

1 THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
2 PUBLIC HEALTH SERVICE
3 CENTERS FOR DISEASE CONTROL AND PREVENTION
4 NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH
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10 convenes the
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12 TWENTY-FIFTH MEETING
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15 ADVISORY BOARD ON
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17 RADIATION AND WORKER HEALTH
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34 The verbatim transcript of the Meeting of
35 the Advisory Board on Radiation and Worker Health
36 held at the Hyatt Regency Buffalo, Two Fountain
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June 3, 2004

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AGENDA SPEAKERS

(in order of appearance)

Dr. Jim Neton, NIOSH

Dr. Joe Fitzgerald, SC&A

STAFF/VENDORS

CORI HOMER, Committee Management Specialist, NIOSH

STEVEN RAY GREEN, Certified Merit Court Reporter

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PUBLIC COMMENT

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34 BARTOSYEK, JANICE
35 KRIEGER, RALPH N.
36 WALKER, ED

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

2 (8:30 a.m.)

3 **REGISTRATION AND WELCOME**

4 **DR. ZIEMER:** Good morning, everyone. We're
5 beginning -- we're ready to begin the second day
6 of this Board meeting. I have a couple of
7 reminders for you. First of all, I would like to
8 remind all present that we would like you to
9 register your attendance. And even though you
10 may say well, I did that yesterday, we keep a
11 separate registration for each day, so we ask all
12 Board members, all staff, all members of the
13 public to register today's attendance on the
14 registration book that's there at the table near
15 the entryway.

16 And again, we will have a public comment
17 period late morning, just before the lunch break,
18 and we ask that if you do wish to address the
19 Board that you register in the booklet there that
20 -- your intent to make public comment.

21 **SITE PROFILE STATUS**

22 We have set aside a little bit of time for
23 administrative housekeeping on the schedule, but
24 before we do that, I would like to complete
25 yesterday's agenda. And you may recall that we

1 heard only a portion of Dr. Neton's presentation,
2 that portion that was given during the public
3 comment period. So will turn first then today to
4 the site profile status part of the agenda for
5 Jim to complete that presentation.

6 **DR. NETON:** Thank you, Dr. Ziemer. Good
7 morning, everyone. I -- this has sort of been a
8 -- is a tradition now for the last several
9 meetings that I go through and update the status
10 of where we are with the site profile, so I
11 intend to do that and go over where we are, what
12 progress we've made since the April Board meeting
13 in Richland. And I talked briefly about the
14 changes we made to the site profile at
15 Mallinckrodt, and I'd also like to discuss a
16 little bit about the -- how we're handling
17 construction workers, particularly at the
18 Savannah River Site. I have a couple of slides
19 on that.

20 This is an updated slide from the last
21 meeting. The only new piece of information on
22 here is that we have approved the Fernald site
23 profile that has exactly 500 cases in the hoppers
24 right now to be reconstructed. I think that was
25 approved just about a week ago, so that -- when

1 we say approved, that means all six Technical
2 Basis Documents or chapters that make up the
3 profile have been reviewed by OCAS and approved
4 for use in dose reconstruction. That does not
5 mean -- I'll caution folks -- that all of -- all
6 the details have been fleshed out. For the
7 Fernald site, for example, there may be sections
8 in there marked reserved for certain periods of
9 time or certain modes of exposure that we don't
10 have sufficient information at this time to
11 proceed with confidence in a dose reconstruction,
12 and those provisos are well-indicated in the
13 document so the dose reconstructor is forbidden
14 from using the profile for those certain specific
15 conditions.

16 So with the addition of Fernald site
17 profile, we now -- this is the number of cases
18 that we received -- been referred to us from the
19 Department of Labor by each of these sites. That
20 brings the total number of cases under that site
21 profile to about 7,400. That represents roughly
22 45 percent of the number of cases that we have in
23 house, so we're at about the halfway mark with
24 covering cases with site profiles. Although,
25 again, not -- the site profile is not necessarily

1 applicable to all cases.

2 For example, when we were talking about
3 construction workers, it would not cover workers
4 that had no monitoring information at all. This
5 primarily covers monitored workers.

6 This is a graphical depiction of where we
7 are with what we call the big 15. These are the
8 15 sites that ORAU -- Oak Ridge Associated
9 Universities has been working on for some time
10 now. The green blocks indicate that that chapter
11 of the site profile has been reviewed and
12 approved for use. So we have six or seven of
13 those. Fernald is completed now, Hanford is
14 complete. Iowa Ordnance is complete,
15 Mallinckrodt, Rocky Flats, Savannah River and Y-
16 12 are all -- are -- all the chapters have at
17 least been approved for use -- partial use, at
18 least.

19 The blue dots indicate that profiles are in
20 comment resolution, meaning that they are in some
21 state of review. The chapter has been drafted.
22 OCAS has at least seen it once. There's some
23 further indicators here that, you know, we've got
24 a few for first-time review, so some of these
25 have been passed back several times. We do a

1 fairly thorough review. This is an iterative
2 process, as ORAU well knows. We take our time to
3 make sure that things are correct, and oftentimes
4 these things can go back and forth two, three,
5 sometimes four times until both sides of the
6 fence are comfortable with what we're portraying
7 in these profiles.

8 It's interesting to note that if you look at
9 the green and blue, then virtually -- not
10 virtually, but 100 percent of the chapters have
11 at least a draft. There is not one site that
12 does not have at least some rough draft out there
13 being reviewed. So in some sense, we've
14 accomplished a major milestone in getting at
15 least something on paper for each of the chapters
16 that we're trying to finish.

17 The double asterisks here indicate a gaseous
18 diffusion plant working group. This is just an
19 internal indication to designate that we're
20 trying to make sure that those sites are handled
21 in a consistent fashion, since they did very
22 similar work with very similar exposure
23 potentials. So we just want to make doubly sure
24 that we're -- we're internally consistent at the
25 gaseous diffusion plants, particularly since

1 those are Special Exposure Cohort sites, as we
2 discussed yesterday.

3 There's additional DOE site profiles under
4 development that are listed here. This list
5 hasn't changed since the last Board meeting. As
6 you can see, the number of cases that those would
7 allow us to proceed with becomes smaller and
8 smaller as we -- as we get the larger ones done.
9 And as we discussed at the last Board meeting, at
10 some point we're going to have to make a
11 decision, at -- for an economy of scale, at what
12 point do we stop doing a site profile and either
13 make addenda to previous ones where exposures
14 were similar, or act-- in some cases actually
15 just do what would essentially amount to hand-
16 crafted dose reconstructions that included
17 virtually all the information you need that would
18 be in a site profile. We're not at that point
19 yet where we stop because there's still a lot of
20 ongoing work, but we will be looking at that.

21 AWE site profiles, there's no change on the
22 number released there. This is the same list
23 that I presented last time, so we're still
24 proceeding with the AWEs. Primarily the Atomic
25 Weapons Employers that do not have completed site

1 profiles, if we are doing some dose
2 reconstruction, are covered under this complex-
3 wide approach, which is a maximizing approach for
4 some of the Atomic Weapons Employers that we
5 believe had fairly lower level exposures that we
6 can use some fairly claimant-favorable
7 assumptions, for cancers that are not -- where
8 the organ does not concentrate uranium, to
9 process the cases.

10 We have a number of site profiles under
11 development. These listed here -- Linde Ceramics
12 is of interest to those in the New York State
13 area, as well as Simonds Saw and Steel. We are
14 working on these. There's active working groups
15 out there developing these site profiles. Then
16 we have nine additional that I didn't list here
17 that total up to 132 cases. At that point,
18 again, we're going to have to make a decision, do
19 we stop at the profile level and start doing
20 something else besides the profile. I think when
21 we get below here, we're down into sites that
22 have fewer than 40 -- 30 or 40 cases, and that
23 becomes a -- you know, an issue to write a 50,
24 60-page document for maybe 20 dose
25 reconstructions.

1 A little bit about the worker outreach.
2 That's moving forward and we're starting to get
3 some really good feedback, as we talked about at
4 Hanford. We've had a number of meetings so far.
5 In fact, Grady Calhoun left yesterday afternoon
6 to go to Pantex to participate in a worker
7 outreach briefing on the site profile there in
8 Amarillo, so that's happening sometime today.

9 And Bethlehem Steel, as we talked about in
10 the public meeting, we've made -- we're making
11 arrangements to visit the Bethlehem Steel
12 workers. There was -- at the work-- town hall
13 meeting that we had, a number of workers
14 expressed some issues that they wanted to be able
15 to tell us their particular exposure scenarios.
16 We heard that loud and clearly and we fully
17 intend to come out here in the near future to
18 meet with the workers and capture their -- their
19 history of what occurred at the site during the
20 1949 through '52 period.

21 There's a number of additional outreach
22 meetings planned. I think we have Rocky Flats
23 scheduled for later this month, June 23rd -- I
24 just got an e-mail this morning -- so this is a
25 very active, ongoing effort. Larry indicated

1 Vern McDougal* from ATL is the lead on this as a
2 subcontractor to Oak Ridge Associated
3 Universities. And we just -- they just brought
4 on board a new person by the name of Mark Lewis,
5 who is a former union representative at the
6 Portsmouth gaseous diffusion plant site, who is
7 very aggressive and has very good contacts. And
8 we're seeing a lot of good movement out of Mark
9 in his contacts with the unions.

10 Okay. I talked about the Bethlehem Steel
11 profile yesterday and I'd be happy to -- I'm not
12 going to go over the details again. I think it
13 was pretty straightforward, but did want to take
14 the opportunity to just address a few issues that
15 came up at the -- at the meeting, at the public
16 comment session yesterday regarding the model.

17 For clarity, I know the Board has heard
18 about this model a long time ago. It was the
19 first one that we published and we presented at
20 the Board meeting, but like myself, I tend to
21 forget very readily -- easily what the
22 particulars are, so I just want to cover a few
23 things about the Bethlehem Steel profile.

24 The covered exposure period is 1949 to '52.
25 That's four years. NIOSH does not set that

1 covered exposure period, so if in fact there were
2 rollings in 1955, as some workers have asserted,
3 we could do nothing with those rollings because,
4 by law, it's -- '49 to '52 is the period that we
5 deal with.

