that
14 determination and -- and desirous of the
15 Board's involvement in -- in looking at this
16 situation.

17 At that time or thereafter, Dr. Fuortes
18 provided additional information regarding the
19 petition, and so you'll see a third letter that
20 is a letter that -- I think March 7th it's
21 dated, and it goes back to Dr. Fuortes from --
22 under my signature, indicating that we have
23 this new information that he has provided and
24 therefore the -- the petition is -- is still
25 under evaluation. This new information causes

1 the petition to be -- continue through the
2 evaluation phase and we'll have -- we'll have
3 another conference call with him to explore if
4 there are any deficiencies left or if this now
5 information does satisfy the requirements under
6 42 CFR Section B(3)(9), and that's where we
7 find the criteria that must be met for a full
8 evaluation. So this -- this thing -- this is
9 under -- under evaluation and consideration
10 right now. Dr. Fuortes -- if -- if we find
11 that new information does not satisfy the
12 requirements for evaluation, we will so notify
13 him and he -- he has the option to -- to seek
14 appeal.

15 **DR. WADE:** And you've con-- communicated this
16 to Dr. Fuortes?

17 **MR. ELLIOTT:** Yes, we have.

18 **DR. WADE:** Okay.

19 **DR. ZIEMER:** Thank you, Larry. Board members,
20 any questions? This is for information. We --
21 no action required today.

22 (No responses)

SCHEDULE OF FUTURE BOARD MEETINGS

DR. WADE

23 Okay. Let's proceed then, schedule for future
24 meetings. Lew, do you want to lead us through

1 that?

2 **DR. WADE:** Yep.

3 **DR. ZIEMER:** I think we had a request for one
4 change, at least, that --

5 **DR. WADE:** Right. Now -- right now in your
6 possession, I hope, is a schedule of Board
7 meetings that takes us through June of 2008. I
8 -- I won't read them to you unless you want me
9 to. The only change that has been requested on
10 the materials that I sent you was a change in
11 the meeting that I had scheduled for March
12 25th, 26th and 27th of 2008. I would like to
13 propose rescheduling that meeting to April 9,
14 10 and 11. Everything else I've sent you
15 through June of 2008 I believe is firm because
16 I haven't heard from any Board members, but the
17 meeting -- face-to-face meeting scheduled for
18 March 25th, 26th and 27th of 2008 I propose
19 rescheduling to April 9, 10 and 11 of 2008.
20 With that change we'll be scheduled through
21 June of next year.

22 **DR. ZIEMER:** Board members, any objection?
23 We're actually asking if anyone has major
24 conflicts that would cause them a problem.

25 **MS. MUNN:** No, my only concern is scheduling

1 something that period of April.

2 **DR. WADE:** I know, I'm sorry --

3 **MS. MUNN:** There's always my personal problem
4 with income taxes.

5 **DR. WADE:** -- and I did everything I could,
6 Wanda.

7 **MS. MUNN:** That's fine. We do what we have to
8 do.

9 **DR. LOCKEY:** What was the date in April again?

10 **DR. WADE:** 9, 10 and 11, and that meets your
11 schedule.

12 **MS. MUNN:** Against that.

13 **DR. LOCKEY:** Yes.

14 **DR. ZIEMER:** Okay. If there's no objections,
15 we'll accept that change in our future
16 scheduled times.

BOARD WORKING TIME

DR. ZIEMER

17 Let's move on then. Under Board working time
18 what I'd like to do is just get an update on
19 any of the working groups that have met since
20 our last meeting, or any of the working groups
21 that have other things to report. I know that
22 -- I think Rocky Flats has met, Hanford has,
23 maybe one or two others.

24 **DR. WADE:** I could just run down the list --

1 **DR. ZIEMER:** Lew, why don't you just go down
2 the list of those who --

3 **DR. WADE:** I'm going to run the full list and
4 ju--

5 **DR. ZIEMER:** Well, run the list and see --

6 **DR. WADE:** Yeah.

7 **DR. ZIEMER:** -- if any chairs have anything to
8 report.

9 **DR. WADE:** Okay.

10 **DR. ZIEMER:** That'll be fine.

11 **DR. WADE:** So I'll identify the entity and the
12 chair, and then if you wish to comment, fine;
13 if not, then we'll move to the next. I -- I'll
14 start with the subcommittee on dose
15 reconstruction, ably chaired by Mark Griffon.