6 So if -- if there were additional rollings
7 and we discovered them in our data capture
8 efforts, we certainly would communicate that to
9 the Department of Energy, Department of Labor for
10 consideration to extend the covered employment
11 period. And in fact we've done that. I think in
12 Bethlehem Steel we actually ended up adding a
13 year or so because we found some records that
14 indicated that -- that there were some rollings
15 in periods that were not originally covered.

16 So again, you know, we -- we develop an
17 exposure model to specifically address the
18 covered exposure period, '49, '50, '51, '52. In
19 those four years, we -- we did a fairly extensive
20 search. We went to Environmental Measurements
21 Laboratory and captured records. We went to the
22 Fernald site, a lot of which this work was done
23 under -- not under contract, but for the future
24 development of the rolling mill operations there.
25 We could only find 13 documented rollings in

1 those four years, and in fact the -- only in '51
2 and '52 could we find these rollings had
3 occurred. They appeared to occur on a periodicity*
4 about once per month. All but the first and last
5 rollings were done on the weekend, Saturdays and
6 Sundays. In fact, the first rolling in 1951 was
7 labeled experimental rolling number one, which
8 could lead you to believe that that may be the
9 first rolling. In fact, the experimental rolling
10 number one was a continuation of the experimental
11 rolling number one at Simonds Saw and Steel.

12 What happened there was Simonds Saw and
13 Steel was developing the process -- not in
14 parallel, I guess in a linear fashion -- and
15 there were some very large exposures measured
16 there, a large air concentrations. That's where
17 this 1,000 maximum allowable air concentration
18 value came from. There was a lot of concern, so
19 in fact the first rolling at Bethlehem Steel was
20 done in a lead or salt bath to try to minimize
21 the oxidation of the product and the generation
22 of airborne, and in fact it was successful at
23 doing so.

24 And we had air samples from Bethlehem Steel.
25 We did not use just Simonds Saw. In fact, one of

1 the claimants' exposure -- one of the claimants'
2 records we received from the Department of Labor
3 had air sampling data in it. These were taken
4 and processed by the Environmental Measurements
5 Laboratory in New York, which is a fairly
6 credible laboratory for doing measurements, and
7 the best estimate that we obtained from those air
8 sample measurements was it was about two times
9 the maximum allowable air concentration, up to
10 the highest value that we observed at the
11 Bethlehem Steel facility of 70. That was the
12 highest recorded air concentration there. But we
13 were not comfortable that we had all the air
14 data, so in searching the records we found
15 Simonds Saw and Steel had this 1,000 times the
16 maximum air concentration value, and so we
17 incorporated that into our model as the upper
18 limit. So that was more than ten times the
19 highest value that we saw at Bethlehem Steel.

20 So I think there was a little confusion
21 yesterday about we didn't have air monitoring at
22 Bethlehem. We did. The Simonds Saw and Steel
23 was added to be more generous. And in fact
24 there's every indication that the air
25 concentrations at Bethlehem were lower than

1 Simonds Saw and Steel.

2 One other thing I think is the issue of
3 coworker data. We assumed for this model that
4 all 500 claimants received the same exposure. It
5 was an exposure model, so whether a person was a
6 brick -- brick layer, a parking lot paver, a
7 secretary, a security guard, it was assumed that
8 every worker was at the mill in the highest air
9 concentration value for ten hours a day for 48
10 rollings. So it's -- there was -- in a sense,
11 everybody was a coworker because we picked the
12 highest possible person and assigned that same
13 exposure to all people. So in that sense, there
14 was no real need to go back and interview
15 coworkers because the Department of Labor could
16 not ascertain who worked where in the plant.
17 It's a huge plant. And again, this exposure only
18 occurred at the rolling mill area, the ten inch
19 bar mill.

20 Just a few notes for clarification there. I
21 hope that clears up some of the issues that were
22 raised yesterday.

23 I'm not going to go through this. I'll be
24 happy to answer any questions, though, if the
25 Board has any additional questions on the

1 ingestion model.

2 I'm just briefly going to go over what we're
3 doing with the Savannah River Site and the
4 building trades. As you all know, early on in
5 the process, the building trades were very
6 concerned that we were not addressing their
7 exposures adequately. It was discussed with them
8 that exposure models for workers in the plant
9 working routine operations are not necessarily
10 applicable to construction building trades who
11 have a very different exposure scenario profile.
12 We met with the Savannah River people. It was
13 the first worker outreach meeting we did. And we
14 agreed, there -- there are major -- major
15 differences in doing so. So we've identified
16 seven different areas that we're going to try to
17 address to flesh out -- and this will be added as
18 a chapter to the Savannah River Site profile.
19 And what I speak about here is more than likely
20 going to be applicable to a number of sites, not
21 just Savannah River. But this is the first one
22 that we're going through and working out the
23 details.

24 These are somewhat self-evident, but the
25 trade makes a huge difference whether a person is

1 a sheet metal worker, an electrician, a painter,
2 a carpenter. You know, we're going to have to
3 determine fairly specifically for each of those
4 trades, you know, what the exposure conditions
5 may have been based on the type of work and the
6 specific task. There are a lot of different
7 tasks have been done out there. We actually have
8 been working with the Center to Protect Workers
9 Rights, who are involved in the medical worker
10 screening program at the Savannah River Site.
11 Under contract to us they've actually compiled a
12 document evaluating, based on the interviews with
13 the workers, what was done at the site by the
14 trades, the tasks, and a compendium of incident
15 reports. And this covers somewhere in the
16 vicinity of about 1,800 different worker
17 interviews, so it's a pretty nice thick
18 compilation and it's a very useful document for
19 us to try to develop this chapter. So under the
20 type of work being performed, we've got an
21 indicat-- you know, there's all kinds of work the
22 construction trades do, whether you're talking
23 about grinding, concrete cutting, welding,
24 building demolition is a big one that's extremely
25 different, so we have to develop and cover the

1 different tasks, the type of work, and of course
2 the duration.

3 The facility and the area, is this a rad
4 area or not a rad area. If a person is in a new
5 construction area where there is no rad
6 materials, it's very different than -- than if it
7 wasn't. And then not only if they were in the
8 area, but what the process was if it was a rad
9 area. Was there a potential for airborne and
10 were they working in vicinities where other
11 production or routine workers were there and were
12 being monitored, and could we use those pieces of
13 information as coworker data for the work force.

14 And then not only exposure time, but
15 exposure period of course is specific, and the
16 duration. So these are the seven highlights of
17 the chapter that we'll try to flesh out in the
18 Savannah River profile.

19 The exposure details are actually not that
20 different than what you'd expect for a normal
21 worker, but given those -- you know, given --
22 given these parameters that are under
23 consideration, we need to uniquely identify the
24 exposure details for the construction building
25 trades. And type of exposure, radionuclides,

1 chemical form.

2 Other characteristics can be somewhat
3 different. Particle size is a normal
4 consideration that we look at, but outside
5 weather conditions could play a huge role,
6 whether a person was doing a demolition and
7 there's windy environment -- I think shoveling of
8 dirt, those sort of things, digging operations,
9 very different. The coverage for engineering
10 controls is very different in an outside
11 operation. Having worked at the Fernald site,
12 I'm pretty familiar with -- with how those type
13 activities are very different than a routine
14 operation.

15 And what is the release fraction, that's not
16 well-established for these -- these trades. And
17 again, what -- what quantity, what quantity is
18 there in that outside operation or construction
19 operation.

20 Sources of information we've identified so
21 far to date. We have information that OCAS has
22 obtained of course from our requests for exposure
23 records from the Department of Energy. It's true
24 that a large number of construction workers
25 weren't monitored, but it's also true that a

1 large number were, so we're trying to compile
2 that and look at that to see how useful it may be
3 for the unmonitored portion.

4 The Health-related Energy Research Branch
5 within NIOSH also has been doing epidemiologic
6 studies on these workers for a number of years
7 and has compiled a database that we're taking
8 advantage of.

9 Of course the site profile that is in
10 existence we're going to try to use to the extent
11 possible. We have worker interviews -- that is
12 the Computer-Assisted Telephone Interview -- but
13 also we are planning on interviewing and are
14 interviewing worker -- construction workers at
15 the sites. At the Hanford meeting I was handed a
16 list of -- a page of names of people,
17 construction trades workers, who were willing to
18 discuss their exposure situations with us. We
19 have made contact with those folks and we are
20 sending some people to interview those workers.

21 So as we do these worker outreach meetings
22 and make contacts, I talked about the Bethlehem
23 Steel contacts we've made, we are going out and -
24 - and addressing -- capturing the workers'
25 concerns and attempting to address them in the

1 best fashion we can.

2 A lot of interest has been expressed in
3 these incident reports. They are valuable pieces
4 of information. They are not contained in the
5 current site profile. We are going back at the
6 Savannah River Site in particular. We are
7 pulling out the occurrence reports that have been
8 there. We do recognize that there may be some --
9 some contractor and DOE bias in these reports and
10 we'll try to account for that.

11 Another source is the Department of Energy
12 Radiation and Exposure Management System, which
13 is the internal DOE reporting mechanism for
14 monitoring workers. Those are useful to a
15 certain extent. They put workers in profiles of
16 categories that we should be able to use to
17 develop some type of distributions. The Medical
18 Surveillance Program Database, peer-reviewed
19 publications, and I mentioned the Center to
20 Protect Workers Rights at Savannah River Site in
21 particular, although we have a contract with CPWR
22 for five sites that have medical screening
23 programs. That's Savannah River, Oak Ridge,
24 Nevada Test Site, Amchitka Island and Hanford.
25 Savannah River's the first one we're looking at,

1 but they have actually -- CPWR has actually
2 compiled this information from all five of those
3 sites for us and we'll be using that to the
4 extent possible.

5 That's it in a nutshell with what we're
6 doing with construction trades. I don't have a
7 draft chapter to present to you, unfortunately,
8 but this is our thinking. We have a team of
9 eight people that have been assembled from the
10 current site profile teams, eight people who have
11 some experience in working at sites where
12 construction building trades exist. Judson
13 Kenoyer, the profile task manager, is heading up
14 that -- that effort and we're looking forward to
15 getting a product out the door as soon as we can.

16 I think that's it. I'll answer any
17 questions that --

18 **DR. ZIEMER:** Okay. Mark, then Gen, then
19 Jim.

20 **MR. GRIFFON:** Jim, just a follow-up on the
21 Bethlehem Steel site profile. The -- you
22 mentioned that the 1,000 times the MAC -- and
23 I've seen it, I didn't have it with me,
24 unfortunately, but 1,000 times the MAC as the
25 upper boundary. Just to follow up on some of the

1 discussion from yesterday, when you're doing the
2 individual dose reconstructions, are you using
3 the 1,000 times MAC exposure or are you using --

4 **DR. NETON:** It's a distribution.

5 **MR. GRIFFON:** -- a distribution?

6 **DR. NETON:** It's a triangular distribution.
7 The mode is two, which is our best estimate based
8 on the actual air monitoring data at the site --

9 **MR. GRIFFON:** Two times the MAC?

10 **DR. NETON:** Two times the MAC, and it goes
11 up -- there's actually -- it's a little more
12 complicated than that. You'll see there's two
13 distributions in there, a low exposure matrix and
14 a high exposure matrix.

15 **MR. GRIFFON:** Right, I remember that.

16 **DR. NETON:** It's a -- the reality is that if
17 a person is compensable under the low exposure
18 matrix, then one stops because it's just a
19 reasonable estimate. But if they are non-
20 compensable under the low exposure matrix, we'll
21 run it through the high to make sure that they
22 really are non-compensable, and if they
23 are/aren't* compensable on the high, then they're
24 done. Probably in retrospect, you know, it would
25 have been more efficient just to do the high

1 exposure matrix, but that's the way we did it.

2 **MR. GRIFFON:** The reason I bring this up is
3 it's something to think about. My theoretical
4 example from yesterday was zero to 1,000 with a
5 mode, and your two may not be so theoretical, you
6 know. It's a --

7 **DR. NETON:** Well, I'd like to sit down --

8 **MR. GRIFFON:** It's something to consider.
9 I'm not saying this is wrong, but --

10 **DR. NETON:** Well, I'd like to sit down and -
11 - and I heard -- I've heard a lot of discussion
12 about the uncertainty in dose distributions
13 yesterday and I'd like to at some point address
14 this issue because I think -- I think -- it's not
15 intuitive how that works with when you start
16 doing all these uncertainties, because remember,
17 there's -- there's many sources of uncertainty in
18 IREP. The input of a dose reconstruction is one
19 of them. Now if you think about it, if the -- if
20 there were no other errors in any of the exposure
21 models and the only uncertainty was in the dose
22 model, what would be used -- what would the
23 result be based on, the 99th percentile of the
24 dose estimate, right? So I'd like to be able to
25 show how it broadens out from there, given all

1 these other uncertainties, and what share of the
2 total uncertainty is based on the risk model --
3 risk model uncertainties versus the exposure
4 model. That's quite variable depending upon the
5 cancer type.

6 **MR. GRIFFON:** I know, we looked --

7 **DR. NETON:** Cancer models that are less
8 certain in some cases, it has dwarfed the --
9 total uncertainty is dwarfed by the uncertainty
10 in the exposure. Or the other way around, the
11 cancer model uncertainty is huge and the exposure
12 -- so I'd like to be able to present that 'cause
13 I think we -- myself included, we want -- I'd
14 like to get a better grip on where this all plays
15 out and --

16 **MR. GRIFFON:** I know, and we looked at that
17 -- a lot of that earlier on when Charles Lamb
18 presented and stuff --

19 **DR. NETON:** Charles did a lot with the
20 uncertainty in the risk models, but we never
21 really coupled it to the uncertainty in the dose
22 estimates.

23 **MR. GRIFFON:** That's correct.

24 **DR. NETON:** And I think it'd be very
25 instructive to go through a few examples,

1 Bethlehem Steel included. If you think about
2 that, that uncertainty spans over three orders of
3 magnitude. That's going to be a big driver in
4 the overall PC value at the upper end.

5 **DR. ZIEMER:** Let me insert here, Jim, is
6 that something that perhaps could be on the
7 agenda for the next meeting, or is that too soon
8 to --

9 **DR. NETON:** I think it could be.

10 **DR. ZIEMER:** -- from your point of view.

11 **DR. NETON:** From my perspective, it wouldn't
12 be --

13 **DR. ZIEMER:** I assume that you're sort of
14 volunteering to present that.

15 **DR. NETON:** After I said that, then I
16 realized that I --

17 **DR. ZIEMER:** Or were you volunteering Mark -
18 -

19 **DR. NETON:** -- probably will have to do
20 that.

21 **DR. ZIEMER:** -- to do that?

22 **DR. NETON:** Yeah. No, I'd be very happy to
23 do it at the next meeting.

24 **DR. ZIEMER:** I think it would be very
25 instructive for us.

1 **DR. NETON:** I think it would be something we
2 really -- in light of what we're talking about
3 with the Special Exposure Cohort and how that all
4 plays out, I think this would be a really --

5 **MR. GRIFFON:** I think we've looked at -- I
6 played a bunch of what-if games, but I'm sure you
7 guys have done a lot more with that than I have
8 so --

9 **DR. NETON:** We've done a lot of that, but
10 it'd be nice to formalize it and present it to
11 the Board and the general public.

12 **MR. GRIFFON:** And just one more question.
13 On the -- there's been some questions about
14 exposures between these trial runs. Have -- did
15 the site profile consider that at all or are you
16 assuming that --

17 **DR. NETON:** Between the trial runs. Well,
18 again --

19 **MR. GRIFFON:** Between the experimental
20 whatever they were --

21 **DR. ZIEMER:** Between the rollings.

22 **DR. NETON:** We identified 13 runs starting
23 in '51 and extending into '52, and they -- they
24 appeared to happen every month. It was about --
25 about a period of about a month. So we just took

1 the entire 48 month contract period and said we
2 don't have any indication of any more than 13,
3 but we gave one every month for 48 straight
4 months, so it was pretty generous.

5 **MR. GRIFFON:** But the -- okay, but I thought
6 it was only -- the exposure -- the intakes were
7 only calculated for those two-day periods.

8 **DR. NETON:** Oh, yeah, I'm sorry, yeah, for
9 48 rollings.

10 **MR. GRIFFON:** My question is, between those
11 -- you know, those other 28 days in the month --

12 **DR. NETON:** Oh, was there any exposure
13 assigned based on residual contamination?

14 **MR. GRIFFON:** Yeah.

15 **DR. NETON:** No.

16 **MR. GRIFFON:** No.

17 **DR. NETON:** We have a document from -- we
18 have several documents that we based this opinion
19 on. One is that -- there was a lot of evidence
20 and uranium was a fairly valuable commodity back
21 then, and there was every effort to bring back
22 the Fernald -- contrary to what we heard
23 yesterday that there was tons of loss --

24 **MR. GRIFFON:** Lot of losses, yeah.

25 **DR. NETON:** -- but I'd like to hear more

1 about that. I hadn't seen that before. And
2 there were also cleanups done after every run.
3 We have a survey at the next to the last rolling
4 in 1952 that was done by the Environmental
5 Measurements Laboratory actually signed by Naomi
6 Halden*, who became Naomi Harley, my -- one of
7 my graduate student advisors at NYU -- indicating
8 that they did a -- the floor cleanup survey and
9 an after-cleanup survey. Both of those surveys
10 had results below what would be releasable
11 contamination levels to the general public by
12 today's standards in Department of Energy. In
13 fact, they did a fairly -- thorough is probably
14 not the best word to use -- a number of surveys,
15 including at the shear area, around the floor and
16 general environments of the rolling mill, which
17 indicated that there was a pretty good control on
18 at least the general vicinity.

19 Now we heard yesterday some sort of
20 discussion about the crane beams. And honestly,
21 I can't address that. There were two separate
22 contamination surveys done, one in 1976 by the
23 FOOS RAP folks, and a follow-up survey done in
24 1980 by Oak Ridge National Laboratory Health and
25 Safety division. Both surveys came back and

1 found -- they did smears and all that and
2 detected no detectable alpha contamination.

3 I can't ascertain from that report that we
4 have whether they went up and looked at the crane
5 beams, so that -- that is an open issue at this
6 time. But we have two surveys from fairly
7 reputable --

8 **MR. GRIFFON:** I guess what it raised was the
9 level -- potential level of airborne that was
10 discussed and also there was the losses that we
11 heard from the public comment yesterday or -- you
12 know.

13 **DR. NETON:** Yeah, we need to follow up on
14 that a little more, whether they were losses or
15 just losses in the production process and they
16 were fine-tuning how much they had to feed in
17 there is not clear to me.

18 **MR. GRIFFON:** Thank you.

19 **DR. ROESSLER:** I had a comment and a
20 question and you've answered by question so I'll
21 just make the comment. I think -- when we did
22 our trip and meeting in Hanford, it -- two things
23 that are of value to Board members were
24 reconfirmed to me. One was -- and both of them
25 are -- thanks to Wanda for setting this up. One

1 was the visit at the museum where we had the
2 opportunity to actually be taken on a tour by
3 people who had worked at the plant during the
4 years of the highest releases and so on. And
5 then the other one was being able to take the
6 tour of the whole site the day after the meeting.
7 I think for Board members, we get a feeling for
8 what you are doing on your site profile by
9 interviewing people or talking to people who knew
10 what was going on at the time. It's very
11 valuable. And then I think for me to actually
12 understand rather in-depth what really took place
13 at Hanford gives me the reassurance that we're
14 putting a whole package together. So I'd I think
15 encourage, wherever we can, to have those tours.
16 I think Bob and Roy will agree with me, they're
17 very valuable.

18 The question was going to be did you follow-
19 up on that list of people that I think I helped
20 generate at the meeting, and you did, and I think
21 that's very valuable.

22 **DR. ZIEMER:** Jim.