16 **MR. GRIFFON:** Yeah, we -- we have not met, but
17 we -- we have a meeting coming up on April
18 11th, I think. I wasn't really planning on
19 doing --

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

21 **MR. GRIFFON:** -- report outs here, but that's -
22 - that's --

23 **DR. ZIEMER:** No, just a status here.

24 **MR. GRIFFON:** Oh, okay. Yeah, yeah, we're --
25 we're planning a meeting on April 11th in

1 Cincinnati to go over the fourth set, and the
2 fifth set we just got an updated matrix from
3 NIOSH, and also some other items such as these
4 DR guidelines.

5 **DR. WADE:** Okay, thank you. The workgroup on
6 Nevada Test Site site profile, chaired by
7 Robert Presley.

8 **MR. PRESLEY:** We had a meeting on the 15th, I
9 believe, and went through 20 of the 25 or 26
10 issues. We have another conference call
11 scheduled for (unintelligible) o'clock on the
12 18th (unintelligible) these (unintelligible)
13 issues before the face-to-face Board meeting.

14 **DR. WADE:** Thank you. Workgroup on Savannah
15 River Site site profile --

16 **MR. GIBSON:** Yeah --

17 **DR. WADE:** -- Mike Gibson.

18 **MR. GIBSON:** Yeah, Lew. The -- the Q-cleared
19 members of the working group made a trip to
20 Savannah River a couple of weeks ago -- or
21 probably a little more than a couple of weeks
22 ago now -- and went through this classified
23 database. The last I talked to Sam Glover,
24 they were -- they had to leave their notes
25 there to go through a classification review.

1 They were still waiting to get those back, and
2 then there's still I think a few other
3 questions that are related to the database, so
4 still pending.

5 **DR. WADE:** Thank you. Workgroup on the Rocky
6 Flats site profile and SEC petition, Mark
7 Griffon.

8 **MR. GRIFFON:** Yeah, a couple of things since
9 the last meeting. I'm trying to think when
10 the last meeting was, but SC&A did a -- did a
11 trip to Rocky Flats to the records center and
12 checked these 450 boxes. They -- they have a
13 draft trip report -- a -- a lot of their --
14 they have a lot of reports that are in process
15 of being reviewed right now for privacy.
16 They've also agreed to get a final report to
17 us, I think by close of business today or
18 tomorrow, which -- it'll go to the Board
19 members initially and it's still in privacy
20 review so we want to treat this as a draft that
21 has not been ready for full disclosure to the
22 public yet, but NIOSH is expediting that
23 privacy review so we're hoping within a very
24 short time we'll have it ready for -- for
25 members, congressional staff members and

1 petitioners and everybody.
2 So they -- they -- SC&A went out and did this
3 trip to Rocky Flats, checking some of the 450
4 boxes -- I think it's 450 -- mainly to look for
5 follow-up on this question of relevant logbooks
6 for the time periods which were not captured in
7 the original action. And I -- I -- I figure
8 it's fair to say -- they -- they're capturing
9 this in their reports. I don't want to -- I
10 don't want to -- I'm not prepared to really
11 discuss conclusions here, but I think they
12 found some relevant information, but I -- to --
13 to sort of -- if I can capture what Joe
14 Fitzgerald told me over the phone, it -- it
15 basically -- they certainly wouldn't
16 characterize any documents that they found as
17 data rich documents. So there was some
18 information in -- in this other time period of
19 interest, but -- but not really a lot of
20 information, not a lot of data rich
21 information, and -- and it did not end up
22 changing any conclusions in their report, I
23 don't think, at this -- I -- that's my
24 understanding, anyway.

25 **MS. MUNN:** That's (unintelligible).

1 **MR. GRIFFON:** The other thing that happened in
2 between the last meeting and now is -- and I
3 don't remember the date, but we had a technical
4 phone call between NIOSH and SC&A. I -- I
5 listened in. It was on neutron issues --
6 mainly the neutron/photon ratio issues, along
7 with -- well, all applications of that, I
8 guess, but as it -- as it pertains to coworker
9 models as well, the neutron coworker question.
10 And this is also going to be followed up on
11 within their final report, and -- and we're
12 going to probably need to address that a little
13 further at -- we have an April 19th scheduled
14 workgroup meeting to follow up on that
15 question.

16 And I think, you know, lastly, all Board
17 members will receive this full report -- I'm
18 trying to remember, I think Joe told me it was
19 somewhere in the range of 200 pages. I -- I
20 focus people first on the executive summary.
21 It's a good -- I -- I think they're going to
22 outline the main conclusion-- you know, I asked
23 them to be succinct in the executive summary.
24 There's a lot of detail in the rest of the
25 sections, obviously, but that should go out --

1 my understanding is close of business today or
2 maybe into first thing tomorrow, so look for
3 that, everyone, please. That's it.

4 **DR. WADE:** Thank you. Workgroup on Chapman
5 Valve SEC, Dr. Poston is chair. Dr. Poston,
6 are you with us?

7 (No response)

8 My memory, if it serves me, is that workgroup
9 met on the 23rd of February and is scheduled to
10 meet next Tuesday, the 10th of April. Any
11 workgroup members wish to comment?

12 **DR. ROESSLER:** That's my understanding.

13 **DR. WADE:** Okay. The workgroup on SEC issues,
14 including the 250-day issue and preliminary
15 review of 83.14 SEC petitions, chaired by Dr.
16 Melius.

17 **DR. MELIUS:** We have not had any meetings since
18 our last Board meeting. However, I have been
19 talking to Jim Neton and to Arjun and mainly
20 there's some information-gathering that has to
21 be done by NIOSH that will -- will take some
22 time and so we're just sort of working on the -
23 - the parameters for that.

24 And then the other issue rela-- that's mainly
25 related to Nevada Test Site. The -- the other

1 issue related to our -- our workgroup al-- also
2 is this, you know, less than 250-day issue,
3 regards the Ames Lab, and SC&A has finished a
4 draft report related to our workgroup findings
5 and our deliberations and will be sending that
6 out to the workgroup very shortly.

7 I don't have a clear schedule for our next
8 meeting, somewhat depends on when NIOSH can get
9 together some of the information that we -- we
10 need for this.

11 **DR. WADE:** Okay. Thank you. Workgroup to
12 review SEC petitions that did not qualify, Dr.
13 Lockey.

14 **DR. LOCKEY:** We had a meeting -- our second
15 meeting in March, on March 28th, and we also
16 had Laurie and Denise participate in the
17 meeting by telephone call, and we came up with
18 four additional recommendations based on that.
19 A draft of all the recommendations were sent
20 out to the working group after the meeting. I
21 didn't hear back from anybody so I'm -- my
22 assumption is that the -- the recommendations,
23 as we had drafted them, are acceptable to the
24 working group and I guess will be presented to
25 the Board formally at our next meeting.

1 **DR. WADE:** Very good.

2 **DR. MELIUS:** Jim Lockey, this Jim Melius. I
3 wasn't able to make the meeting, but I also
4 did-- don't recall receiving a copy of the
5 draft report, so I (broken transmission)
6 appreciate if I could get a copy.

7 **DR. LOCKEY:** Sure, Jim, I thought --

8 **DR. MELIUS:** I may have misplaced it or
9 something, but I --

10 **DR. LOCKEY:** I'll have [Name Redacted] send it
11 out -- I'll have [Name Redacted] out the rep--
12 to every -- to every Board -- to every working
13 group member again.

14 **DR. MELIUS:** Okay. Thanks, Jim.

15 **DR. WADE:** Thank you. The workgroup on Hanford
16 site profile, Dr. Melius.

17 **DR. MELIUS:** We had a face-to-face meeting in
18 Cincinnati a couple of weeks ago, mainly
19 focusing on the neutron exposure ratio at
20 Hanford. The meeting went well. It was a very
21 useful exchange of -- of information and points
22 of view and where we stand now is that NIOSH is
23 actually working -- they've found some other
24 documents that will be helpful in looking at
25 this issue, and they're getting those -- those