23 **DR. MELIUS:** A few comments and questions.
24 The first one, seems to me some of the issues
25 that have come up at Bethlehem is that the

1 process sort of worked backward. You did the
2 site profile and then started to do the outreach
3 for the site profile, so a lot of questions come
4 up and concerns and so we're sort of working
5 backwards to address those. And particularly for
6 these atomic weapons sites, older sites which are
7 no longer -- you know, didn't keep going, many of
8 them are, what, 40, 50 years ago that they were
9 last involved in this effort. And I would urge
10 you -- I mean I think we had an offer yesterday
11 from a gentleman for -- certainly for -- to Linde
12 Ceramics and Simonds Saw that you -- you know, as
13 part of developing the site profile -- set up
14 some meetings with some of the people before the
15 report comes out. I mean the -- and that way get
16 some of that input so -- and questions and
17 concerns and so those can be addressed in the
18 report 'cause I know certainly Linde's a
19 complicated site and I suspect Simonds Saw is,
20 too. And I think it just would be extremely
21 helpful to do that up front rather than -- than
22 this sort of after-the-fact concerns and trying
23 to scramble around and address a lot of the
24 questions that people -- people have, and they
25 certainly can -- you know, as we've seen with the

1 Bethlehem -- really raise some very good
2 questions and very valuable concerns.

3 My other -- I have a similar comment on the
4 -- this construction workers -- this working
5 group you have and I certainly think it's --
6 would be very helpful for you to do that. I
7 think it's a -- is a good effort. But one
8 possibility would also be -- again, before this
9 chapter comes out or as you're about ready to get
10 this chapter out is to get together with a group
11 of -- of people familiar with, you know,
12 construction work at these sites and from -- some
13 of the labor unions and so forth and sit down and
14 go through what you're doing and explaining it
15 and, you know, if questions are raised and
16 comments, I think it would be -- would be
17 helpful, particularly since this is going to --
18 what you do in Savannah River is going to set the
19 pattern for a number -- number of other sites.

20 The other issue that was raised from going
21 through your slides on construction workers is to
22 what extent information from interviews with the
23 workers, their survivors, you know, may -- may or
24 may not be helpful for doing their dose
25 reconstructions. It seems to me that some of the

1 questions you might ask or want to ask may differ
2 and, you know, how you would -- types of
3 information you would want to obtain might --
4 might be very different. And I think it would be
5 worth evaluating that.

6 I think similarly what we heard from Dick
7 Toohey's presentation yesterday, some of our
8 other questions we had was that the -- this whole
9 issue of how the content of the interviews is
10 being -- is used -- to what extent it's useful in
11 doing dose reconstructions under what
12 circumstances. It may be a time to start really
13 looking at -- at that. I think we had the
14 comment yesterday that the -- for survivors, the
15 information that was obtained from the interviews
16 was often not very helpful. Well, maybe we need
17 a different interview -- I mean in fact I think
18 we're seeing to some extent it's being counter-
19 productive. It's upsetting people more than --
20 you know, to a much greater extent than you're
21 getting useful information from it, at least for
22 some individuals, and they're confusing people.
23 And I don't -- I don't think you're necessarily
24 doing a bad job of, you know -- I think there's
25 just a limit to what you can do and then the

1 process is so complicated and -- and difficult
2 for people. So you know, maybe this is the time
3 to start looking at well, maybe we need a
4 different type of interview. And again, you
5 can't have an individual interview for ev-- you
6 know, individual questionnaire or whatever for
7 every person, but I think there are some groups
8 and maybe, you know, for -- you know,
9 construction workers, maybe for survivors, there
10 ought to be a different, you know, questionnaire
11 or different -- different parts of the interview,
12 or maybe you can eliminate parts of it that just
13 really aren't being helpful in doing that. And I
14 really think taking a good look, you know, at
15 that would be I think useful over the -- you
16 know, the longer term for the -- for this -- for
17 our program.

18 Finally, the -- I'm not going to -- I was
19 going to ask you about the incidents in the
20 database and so forth, but maybe -- it would be
21 helpful for me and I hope for the other members
22 of the Board if you could maybe at the next
23 meeting do a short presentation, maybe it's two
24 or three, you know, slides or whatever, just
25 explaining this additional database that you --

1 where you keep these other reports and that are
2 not part of the site profiles, how you're
3 connecting information on incidents that come up
4 in individual interviews at a site, how you're
5 connecting that in so that other dose
6 reconstructors, you know, can -- can get -- have
7 access or at least are knowledgeable about that
8 and so forth. Again, I don't think --
9 necessarily trying to, you know -- the approach
10 you have may be fine. I mean I -- to me -- the
11 natural tendency everybody has when they're
12 reviewing the site prof-- well, why aren't the
13 incidents in there? Well, there may be a good
14 rationale for that, but I guess I'd like to hear
15 it and hear it in an organized way rather than
16 trying to put you on the spot here and --

17 **DR. NETON:** Sure.

18 **DR. MELIUS:** -- and presenting...

19 **DR. NETON:** That's fair. We can do that.
20 Good comments. I agree with a lot of what you
21 said. The difficult thing with construction
22 workers, though, is they're not always self-
23 identified by looking at the Energy Employees --
24 the EE-2 form, or EE-1 form, even. You can see
25 it as a subcontractor, but you know, is that

1 really a construction trade or not is not always
2 obvious at the -- so...

3 **DR. MELIUS:** But it would also seem to me
4 that you're trying to get information on what
5 buildings they worked in or whatever, and they're
6 not -- maybe not know the build-- you know, who's
7 the useful coworkers, the other carpenter that
8 worked with him or is it the production worker
9 that they were working around in that building?
10 I mean it's -- it's --

11 **DR. NETON:** And that's exactly what we're
12 struggling with right now.

13 **DR. MELIUS:** Yeah, and so to whatever extent
14 that comes from the interview or what are the
15 ways of identifying that would be -- that. And
16 again, my past experience dealing with workers at
17 Fernald is -- but the older workers, we actually
18 did all these pictures and diagrams of the
19 buildings and so forth -- even -- these were
20 production worker -- just to, you know, refresh
21 memories as to, you know, what kind of work you
22 did and so forth. It's not always as
23 straightforward as...

24 **DR. NETON:** That's why the CPWR report is
25 very useful. It outlines all the buildings they

1 worked and what they did in these buildings, what
2 tasks and incidents, so where we can, we're going
3 to use that type of information.

4 **DR. ZIEMER:** Additional comments or
5 questions?

6 **MR. GRIFFON:** Just --

7 **DR. ZIEMER:** Mark.

8 **MR. GRIFFON:** -- to follow up on Jim's, if -
9 - you know, I think -- I think it might be
10 covered in the same thing Jim asked for, the
11 presentation of the incident database, is this --
12 this new -- I think newly-established coworker
13 database?

14 **DR. NETON:** Well, right, yeah. There is no
15 real incident database, per se.

16 **MR. GRIFFON:** Right, yeah.

17 **DR. NETON:** This alleged incident database
18 isn't out there.

19 **MR. GRIFFON:** Okay.

20 **DR. NETON:** But we have incident reports and
21 they're interspersed among our general site --
22 site image database, if you will, and I'd be more
23 than happy to talk about what extent we have and
24 how they're treated.

25 **DR. ZIEMER:** Well, and isn't the issue

1 really how are we assured that they get taken
2 into consideration --

3 **DR. NETON:** Right, exactly.

4 **DR. ZIEMER:** -- in a given dose
5 reconstruction, and I --

6 **DR. MELIUS:** And also when you go out doing
7 these meetings with unions, work groups and so
8 forth, how are you -- you know, they're looking
9 for it in a site profile. I mean it comes up all
10 the time, and I think there's some way of
11 describing that process would be --

12 **DR. NETON:** Sure.

13 **DR. MELIUS:** -- be useful in other sites,
14 not just for the Board.

15 **DR. NETON:** The coworker data is a little
16 different issue, but I'd be more than happy to
17 talk, you know, about that, as well. I mean it's
18 -- it's all related to the same thing. We're
19 talking about how does -- how does NIOSH do dose
20 reconstructions for unmonitored workers is really
21 what we're talking about here. If you have
22 monitoring data and we believe it's good
23 monitoring data, the incident reports are not
24 crucial. They're nice to have, but not
25 essential. You know, that kind of thing, 'cause

1 you can -- you can do a lot with good monitoring
2 data. If you have no monitoring data, how do you
3 tie that monitored (sic) person to a monitored
4 worker or an exposure scenario, and then how do
5 you deal with incidents that may have occurred
6 that weren't monitored, and so they are kind of
7 the same issue. And we're working very hard with
8 ORAU right now to flesh this out and I'm more
9 than happy to talk about where we're at with that
10 in the next meeting.

11 **DR. ZIEMER:** Jim, I like the approach you're
12 taking in terms of these trade worker --
13 construction and building trades workers. One of
14 the areas that seems to me is of great concern is
15 -- with all these variables, is identifying the
16 issues of duration of tasks and locations. I
17 think -- I think we've heard pretty repetitively
18 from a number of individuals that they really
19 have been so many places and they couldn't tell
20 you how long they were there. How -- is there a
21 methodology starting to emerge as to how you'll
22 sort of bound that? You're talking about
23 bounding it in some way --

24 **DR. NETON:** Yeah, I think so.

25 **DR. ZIEMER:** -- and what, taking the worst

1 of a number of scenarios and then applying that -
2 -

3 **DR. NETON:** Yes.

4 **DR. ZIEMER:** -- for the maximum time or --

5 **DR. NETON:** Yeah, like -- like everything --

6 **DR. ZIEMER:** -- partitioning it out in some
7 way?

8 **DR. NETON:** Right, like everything we do,
9 it's an iterative process, and we start with some
10 worst-case assumptions and -- and pick the --
11 maybe the highest exposed coworker. And this
12 question came up yesterday, what is a coworker?
13 Well, a coworker can be anything from the highest
14 exposed person on the site down to someone who
15 stood right next to the person as a chemical
16 operator and the spectrum in between. So we'll
17 start at that extreme, take the highest exposed
18 worker at some process, and if we can tie that to
19 the construction worker, the trades person in
20 relation to where that person was and what the
21 exposure environment was for him, and we believe
22 that it is -- adequately represents or
23 overestimates the potential dose to that trade
24 worker, then we will use that. And particularly
25 for these cancers that are -- are non-- what we

1 call non-metabolic, which means that, you know,
2 the internal exposure doesn't concentrate in
3 those organs. So we'll start there and then
4 we'll start working our way down until we get
5 closer and closer and then eventually, you know,
6 we may have to say I don't know. We either can't
7 do this, which is a possibility -- with
8 sufficient accuracy -- or -- so I don't know, but
9 you know, that's what's going to happen. It's a
10 continually iterative process that we use.