1 together and so forth. There's been some
2 follow-up discussions between SC&A and NIOSH
3 about that, and I actually just got an e-mail I
4 think yesterday or maybe even this morning from
5 Chuck Nelson to set up a (unintelligible) on
6 the O drive with this information, so I think
7 we're -- we're moving along on that.
8 There's some uncertainty about schedule, simply
9 'cause it somewhat depends on -- there's
10 further documents that -- that need to be
11 looked at, but it was a productive meeting and,
12 as I said, I think we're making -- have made
13 significant progress on the sort of resolving
14 the -- the issues and the review of the site
15 profile.
16 Our next step is we now I think also have to be
17 aware of the SEC petitions relevant to Hanford
18 and we -- there were also discussions of that
19 at the Board meeting. Now the -- I think it'll
20 -- or, excuse me, of the workgroup meeting, and
21 I think -- I think the fo-- our focus now on
22 this neutron issue probably is also relevant to
23 issues related to the SEC petition and
24 evaluation. So I think we're at least going in
25 the right direction to be able to address the

1 SEC evaluation report when that is complete --
2 completed by NIOSH, which should be sometime in
3 the next month or two.

4 **DR. WADE:** If I might raise a procedural issue
5 -- this is Lew -- again, I try and keep precise
6 titles of the workgroup, and at this point it's
7 workgroup on Hanford site profile. I guess I
8 would like to expand it to be workgroup on
9 Hanford site profile and SEC petition?

10 **DR. MELIUS:** Yeah, I think that would --

11 **DR. WADE:** Dr. Ziemer, does that make sense?

12 **DR. ZIEMER:** That would -- that would be fine
13 because in fact -- probably end up focusing on
14 the SEC petition, at least initially.

15 **DR. WADE:** Right. So I think that's a very
16 simple change that I'll make.

17 **DR. ZIEMER:** Sure, yeah. Uh-huh.

18 **DR. WADE:** And again, just for the record,
19 everyone realizes that Phil Schofield is a
20 member of the Hanford site profile and SEC
21 petition workgroup.

22 Workgroup on conflict of interest policy for
23 the Board, Dr. Lockey.

24 **DR. LOCKEY:** We -- I finally got a date. I
25 think we're going to meet on May 11th at the

1 Cincinnati Airport. I think, Lew, that you and
2 Emily, that -- that meets your schedule, also,
3 as far as I'm aware.

4 **DR. WADE:** Correct.

5 **DR. LOCKEY:** All right, so I'll -- that'll be
6 our first meeting. And Emily has sent out to
7 the office a background notebook of the
8 current, in-place policies and procedures for
9 SC&A, NIOSH and other federal advisory boards
10 where they -- there is an established conflict
11 of interest policy, so I think that's been sent
12 out to all the working group members.

13 Everybody get that first --

14 **DR. ZIEMER:** I got that, yeah.

15 **DR. LOCKEY:** Yeah, okay. Jim, did you get it?

16 **DR. MELIUS:** Big binder, yeah.

17 **DR. WADE:** Big binder.

18 **DR. LOCKEY:** You got it, okay, good.

19 **DR. WADE:** Light reading.

20 **MR. PRESLEY:** Hey, Jim, when'd you send that
21 out?

22 **DR. LOCKEY:** It -- I got mine what, about three
23 weeks ago.

24 **MR. PRESLEY:** Okay, let me go look.

25 **MS. HOWELL:** Okay, the -- this is Emily -- the

1 book should have been FedExed to all the
2 members of that working group only. It only
3 went to the members of that working group.

4 **DR. WADE:** Right, and that working group are
5 Lockey, Melius, Ziemer, Presley.

6 **MR. PRESLEY:** (Unintelligible)

7 **MS. HOWELL:** Right, the -- do you have it, Mr.
8 Presley?

9 **MR. PRESLEY:** I think -- yeah, I'm pretty sure
10 I do. If I don't, I'll holler at you.

11 **MS. HOWELL:** Okay, let me know. I'm -- since I
12 prepared them, if you can let me know, I'll get
13 you one if you don't have it.

14 **MR. PRESLEY:** No problem, I think I do.

15 **DR. WADE:** Thank you. Workgroup on procedures
16 review, Miss Munn -- Ms. Munn.

17 **MS. MUNN:** We have not met yet, and have not
18 established a date. NIOSH is going to be
19 contacting us with information regarding where
20 we are with some of the upgraded procedures.
21 That should be taking place late in May, with
22 any luck at all.

23 **DR. WADE:** Thank you. And we'll stay with you,
24 workgroup on Blockson Chemical SEC.