11 **DR. ZIEMER:** Jim, thank you very much for
12 your presentation.

13 **ADMINISTRATIVE HOUSEKEEPING**

14 Let's move now to our administrative
15 housekeeping procedures. First let me see if
16 Cori is in the room.

17 **MR. ELLIOTT:** Is Cori here? There she is.

18 **DR. ZIEMER:** Ah -- and now, ladies and
19 gentlemen, Cori.

20 While Cori is pulling her things together, a
21 reminder to the Board members not only to process
22 your travel forms but also to provide your
23 additional preparation hours to Larry -- and to
24 Cori, both, or --

25 **MR. ELLIOTT:** Just me.

1 **DR. ZIEMER:** Just to Larry, okay.

2 **MR. ELLIOTT:** By e-mail.

3 **DR. ZIEMER:** By e-mail is fine.

4 **MS. HOMER:** I don't have much, mostly what
5 Dr. Ziemer has requested. If you could just send
6 Larry an e-mail identifying your time, with a
7 copy to me, that would be helpful. We'd like to
8 get you paid as quickly as possible. If you
9 don't have the voucher forms or envelopes, see me
10 and I have extras.

11 And I guess we can move on to scheduling the
12 next meeting. We are currently scheduled to meet
13 in Idaho Falls next in late August. We have the
14 23rd set aside for a subcommittee meeting if the
15 subcommittee has been established by that time.
16 The 24th and 25th will be the full meeting of the
17 Board and the 26th we have scheduled for a tour
18 of the Idaho National Engineering and
19 Environmental Lab, for those who are interested.
20 And I'll need to know that information as quickly
21 as you can get it to me if you plan on attending
22 the tour so that I can pass the information on to
23 the site.

24 **MR. PRESLEY:** (Off microphone) (Inaudible)
25 show of hands right now?

1 **DR. ZIEMER:** You want a tentative show of
2 hands and --

3 **MS. HOMER:** Sure, absolutely.

4 **DR. ZIEMER:** The number of individuals who
5 are interested in the site tour at Idaho. One --

6 **MR. ELLIOTT:** Let me just offer this while
7 you're considering this. INEEL lab is a very
8 large facility. It's what, I think --

9 **MR. GRIFFON:** An hour.

10 **MR. ELLIOTT:** -- 900 --

11 **MR. GRIFFON:** Oh.

12 **MR. ELLIOTT:** -- square miles or something
13 like that, I don't know, it's huge. There are --
14 it takes you a day for a driving tour to really
15 see it. So that's what you're looking at, and
16 you'll see Argon West in that, you'll see the
17 chem processing plant, you'll see where they
18 developed the nuclear airplane engine, the
19 reactor and where they tested other reactors.

20 **MS. MUNN:** (Off microphone) Is SL-1 still
21 (Inaudible)?

22 **MR. ELLIOTT:** SL-1 is not there. You might
23 see where it was buried, but that's it.

24 **DR. ZIEMER:** The -- we'll be staying in
25 Idaho Falls, I assume.

1 **MS. HOMER:** We will be at the Shiloh Inn.

2 **DR. ZIEMER:** It's approximately 60 miles
3 from the town to the site, so you've got an hour
4 coming and going --

5 **MS. HOMER:** (Inaudible) the morning.

6 **DR. ZIEMER:** -- to start with, yeah, but
7 it's a nice drive. You want a show of hands
8 again? Wanda was a yes, one --

9 **MS. HOMER:** Wanda, Gen, Bob.

10 **DR. ZIEMER:** -- two, three, four -- what
11 about staff?

12 **MS. HOMER:** I can get that.

13 **DR. ZIEMER:** Okay, they'll collect that
14 information separately. Thank you.

15 **MS. HOMER:** Okay. The meeting following the
16 August meeting, if you could take a look at your
17 schedules, I guess first we can determine a
18 location.

19 **DR. ZIEMER:** Since we're toward the end of
20 August, probably the earliest we would want to be
21 meeting would be October, I assume.

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

23 **DR. ZIEMER:** And let's take a look at the
24 October time frames just to see -- identify the -
25 - the bad times, beginning with the week of

1 October 4th. People who have bad -- or
2 unavailable days that week, anybody? Tony,
3 particular days?

4 **DR. MELIUS:** I have -- Tuesday's bad for me,
5 the 5th.

6 **UNIDENTIFIED:** (Off microphone) Entire week.

7 **DR. ZIEMER:** Entire week's bad. Any others?

8 **MS. MUNN:** (Off microphone) (Inaudible) at
9 the end of the week.

10 **DR. ZIEMER:** What was your bad day?

11 **DR. MELIUS:** Tuesday the 5th.

12 **DR. ZIEMER:** 5th, okay. For Idaho you're --
13 many of you will need a full day for travel time,
14 close to it. For their -- subcommittee's -- may
15 or may not meet, but we need to allow a day for
16 that, also.

17 **MS. HOMER:** Okay, 6th, 7th, and 8th?

18 **DR. ZIEMER:** So no matter how you cut it, it
19 pretty well takes a good portion of the week, so
20 there -- looks like two people would have
21 difficulties.

22 **MR. GRIFFON:** Well, this -- we're not
23 talking Idaho here, but I agree, anyway.

24 **DR. ZIEMER:** Oh, I'm sorry, yes. You're
25 not, but I was.

1 **MR. GRIFFON:** We're not going to Idaho
2 twice.

3 **DR. ZIEMER:** No.

4 **DR. MELIUS:** I wouldn't be available the --
5 I'm in Chicago on the 5th, so I can get anyplace
6 fairly quickly.

7 **DR. ZIEMER:** So for example 6, 7, 8, we
8 would have one person missing. Let's look --
9 Larry?

10 **MR. ELLIOTT:** I was just going to anticipate
11 your need to go into the next week, and the next
12 week would not be good for me.

13 **DR. ZIEMER:** Okay.

14 **MR. ELLIOTT:** We couldn't do it on the 12th,
15 13th or 14th.

16 **DR. ZIEMER:** Week of the 18th?

17 **MS. MUNN:** Good.

18 **DR. ZIEMER:** Any -- bad for anybody?

19 **DR. DEHART:** Friday's bad.

20 **DR. ZIEMER:** Friday's bad, earlier in the
21 week's okay. Anyone else? So 18 through 21
22 looks like an open window.

23 **MS. HOMER:** Okay.

24 **DR. ZIEMER:** Let's check the following week,
25 as well, October 25 through 29.

1 **MR. ELLIOTT:** That week wouldn't be good for
2 us, either.

3 **DR. ZIEMER:** Okay. Let's go back then, the
4 week of October 18th and --

5 **MS. HOMER:** Okay. I'll need a --

6 **DR. ZIEMER:** Location. Did we have
7 something in reserve that we were --

8 **MR. PRESLEY:** Do we want to go back into
9 Washington?

10 **MS. HOMER:** There's a number of places we
11 haven't been.

12 **DR. ZIEMER:** Washington, D.C.?

13 **MS. HOMER:** Washington, D.C.

14 **MR. ELLIOTT:** In your past discussions, last
15 meeting you mentioned San Francisco, Amarillo,
16 Washington, D.C.

17 **MR. PRESLEY:** There wouldn't be anything
18 going on in D.C. in October.

19 **MR. ELLIOTT:** Could we decide whether it's
20 the week of the 18th or the week of the 5th?

21 **DR. ZIEMER:** I think --

22 **MS. HOMER:** Did we decide the week of the
23 18th?

24 **MR. ELLIOTT:** It's going to be the 18th?
25 Okay. I missed that, I'm sorry.

1 **DR. ZIEMER:** If we went to Amarillo, there
2 is a site there. Well, San Francisco, same
3 thing.

4 **MR. ELLIOTT:** You should not anticipate a
5 tour of the Pantex site, though.

6 **MR. PRESLEY:** No. Although they do give --
7 they do give...

8 **MR. ELLIOTT:** You won't see much, is all I'm
9 going to say.

10 **MR. PRESLEY:** No, you won't.

11 **MR. ELLIOTT:** You can get a tour, but it's
12 all (Inaudible).

13 **MR. PRESLEY:** (Off microphone) It'll be like
14 a Y-12 tour, you don't see (Inaudible).

15 **DR. ZIEMER:** Any preferences?

16 **DR. ROESSLER:** Washington, D.C.

17 **DR. ZIEMER:** Washington?

18 **MS. HOMER:** D.C.?

19 **DR. ZIEMER:** Yeah.

20 **MS. HOMER:** Okay. Can I have an
21 alternative?

22 **MR. GIBSON:** Congress won't be in session.
23 I mean as far as...

24 **DR. ZIEMER:** Is that good or bad?

25 **MS. HOMER:** Be good for availability.

1 **MR. PRESLEY:** Yeah.

2 **DR. ZIEMER:** Washington, D.C., is that --

3 **MS. HOMER:** Okay. An alternate, just in
4 case?

5 **MR. PRESLEY:** What'd you say, Pantex first?
6 Or what'd you say first?

7 **MS. HOMER:** D.C.

8 **DR. ZIEMER:** San Francisco is another
9 location.

10 **MR. PRESLEY:** D.C. first, then San
11 Francisco?

12 **MS. HOMER:** San Francisco?

13 **DR. ZIEMER:** I'm sure D.C. probably could be
14 arranged. Shall we plan that?

15 **MS. HOMER:** Okay.

16 **MR. PRESLEY:** D.C. first then, San Francisco
17 second?

18 **MS. HOMER:** Uh-huh. As soon as I have
19 something confirmed, I'll let you know.

20 **DR. ZIEMER:** Thank you.

21 **MR. ELLIOTT:** You said which second?

22 **DR. ZIEMER:** San Francisco.

23 **MR. ELLIOTT:** San Francisco second?

24 **DR. ZIEMER:** Well, I didn't -- that was
25 Bob's choice. I didn't hear from the rest of

1 you.

2 **DR. ROESSLER:** San Francisco.

3 **DR. ZIEMER:** Okay.

4 **MR. PRESLEY:** It's pretty out there in
5 October.

6 **DR. MELIUS:** I'm there the week before. I
7 can just stay.

8 **DR. ZIEMER:** We didn't set a date. Do we
9 want to do that?