25 **MS. MUNN:** Yes, we have not met as a group. As

1 NIOSH are being assembled, and that will
2 trigger a meeting of the workgroup.

3 **MR. GRIFFON:** Right, right.

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

5 **MR. PRESLEY:** Bob Presley, and I believe that
6 meeting will probably be set up after our May
7 meeting.

8 **DR. WADE:** Okay.

9 **MR. PRESLEY:** That's what they said.

10 **MR. GRIFFON:** Yeah.

11 **DR. WADE:** Okay. After the May 11th meeting,
12 thank you.

13 Workgroup on LANL site profile and SEC, Mark.

14 **MR. GRIFFON:** No update at this point, we're --
15 we're probably also going to meet after the May
16 meeting.

17 **DR. WADE:** Right. Again, these last groups are
18 relatively new. But we have progress to report
19 on the Linde site profile, Gen?

20 **DR. ROESSLER:** Yes, we met March 26th at the
21 Airport Marriott out -- Cincinnati. Dr.
22 Lockey, Mike Gibson, Josie Beach, we were all
23 there. We went over 20-some items in the
24 matrix provided by SC&A and had responses on
25 the matrix by NIOSH. Most of the resolution on

1 this matrix on many of the items will relate to
2 a new exposure model that NIOSH is going to
3 derive from the 700 newly-found bioassays.
4 We have -- we have not set up another meeting.
5 We're waiting for -- Cindy Bloom volunteered to
6 carry out a lot of the things that were on the
7 matrix and so we're waiting for resolution of
8 that. Chris Crawford was the NIOSH person
9 present. Steve Ostrow from SC&A was there for
10 SC&A, and Steve has put together a preliminary
11 disposition of items on the matrix. I'm going
12 to compare that with my notes and then we'll
13 come through and report back to the workgroup
14 and to the Board as to our status.

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

16 **DR. ROESSLER:** Jim, or Mike or Josie, is there
17 anything you'd like to comment on?

18 **DR. LOCKEY:** No, it was a good meeting.

19 **DR. WADE:** Thank you very much. And last but
20 by no means least, the workgroup on worker
21 outreach, newly-formed -- Mike?

22 **MR. GIBSON:** Yeah. We have not met yet. I'm
23 still trying to put together a draft scope to
24 send out to the working group members for their
25 input. And also I'll be needing to get with

1 the NIOSH point of contact to get the names of
2 some of the -- for a point of contact at some
3 of the outreach centers and some of the OCAS
4 interviewers and things like that so that once
5 we get rolling we can talk to those people and
6 delve down into it.

7 **DR. WADE:** Thank you. Just by way of editorial
8 comment -- I mean due to the workgroups, this
9 is the hardest-working board I've ever
10 encountered and you're all to be complimented
11 on just a -- a very, very professional and
12 focused attempt to carry out your business
13 through your workgroups.
14 Paul, I think that's the end of the workgroup
15 reports.

16 **DR. ZIEMER:** Thank you very much for leading us
17 through that, Lew, and workgroups, again,
18 thanks to all of you. A lot of -- lot of
19 activity going on amongst all of our
20 workgroups. And it's 12 people cut up several
21 different ways doing many tasks, so we thank
22 you very much.

23 **DR. MELIUS:** Paul, can I actually go back to my
24 workgroup report on the SEC issues?

25 **DR. ZIEMER:** Oh, of course.

1 **DR. MELIUS:** I forgot to bring up one issue. I
2 think -- they're propos-- a little bit more
3 work for our workgroup. We had discussed a few
4 meetings ago about our workgroup looking --
5 taking at least a preliminary look at some of
6 the 83.14 SEC --

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

8 **DR. MELIUS:** -- prior to their presentation by
9 NIOSH at a -- at, you know, a formal Board
10 meeting for action as a way of trying to move -
11 - move the process along. And we -- we have
12 one of those that we've just received W.R.
13 Grace plant just sent out and I think what I
14 would suggest on that particular site is there
15 -- there has been an area set up on the O drive
16 with information for that that our workgroup --
17 you know, individually take a look at that. We
18 can then decide if we -- if it warrants a
19 conference call meeting or something before
20 (broken transmission) full Board meeting, but
21 at least we'd be a little bit more familiar
22 with it going into the Board meeting.

23 **DR. ZIEMER:** Yeah. Very good, and Jim, let me
24 suggest, just as a reminder, you just send out
25 an e-mail to that effect to everyone on that

1 workgroup.

2 **DR. MELIUS:** Yeah, and I just (broken
3 transmission) go on -- on the record --

4 **DR. ZIEMER:** Sure.

5 **DR. MELIUS:** -- (broken transmission) that and
6 then just remind everybody else on the Board, I
7 think the Sandia evaluation, which we also just
8 received -- a little different category, it's
9 not an 83.14 -- but have set up an area on the
10 O drive with more information on that, also,
11 which I think may be helpful to look at before
12 the meeting.

13 **DR. ZIEMER:** Okay.

14 **MR. PRESLEY:** Hey, Jim?

15 **DR. MELIUS:** Yes.

16 **MR. PRESLEY:** This is Bob. Hey, who's on that
17 W.R. Grace group?

18 **DR. MELIUS:** That would be -- that's the -- our
19 SEC evaluation workgroup (unintelligible)
20 itself, Paul, Mark and Gen.

21 **MR. PRESLEY:** Okay, I -- I -- I didn't think we
22 had one set up just solely for that. Thank
23 you.

24 **DR. ZIEMER:** Not -- not for that specific site.

25 **DR. MELIUS:** (Unintelligible) sort of the

1 general SEC one. We -- we decided to use that
2 for the time being on that.

NIOSH PROGRAM UPDATE

MR. LARRY ELLIOTT, OCAS

3 **DR. ZIEMER:** Okay, thank you. Let's move on.
4 We have one more item on our agenda, and this
5 is an update from Larry Elliott. It's not his
6 regular update, but some issues that we need to
7 know about. Larry?

8 **MR. ELLIOTT:** Thank you, Dr. Ziemer, and you're
9 correct. I wanted to -- I appreciate this
10 opportunity to take time from your meeting to
11 give you a brief on five -- five items here,
12 the first being that the MOU that we have with
13 the Department of Energy will expire at the end
14 of this fiscal year, or September of 2007.
15 Just wanted the Board to know about that and
16 that we are working with DOE currently to make
17 sure that we have a new MOU signed
18 (unintelligible) for this expiration. So work
19 is underway on that.
20 Second item is that -- and this goes to, I -- I
21 hope a little bit to what we've talked about
22 earlier today, your tracking of items.
23 Regarding the Bethlehem Steel, if you recall,
24 there were six findings that came out of the --

1 the working group group discussion and those
2 six findings we were asked to report back to
3 the Board. I've done so in a number of Board
4 meetings and spoken about where we stood on
5 those. I just wanted to bring this to closure
6 for you to confirm for the Board and for the
7 record that all action items on the six
8 findings have been addressed and have been
9 re-- resolved and shown in our TBD for this
10 particular site. So if there's -- there's any
11 -- any concerns about that, please let us know,
12 but we feel that we have responded and
13 addressed all those -- those six items on
14 Bethlehem Steel, that revised site profile.
15 The third item that I would brief you on is
16 that the -- I'll give you a short update on the
17 GAO review that has been underway since mid--
18 mid-June last year. This was -- the title of
19 this review is "Contractor Costs in the Energy
20 Employees Program," and there's a list of
21 questions that they originally started with.
22 They've been very thorough in their review.
23 Just recently their review has focused on the
24 conflict of interest policy statement that --
25 that the Director of NIOSH put in place last

1 fall, in October, and next week -- or week
2 after next I believe the GAO folks will be
3 visiting our Procurement Grants Office, PGO, to
4 look at the -- all of the contract files that
5 are in place there. So we look forward to --
6 to the conclusion of the review and we
7 anticipate they'll report on that review later
8 this fall.