10 **DR. MELIUS:** What date -- we -- specific
11 days or...

12 **MS. HOMER:** I'll check availability, try to
13 keep the 18th through the --

14 **DR. ZIEMER:** Well, keep the 18th through the
15 what, 20th available.

16 **MS. HOMER:** 18th through 21st.

17 **DR. ZIEMER:** Or through the 21st. 22nd was
18 bad for somebody, right.

19 **MS. MUNN:** Texas, right?

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

21 **MS. MUNN:** I said we decided I can't get you
22 to Texas?

23 **DR. ZIEMER:** No. Well, maybe later.

24 **MS. MUNN:** So we're going to Washington,
25 D.C.?

1 **DR. ZIEMER:** D.C.

2 **MS. HOMER:** D.C. or San Francisco. Most
3 likely Washington.

4 **DR. ZIEMER:** Thank you, Cori.

5 **MS. HOMER:** Okay.

6 **DR. ZIEMER:** Other items?

7 **MS. HOMER:** I have no other items.

8 **DR. ZIEMER:** One other administrative item
9 we need to take care of and that is some Privacy
10 Act information, and I guess Liz is going to --
11 Liz or David -- Liz is going to present that to
12 us. Okay, thank you. Liz.

13 **MS. HOMOKI-TITUS:** This is my first time
14 with one of these, so we'll see.

15 (Pause)

16 Good morning, and thank you for letting me
17 slip into your schedule. We wanted to do a quick
18 --and I hope that it will be quick, which is hard
19 for an attorney -- review of the Privacy Act for
20 you since you all are gearing up to really get
21 into dose reconstructions and also start
22 reviewing the SEC petitions. So this is just a
23 short reminder, and then hopefully I'm going to
24 do a presentation at the next Board meeting for
25 you that's a full discussion of the Privacy Act

1 or bring in one of the Privacy Act expert
2 attorneys that we have on staff.

3 So once again, just a reminder that the
4 Privacy Act applies to not only dose
5 reconstruction reviews that you all are doing,
6 but also to the SEC petitions that you'll be
7 reviewing. And if you have any questions, like
8 John said yesterday, if there's a wart on your
9 end of your nose, give us a call. And here's a
10 phone number that the General Counsel's Office
11 can be reached at, and you can reach us for
12 Privacy Act questions or if you have any
13 questions regarding John's presentation
14 yesterday, this is also the number to reach us
15 at.

16 Just a reminder for you that the Privacy Act
17 prohibits the disclosure of information to third
18 parties unless you have a specific written
19 authorization from the party that the information
20 is about to disclose the information to the
21 specific third party. A general waiver won't
22 work. HHS doesn't allow it. And a reminder that
23 it's the policy of HHS to protect the privacy the
24 best that we can. There are some statutory
25 exceptions that I'll go over with you next time

1 that allow us to share information, but our
2 general rule is to protect it as best we can.

3 On this slide I just want you to note that
4 there are civil and criminal penalties that can
5 be brought against you if you violate the Privacy
6 Act, and the Department won't necessarily defend
7 you in those actions if there's a violation of
8 the Privacy Act -- which could make it even more
9 expensive than just a penalty fine.

10 These are the Privacy Act rules. I know
11 you've seen these before but I just wanted to go
12 over them one more time. When you're speaking to
13 the public, don't speak on behalf of the agency
14 or the Board, but you can share public
15 information that have been Board decisions.

16 Please avoid discussing the merits of
17 individual cases that you'll be reviewing. You
18 will be reviewing a great deal of Privacy Act
19 information and you can't go and share that with
20 outside people.

21 Stick to public information. Please avoid
22 speculating about the identity of either
23 petitioners, claimants or who may be a member of
24 a class.

25 Avoid speculation about dose reconstruction

1 or petition issues. This is very important
2 because people look at you and they look to you
3 for leadership because you are on the Board, and
4 they may assume that something that's a private
5 opinion of you own is something of the Board. So
6 if you are going to speak about these issues, be
7 sure that when it's your personal opinion it's
8 very clear that it's your personal opinion.

9 Please don't try to predict future agency or
10 Board actions. I know it's easy to do. You're
11 sitting around, you may be chatting about
12 something that's coming up for Board
13 consideration. Please don't predict to outside
14 people what you think the Board is going to do
15 about it.

16 Please avoid assisting individuals with
17 their claims or petitions. It would obviously
18 look like a conflict of interest for you to be
19 doing so, and it may also be a violation of the
20 Privacy Act.

21 But please remember that if you do have
22 information specific to a claim or petition, you
23 can be a fact witness. We don't want to keep you
24 from doing that because we know that you have the
25 expertise and we know that you all have worked in

1 these areas.

2 And that's all of my quick reminder
3 presentation for you. Does anyone have any
4 questions right now?

5 **DR. ZIEMER:** Yes, Jim.

6 **DR. MELIUS:** I have a procedural question --

7 **MS. HOMOKI-TITUS:** Okay.

8 **DR. MELIUS:** -- not for you but actually for
9 Larry. It came up with the ethics presentation
10 yesterday also. The counsel's office was telling
11 us to call counsel's office. I guess as the
12 Board, do you want us to go through you or
13 through Cor-- I mean when these issues come up,
14 should we be contacting counsel's office directly
15 or should we be -- how do we -- how do we involve
16 the --

17 **MR. ELLIOTT:** Well, I --

18 **DR. MELIUS:** -- staff?

19 **MR. ELLIOTT:** There's two answers to your
20 question, depending upon what the issue is. If
21 the issue is something on ethics that you have a
22 question about, that's what was offered yesterday
23 by Mr. Condray, to call him or call the -- Liz or
24 David or Rob, who are the legal team assigned to
25 this program. And they'll help get an answer to

1 your question, and I assure you they'll keep me
2 informed of that kind of contact.

3 I think here in Liz's presentation today on
4 Privacy Act, there's another answer to your
5 question, and that is if you're dealing with, you
6 know, a claimant or a -- you know, hearing
7 individual concerns, refer them to me. Refer
8 them to OCAS so that we can assist the claimant
9 with that.

10 If you have a question about how you serve
11 as a special government employee and a member of
12 this Advisory Board with regard to protecting
13 confidential information in a Privacy Act, I
14 think that's a question you want to pose to Liz
15 or the legal team. And again, I think they're
16 going to keep me informed of those kind of
17 contacts.

18 **MS. HOMOKI-TITUS:** We'll definitely let him
19 know.

20 **MR. ELLIOTT:** Does that -- does that --

21 **DR. MELIUS:** Yeah.

22 **DR. ZIEMER:** Any other questions for Liz?

23 **MS. HOMOKI-TITUS:** You can also call both of
24 us and we'll make sure you get in touch with the
25 right person.

1 **DR. ZIEMER:** Thank you, Liz.

2 **MS. HOMOKI-TITUS:** Thank you.

3 **MR. ELLIOTT:** I know these kinds of
4 presentations can be onerous or perhaps not as
5 stimulating as some of the other things we bring
6 before you, but just to remind you, we have to
7 provide ethics training on an annual basis. It's
8 a FACA and a Department policy that we do this.
9 And because, as Liz said, we're about to see you
10 embark upon reviewing individual dose
11 reconstructions and SEC petitions, we felt it was
12 necessary to remind you of the Privacy Act
13 concerns. This is something that we do, as you
14 know, with our staff, we -- and you heard Dr.
15 Toohey remind you yesterday of his -- this is a
16 bee in his bonnet, as well. He and I both share
17 the concern that we have a lot of Privacy Act-
18 related information in our hands, our staff deals
19 with them, and we are constantly reminding
20 everybody of their responsibilities to maintain
21 the confidentiality of this information.

22 **SANFORD, COHEN & ASSOCIATES**

23 **DR. ZIEMER:** Thank you. Next we're going to
24 hear from the Board's contractor, Sanford Cohen &
25 Associates. We're pleased to have -- both John

1 Mauro and Joe Fitzgerald have been here at our
2 meetings this time, and Joe's going to make a
3 presentation just to update the Board on the
4 status of the site profile reviews.

5 **MR. FITZGERALD:** Good morning. Yes, good
6 morning, I'm going to briefly go through the
7 approach and process that we're taking. I know
8 we've covered this in the past, but for the
9 benefit of the members of the public that
10 actually had some questions about our role, I'd
11 like to go through that again. And also this
12 role has been evolving, to some extent, as we've
13 gotten into the site profile reviews. I thought
14 it'd be useful just to touch on those relatively
15 quickly. Also to give you some sense of where we
16 are. This is, again, sort of a D-Day plus 60
17 days, it seems like. So you know, I think this
18 is sort of reminiscent of where certainly NIOSH
19 and ORAU might have been a year or year and a
20 half ago. We're just -- just know enough to get
21 in trouble at this point in terms of the process,
22 but we're just getting into that --

23 **DR. ZIEMER:** Joe, could you move your mike
24 up a little?

25 **MR. FITZGERALD:** Okay. Is that better?

1 Okay.

2 And also some observations going into this
3 thing early on I think would be just useful
4 feedback on what we're learning in terms of the
5 process, and then some sense of priorities and
6 schedule. Of course, you know, we're a support
7 mechanism for this Board and we take our lead
8 from your direction. And certainly our
9 priorities in the profiles that we're looking at
10 are based on -- on -- on that direction.

11 Again, the specific purpose for our role is
12 to support this Advisory Board in doing a
13 independent evaluation of the NIOSH site
14 profiles. And you know, there was a -- sort of a
15 comment last night during the public comment
16 period about, you know, our -- our positioning in
17 terms of conflicts. And let me just reaffirm
18 that to fulfill this role in a adequate way, we
19 do not have any organizational or personal
20 conflicts of interest relative to having contract
21 relationships with DOE, NIOSH or ORAU. I think
22 that was a question that came up last night, just
23 to put that to rest.

24 And again, I think the -- our -- our
25 perspective, just to reiterate from what we

1 talked about last time, is the -- you know, the
2 site profiles, quite frankly, have assumed a
3 level of importance in the dose reconstruction
4 process, probably much more than envisioned in
5 the very early days of the Act and of the
6 implementation. So we take this role very
7 seriously I think, providing a feedback mechanism
8 to this Board and to NIOSH.