9 The fourth item I'd have to share with you is
10 that -- and this goes to your planning and
11 utilization of resources across the board.
12 Just to let you know, you have seven SEC
13 petition evaluations under or ready for Board
14 deliberation. Those include Rocky Flats, of
15 course; the Los Alamos petition that we talked
16 about earlier today, that Senator Bingaman
17 commented on and Michele Ortiz made mention of.
18 We also have Bethlehem Steel before you, the
19 Sandia National Lab Livermore petition is
20 before you now, W.R. Grace has been mentioned.
21 Dow Madison is due -- (unintelligible) today
22 for a review of that and its technical basis.
23 Also had a conversation with the Dow
24 headquarters today, and they're still looking
25 for some data and information and -- but we're

1 going to prov-- go ahead and proceed with our
2 evaluation report and get that in front of you.
3 Also there's a Y-12 petition evaluation report
4 that will be coming forward in time for your --
5 your Board meeting in May if you wish to take
6 it up, and this particular Y-12 petition is a
7 situation where we're trying to correct some
8 language in one of the earlier classes for Y-12
9 and make sure that in doing so we give DOL the
10 information they need to fully adjudicate that
11 class, so you'll see that forthcoming.
12 There are another nine SEC petition evaluations
13 on the horizon, on the immediate horizon, and
14 they will be ready for you prior to the July
15 Board meeting. So you've got seven sitting
16 there now, or soon to be sitting there, and
17 another nine that'll follow closely. Those
18 nine include Blockson, Hanford; the Ames, Iowa
19 Lab that I mentioned earlier today that comes
20 from Dr. Fuortes on behalf of some sheet metal
21 workers. And there are six 83.14s, and those
22 sites are yet to be determined, that I can't
23 share yet today, but we know that six of those
24 will come to maturity in time for your -- if
25 you wish to take them up in your July Board

1 meeting. I -- I just mention that because I --
2 as I've been trying to do over the last --
3 course of several Board meetings, give you a
4 better insight into what's -- what's on the
5 horizon, what's coming down the avenue at you.
6 The last item, my fifth item that I have to --
7 feel I need to brief you on is that in -- we're
8 in this fiscal year '07, we're midway through
9 the year. We're now into the seventh month, if
10 you -- if you will, March being the sixth month
11 of the fiscal year, and we're facing resource
12 limitations this year.

13 Why are we facing resource limitations? Well,
14 this results from a loss of \$14 million for the
15 program funds over the last three years. That
16 equates to about \$4 and a half million in FY
17 '05, \$5.1 million in FY '06, and an estimated
18 \$4.7 million here in FY '07. And where this
19 loss occurred is it -- it is -- funds were set
20 to cover indirect or overhead rates. That --
21 that's about nine percent on any monies that's
22 transferred to the program. NIOSH budget
23 requests have been reduced by nine percent each
24 year through the appropriations process in
25 order to exclude the CDC overhead. And then we

1 find that the funds allocated to the program
2 have been further reduced because CDC continues
3 to then take the nine percent overhead rate.
4 NIOSH has appealed the loss each year to CDC
5 and to OMB through the Department of Labor.
6 Additionally, there have been differences in
7 the interpretation of the \$4 and a half million
8 earmarked in fiscal year '06 for the Board.
9 NIOSH viewed that \$4.5 million as being in
10 addition to the program funds that we were
11 requesting, so the appropriation and the
12 allocation of funds in that year included the
13 \$4.5 million for the Board. So -- just so you
14 know, our fiscal year '08 budget request
15 includes the -- the \$4.5 million for the Board,
16 as did our FY '07 request.

17 Potential ramifications of the resource
18 limitations -- I -- I would just suggest could
19 include a number of things, but if the -- if
20 the CDC overhead is not restored to the
21 program, then we're going to face some -- some
22 critical decisions. The level of contractual
23 support across all contractors engaged in the
24 dose reconstruction and the SEC petition
25 evaluations will likely be reduced if we don't

1 receive restoration of that indirect overhead
2 funds. The award of a new contract for
3 technical support once the ORAU contract
4 expires may be delayed, which would cause sev--
5 considerable delay in work that we perform.
6 And the time and the pace and the level of the
7 OCAS support to Board and working group review
8 activities will likely be reduced, as well. We
9 will maintain dose reconstruction production
10 and SEC evaluation activities as our top
11 priorities. However, without restoration of
12 those lost funds, again, we'll be making some
13 critical decisions about how best to use the
14 remaining resources.

15 We're going to keep the Board informed, and we
16 want to work closely with the Board as we face
17 these decisions. So those -- those are my
18 briefing points for the day.

19 **DR. ZIEMER:** Okay. Well, thank you, Larry, and
20 -- for sharing those concerns with us. Board
21 members, do you have any questions for Larry at
22 this point?

23 **DR. WADE:** Paul, I have just a follow-on --
24 this is Lew --

25 **DR. ZIEMER:** Sure.

1 **DR. WADE:** -- before questions, just to sort of
2 take it from where Larry left it into the
3 Board's area of responsibility. As Larry
4 mentioned, the impact that -- that we see
5 directly on the Board would be that the pace
6 of, you know, some of our closeout activities -
7 - you know, the implementation of the six-step
8 process could be affected as, you know, those
9 of you involved in workgroups realize, we -- we
10 use resources from ORAU and other contractors
11 in terms of that activity. So you know, that
12 pace might be slower than we might see.
13 A secondary impact could be that the -- the
14 pace at which we would be able to involve SC&A
15 in the -- the review process could also be
16 slowed. I don't see any change in tasks there,
17 but you know, it could be that we would stretch
18 out longer periods between the ability to
19 iterate on a matrix, for example, and that
20 could affect the scheduling of workgroup
21 meetings. It could also affect the pace at
22 which SC&A is asked to respond.
23 So I'll leave it at that and then we can have
24 questions or comments.
25 **DR. ZIEMER:** Okay, thank you. Any Board

1 members wish to ask questions or make comment?

2 **MS. MUNN:** This is Wanda. That wasn't a very
3 cheery report there.

4 **DR. ZIEMER:** Well, ob-- obviously it is of
5 concern insofar as it impacts the ability to be
6 timely on a variety of fronts --

7 **MS. MUNN:** Yeah.

8 **DR. ZIEMER:** -- both by us and by the agency.

9 **MS. MUNN:** Absolutely. If all --

10 **MR. ELLIOTT:** My apologies, Wanda. I'd like to
11 bring good news all the time, but where we fi--
12 where we face issues like this, I feel it's
13 important that you be aware of them.

14 **MS. MUNN:** Better to know the realities up
15 front. And one of those realities is the
16 staggering amount of material we're going to
17 have to deal with in Denver in May, and
18 subsequently in July. Although you've been
19 very good about getting our massive packets to
20 us ahead of time, I can't help but think that
21 every day will make a big difference in -- as
22 far as our ability to absorb as much of this
23 data as possible in current status before the
24 meeting in May, so I'm -- I certainly hope we
25 get our Board packets as early in April as it's

1 possible to have material out. It's not going
2 to be easy.

3 **DR. ZIEMER:** Thank you, Wanda. Other comments?
4 Questions?

5 (No responses)

6 Is there any further business to come before us
7 today?

8 **MR. PRESLEY:** Paul, I've got a -- I've got a
9 comment on Wanda's comment.

10 **DR. ZIEMER:** Okay, yes, go ahead --

11 **MR. PRESLEY:** I realize --

12 **DR. ZIEMER:** -- Mr. Presley.

13 **MR. PRESLEY:** -- it's very, very hard -- this
14 is Bob Presley -- to get those packets ready
15 before we get there, to get all the stuff in.
16 But if there's any way that we could get maybe
17 some of the pre-briefings and stuff like that.
18 You don't have to put the briefings in, and it
19 doesn't have to be in a binder because it's
20 hard to pack that binder, but you know, if --
21 if there was some way we could get some stuff
22 out early, it might help this time.

23 **DR. ZIEMER:** Even electronically is good.

24 **MS. MUNN:** Yes.

25 **MR. PRESLEY:** Yes, sir.

1 **DR. ZIEMER:** Thank you very much. Other
2 comments or questions?

3 (No responses)

4 If there's no further business, then I'm going
5 to declare the meeting adjourned. Thank you
6 all very much.

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

8 **MS. MUNN:** Thank you. We'll look forward --

9 **DR. ZIEMER:** And Lew, I'll be --

10 **MS. MUNN:** -- to seeing those --

11 **DR. ZIEMER:** -- calling you.

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

13 **MS. MUNN:** -- dose reconstructions.

14 **DR. WADE:** Bye now.

15 **MS. MUNN:** Bye-bye.

16 **DR. ROESSLER:** Bye.

17 (Whereupon, the meeting concluded at 1:23 p.m.)

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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 Apr. 5, 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 22nd day of May, 2007.

STEVEN RAY GREEN, CCR
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