9 This came right from the procedures that
10 were approved by the Board, and essentially, very
11 quickly, in terms of the functions and purposes
12 of what this site profile review process is
13 directed at, the first one is completeness. And
14 from the standpoint of completeness, we're
15 looking at what the basis -- the building blocks
16 of the site profiles are. The models are only as
17 good as those building blocks in terms of the
18 information and the data which is reflected in
19 those models. And what we want to do is look at
20 those bases, provide certainly a critique and
21 provide information back to the Board and NIOSH
22 on that.

23 Technical accuracy, again, looking at the
24 data. The adequacy of the data sources, looking
25 at what data sources are being used and whether

1 or not they're complete or not. Consistency of
2 how worker groups are treated from site profile
3 to site profile, again, I think is an important
4 aspect. And of course compliance with the -- not
5 only the laws and the -- and the rules, but also
6 the procedures which guide site profiles.

7 So this is essentially our -- our marching
8 orders in terms of the bases that we're touching
9 in terms of the site profile reviews.

10 Our function is basically a sampling one.
11 Okay? Given the resources, given the intent of
12 this thing, we are looking at how we can frankly
13 sample the site profile performance, how we can
14 actually look at them in a way that will allow us
15 to -- to evaluate and determine the validity and
16 the bases for these site profiles. We're going
17 to rely on the expertise of the team, the site
18 knowledge within that team, secondary
19 documentation and site expert interviews. These
20 are all mechanisms that will allow us to, I
21 think, do the kind of sampling that we have to do
22 and really come up with some kind of sense of the
23 basis for these site profiles and whether or not
24 they are -- are valid.

25 Generic and site-specific perspectives I

1 think is very important at this point. You know,
2 we're playing catch-up, and we're getting into a
3 process that's already under way. I think NIOSH
4 is moving smartly ahead in terms of the site
5 profiles. What we're looking at is to -- even
6 with the very first site profile, Savannah River,
7 that we're looking for, we're not only looking
8 site-specific issues, but also looking at
9 systematic questions -- systemic questions that
10 would have influence across different site
11 profiles. I think it's important to look at
12 those aspects, as well.

13 And I think there's an important aspect that
14 has become more apparent over the last month,
15 which is, you know, the need to certainly have
16 discussions and dialogue with NIOSH and ORAU to
17 understand and to calibrate our review against
18 certainly what their objectives in their process
19 is. You know, our interest, and I think
20 everyone's interest in this room, is to come up
21 with the best representative and definitive site
22 profile. And what we're trying to do is find a
23 way to, you know, make sure that we fully
24 understand what has gone into these site
25 profiles, what the strategy in fact has been, and

1 what in fact has been the approach taken so that
2 we can give a very representative critique.

3 Just wanted to sort of touch on some of the
4 qualifications. You know, to some extent a
5 sampling exercise is not 100 percent verification
6 for sure, and so there are some limitations to
7 what we can do. We're not going to be able to
8 certainly run more than a handful of dose
9 reconstructions sort of as a means to actually
10 see how site profile information is applied. I
11 think that's a very critical aspect of our
12 review, but obviously we can only, you know, take
13 a few datapoints and follow the way the
14 information is actually applied in that context.
15 I think that context is very important. I don't
16 think we can look at the site profile information
17 independent of how the information is used, so I
18 think it would be our intent to actually go
19 through some sampling, you know, of that and to
20 understand better how that -- that information is
21 applied in these cases.

22 The site profile reviews themselves I think
23 are clearly snapshots -- our reviews are
24 snapshots at the time that we look at the site
25 profiles. In a lot of cases -- this has come

1 from our discussions I think with NIOSH and ORAU
2 -- it's clear that some of the issues that are of
3 concern to us were ones that had been picked up
4 in successive site profile reviews. So if we
5 looked at the very first one, Savannah River,
6 some of the issues -- construction workers I
7 think was mentioned -- you know, we picked -- you
8 know, certainly we're concerned about the
9 transient worker/construction worker issues in
10 that particular site profile. And in fact,
11 that's something that was in the pipeline as far
12 as being a consideration that was going to be
13 supplementing that site profile.

14 So you know, we're trying to reflect that
15 this is a moving target. These are improving as
16 we go. And you know, we're sort of looking
17 backwards, to some extent, but we're trying to,
18 in our discussions with NIOSH and ORAU, again,
19 make sure that we have a full picture so what
20 we're bringing back to you is a update
21 perspective, even if the site profile is become a
22 bit historic from that standpoint.

23 In any case -- and again, given the
24 limitations of time and resources, our objective
25 would frankly develop these issues to the point

1 that, you know, we can feel confident that, you
2 know, they're certainly legitimate enough to
3 bring to the Board's attention and hence to
4 NIOSH's from the standpoint of issues that would
5 bear further review, further follow-up. You
6 know, we're not here to provide the answer to
7 you, a recommendation to you. But certainly we
8 want to provide a issue with sufficient basis
9 that certainly further follow-up can be performed
10 by NIOSH and the contractor. So that -- that
11 kind of balancing of, you know, sampling
12 sufficiently enough, working it up as an issue
13 sufficiently enough, having a -- I think a robust
14 dialogue with NIOSH and ORAU sufficient so that
15 when we come back to you we can honestly say and
16 they will have full knowledge that here's
17 something that could bear further discussion or
18 maybe further workup.

19 This is a refinement on, you know, a process
20 that has come about in our look at Savannah
21 River. We recognize that, you know, the first
22 thing we're going to be doing is going into a
23 large body of information and data. And
24 secondly, the only way we can frankly validate
25 some of these issues is to look at secondary

1 sources, and perhaps even probe in a more
2 vertical way information that we feel will
3 provide, you know, further corroboration of the
4 approach that was taken in the site profile.

5 Well, as we discussed at the last meeting,
6 sometimes that will require access to data and
7 people that, quite honestly, aren't going to be
8 forthcoming about some, you know, requests and
9 cooperation by the Department of Energy and other
10 resources. But we didn't want to certainly hold
11 up our review waiting for a lot of this access to
12 be resolved. So certainly what we're trying to
13 do in this so-called phase one review is to look
14 at the documentation, look at the site profile,
15 look at the Technical Basis Documents, available
16 public resources, technical reports, to talk to
17 the authors and the resource people that frankly
18 put these profiles together, who have thought
19 about these models that are in fact reflected in
20 these profiles, and to look at how this
21 information's being used in the site profile. In
22 other words, everything we can possibly do short
23 of necessarily having to access information that
24 may not be readily available in the public
25 domain. We feel that's something we can do in

1 this so-called phase one, and we can get to a
2 point where we can certainly identify issues that
3 we would feel are ones that would certainly be
4 ones we would want to pursue in a second phase
5 that would look at these other sources of
6 information, ones that would validate that in
7 fact these are legitimate issues, ones that we
8 would feel deserve further attention. And that's
9 why we're calling this vertical, so we're going
10 to do some probing on some of these issues, but
11 you know, sort of recognizing that we're looking
12 at 50 years of history at Savannah and certainly
13 a very comprehensive set of TBDs. You know, I
14 think the first process is to screen through and
15 actually figure out where some potential
16 questions or what issues may come about, to -- to
17 certainly open up a dialogue with the site
18 profile authors, with NIOSH and ORAU; to
19 understand better what was behind the decisions
20 on how this profile was put together, and get to
21 a point where we feel pretty comfortable that we
22 can then focus in on the handful of particularly
23 influential questions -- not just, you know,
24 glitches, issues, but ones that would truly have
25 some potential influence on the answer that the

1 profile would contribute to. And that's what
2 we're trying to do. We're trying to focus energy
3 and resources on that which would make a
4 difference, that which would contribute to the
5 process.

6 In terms of status, we have pretty much
7 completed what I would call this first phase of
8 review of the Savannah River site profile. We
9 have of course at the last session compiled a
10 list of -- of datasource needs and access needs
11 for that profile. And again, we're going to
12 certainly need to get to the additional sources
13 of information in order to continue with
14 Savannah.

15 We had a very productive meeting, and I'd
16 like to thank NIOSH and ORAU for -- you know, for
17 taking the time, and it was over three days, to
18 walk through more generically the site profile
19 process as it stands today, and also more
20 specifically to spend time talking to the
21 technical people and the site profile authors for
22 Savannah to, again, understand the thinking,
23 understand the technical basis, and to truly
24 appreciate what I think is a difficult balancing
25 of the technical accuracy and the questions of

1 efficiency which I know this group has looked at
2 very -- very hard, and to understand how that
3 balancing was struck. And I think that was a
4 very useful way to get to that point.

5 We have since put together a preliminary --
6 and this is preliminary. This is sort of our
7 thinking at this point of issues that we'd want
8 to pursue further and have made that -- you know,
9 again, have -- are raising those to the site
10 profile authors and ORAU and NIOSH to basically
11 get some, again, calibration as to the
12 representation on those issues and to understand
13 better what the implications are in terms of
14 validating those in phase two.

15 We have started a first phase review of the
16 Hanford site profile. We're getting into the
17 documentation. We're getting feedback from site
18 experts for Hanford. So we're not going to sort
19 of wait till Savannah River is, you know, baked
20 in the oven and completely done. We know we've
21 gone probably as far as we can go at this point
22 without having access to the additional on-site
23 information, so -- but we're going to go ahead
24 and move on and begin to collect the same
25 information for Hanford. And I think that's

1 probably the kind of sequence we're going to go
2 through. We're going to go as far as we can, as
3 fast and hard as we can, but then go ahead and
4 document that, put it in a form that captures
5 where we came out, and then keep moving. And as
6 we get access to additional information, we'll
7 return and complete the validation and then we'll
8 come back to the Board and report what I think
9 would be fairly mature and well-validated
10 findings that we would then forward. And again,
11 these would be ones that we would have had a -- I
12 think a fairly good chance of -- a fairly good
13 chance of evaluating with the technical input of
14 NIOSH and ORAU.

15 This is some observations. Okay? Again,
16 these are observations of the last 60 days, even
17 less, so they're pretty early observations. As
18 everybody else has probably pointed out, the
19 start-up process is -- is fairly tough. It's
20 ugly, in a sense, because you're -- you're
21 catching up, you're trying to learn. Again, the
22 -- the orientation discussions on the site
23 profile process with NIOSH and ORAU I think was
24 very helpful. But you know, again, we're
25 bringing in new staff. We're trying to orient

1 the staff, make sure that the context of review -
2 - this is kind of a unique review -- is well
3 understood. And we talked about precision versus
4 accuracy, efficiency versus adequacy. You know,
5 these are kind of issues that -- coming from
6 different aspects of health physics and
7 different, you know, careers, I think this is
8 pretty unprecedented. It's one that requires a
9 fairly good understanding of what the context of
10 this -- this review is. And you know, again, we
11 have to accommodate this question of having some
12 but not all of the information.

13 From my past lives, this is a difficult
14 position to be in. It's a humbling position to
15 be in. My former position, I had access to
16 anything I wanted in DOE, so you can imagine
17 trying to ask DOE for information. It's the
18 height of irony for me. But anyway --

19 **MR. ELLIOTT:** Welcome to the real world.

20 **MR. FITZGERALD:** You sort of can say well,
21 we own this place, you know, so don't tell me
22 that can't happen.

23 But anyway, it is a particular challenge and
24 I certainly -- as someone said, I certainly
25 appreciate the real world of trying to extract

1 information and knowledge from the Department,
2 having been inside the Department for decades.
3 It's not easy.

4 We're going to be sort of going single file
5 for Savannah and Hanford. I think partly because
6 we're new, the people are new and I think we need
7 to make sure that everyone is calibrated well on
8 these first couple before we start doing things
9 in parallel. I think ultimately the answer is
10 we're going to have to do these things in
11 parallel, maybe have two teams working side by
12 side going through the site profiles. And I --
13 but I don't -- I certainly don't want to propose
14 that be done until there's a sense of surety that
15 everybody gets it, that everybody understands the
16 context of these reviews and has a chance to be
17 clear on where we're going with it.

18 And you know, the timely access issue, the
19 security clearances, we talked about that last
20 time. They're going to be essential to getting
21 to this validation phase. The interaction with
22 NIOSH and ORAU I think is very important for the
23 Board's sake because I think when we bring these
24 issues to you I think the expectation is that
25 there's -- at least from a technical standpoint,

1 there's a meeting of the minds as far as at least
2 knowing where one disagrees, but you know,
3 certainly to have that perspective pretty clean
4 when we come to you.

5 And what I also would throw in, I think it
6 would be very helpful -- and this wasn't a
7 mechanism that we discussed in great detail --
8 very helpful if there was a way where you could
9 convey -- provide direction to us on issues -- we
10 go to these meetings and hear these issues coming
11 back and forth within the discussions, but a
12 means by which the Board itself can provide
13 input, suggestions, recommendations on issues
14 that we should address as we go. You know,
15 certainly we're in the throes of this in terms of
16 technical reviews within the site profiles, and
17 we can certainly incorporate issues or questions
18 or things that would be useful to get a
19 perspective from the -- being your support
20 contractor from our -- from our work. So
21 certainly that's another avenue of -- of guidance
22 that we can respond to in addition to identifying
23 the priorities and the profiles and what have
24 you. Certainly anything -- and this is more of a
25 real-time thing where certainly we can also

1 respond to that.

2 Schedule -- and again, this is sort of
3 looking forward and -- and within the constraints
4 of the resources that we do have and the
5 approach, this is what seems to be the sequence,
6 based on the sites that were identified last
7 month. And this is kind of roughly where we
8 expect to be. Now this is, you know, not
9 reflecting additional tasks or whatever, but this
10 certainly reflects the priorities that were set.
11 And again, these priorities are your priorities.
12 And I guess I would, you know, want to revisit
13 this at each meeting to say that, you know, if
14 there's a need to reorder these to some -- some
15 extent, to maybe get some place first or --
16 before some other place, that's fine. I mean
17 this is fluid beyond the ones that we're actually
18 involved with at this point. And again, this
19 reflects the fact that we're doing a sampling and
20 some of -- and quite frankly, the largest
21 Departmental sites in terms of history and size
22 are in the first group, so this is going to be a
23 bit slow going at first, given the enormity of
24 the sites and the site profiles that we're
25 looking at. And also the fact that we're just

1 starting this thing up. But again, this would
2 seem to be the sequence.

3 And again, this is a -- just a -- again, a
4 chart representation. I know you can't really
5 read all these little -- little milestones, but
6 essentially, again, they just reflect the two-
7 phased approach and reflects when we would expect
8 to brief you more formally on the findings and
9 where we stand. And that's pretty much the slice
10 of life at this time. If there's any questions,
11 I'd certainly be glad to answer them.

12 **DR. ZIEMER:** Thank you, Joe. Are there
13 questions for Joe at this time? Roy?

14 **DR. DEHART:** Joe, I fully expect that you
15 will be reviewing the source material used by the
16 site experts in developing. Are you going to be
17 seeking out additional site information?

18 **MR. FITZGERALD:** Yes. Yeah, my -- you know,
19 certainly our intent is to seek out site experts,
20 to seek out secondary -- when I say secondary
21 information, I think of that as information which
22 isn't the prime basis for the models used in the
23 site profiles -- to further validate that the
24 basic building blocks for the models are sound,
25 are reflective and, again, it's -- it's looking

1 at the completeness from that standpoint and
2 looking at what is understandably a necessary
3 balancing of, you know, how much of that versus
4 the need to have that, you know, curve fitted.
5 And you know, we're going to be looking at that,
6 and I think that came up yesterday in terms of
7 the so-called sufficiency -- sufficient accuracy
8 issue. And you know, we certainly appreciate
9 that issue, as well, that -- establishing that
10 judgment call, looking at that balancing. I
11 would say that what we're hopefully going to
12 bring back to you is some perspectives on
13 balancing vis a vis what additional sources of
14 information we can bring into the process with --
15 again, with the intent of informing the
16 discussion, informing the process. It's a
17 difficult issue, and I don't envy the position
18 that Larry and his people are in. It's a
19 difficult issue to strike that balance and what
20 we would hope to be doing is constructively
21 raising areas that this group can address in
22 further discussions that might lead to further
23 refinement, further improvements, and to move
24 this thing forward in a very solid way so it's --
25 it's serving the worker -- former workers and

1 serving the process as effectively as possible.
2 I think that's -- that makes for a very robust
3 system, and I like to think my years in the
4 Department of Energy even -- you know, probably
5 the toughest thing is to be audited. I was
6 always on the giving side. But I know -- I know
7 it's a tough position to be in and -- but the 20
8 years that I was involved in trying to do that, I
9 like to think that the Department of Energy, in
10 terms of the safety operations, did move forward
11 -- sometimes faster, sometimes slower, but moved
12 forward and I think it does have a very laudatory
13 effect and it's a healthy -- a healthy thing to
14 have in the process, so...

15 **DR. ZIEMER:** Gen.

16 **DR. ROESSLER:** I want to pick up on the site
17 experts. You mentioned, as part of the site
18 experts, former workers --

19 **MR. FITZGERALD:** Right.

20 **DR. ROESSLER:** -- which I think should be a
21 part of it. Are you planning to talk to the same
22 site experts that the NIOSH and ORAU people have
23 talked to, or do you have means for identifying
24 some of your own that might add additional
25 information or different information?

1 **MR. FITZGERALD:** I would lean more toward
2 trying to bring in new information, not so much
3 to second-guess, but to get some confidence that
4 the picture is a representative picture. And I
5 think we certainly are already identifying people
6 that, you know, have I think very good knowledge.
7 And I think in many cases it's going to serve to
8 make us feel more confident, collectively, that
9 the picture we have is a pretty good picture. In
10 some cases what we're going to find out -- and
11 this has been my experience over decades of
12 dealing with DOE sites -- that you're going to
13 find out that what was on paper and what was
14 represented is not anywhere near what was
15 actually going on. And it's just that sort of
16 back in those times, practices didn't match,
17 procedures did not match, management
18 proclamations did not match what's in the
19 documentation. So I think very much so we want
20 to talk to individuals that can validate that
21 what's -- you know, what's in primary sources of
22 documents, what's in, you know, these reports and
23 profiles, reflects what they would say is the
24 actual practice. And to the extent that we can
25 continue going back to that and marrying that up,

1 I think that increases the confidence that, you
2 know, we have a representative site profile. I
3 think this came up last night in the public
4 discussions that -- it's amazing, you know,
5 people will come up and, you know, say that, you
6 know, even though that was what was written up, I
7 can tell you that, you know, these other things
8 were happening, as well. Or one of -- some of my
9 favorite ones, it took us a long time at Savannah
10 River, for example, to establish that the -- a
11 large group of workers were systematically taking
12 their breaks in the -- in the B* line, you know,
13 and being irradiated while they were having
14 smokes, and that wasn't in the procedures. That
15 wasn't documented and it wasn't part of the
16 record. And it was investigated while I was
17 there and it just turned out that yeah, this sort
18 of ad hoc thing was happening. And of course it
19 was against the rules and wasn't reflected in any
20 documentation, but yet for years apparently this
21 was a practice that was going on. And those are
22 the kind of things I think that there's hardly
23 any other way to pick it up except to get that
24 feedback from workers that can account for what
25 practices had existed, and to some extent where

1 some documentation may exist that just isn't, you
2 know, obvious. They -- they may actually say
3 yeah, Joe Blow actually has all the records for
4 that. And that -- that's happened to me at
5 numbers of sites where it turns out, between
6 contract switches and what have you, you know,
7 the records went over here, and you don't know
8 they went over here because, you know, that was
9 sort of a tribal, you know, legacy and the only
10 way you can find out is to talk to the workers.
11 So -- but I think that would be something that we
12 would like to do, certainly, is make sure that,
13 you know, we can maybe bring in a different group
14 of -- of workers in terms of feedback. And I
15 think it would be very useful to -- to see how
16 that all corroborates certainly what our
17 understanding and picture of the site is. And I
18 think it certainly adds to the confidence level
19 on the -- on the site profiles.

20 **DR. ROESSLER:** I didn't mean to ask such a
21 long question. I do have one other suggestion,
22 and that's I think as we get into the SEC
23 evaluation, we're going to be dealing with terms
24 like sufficient accuracy, and we've been talking
25 about precision. And I come from the old school

1 of having studied radioisotope methodology from a
2 book called Rabinowitz* or something like that --
3 and Paul probably knows this. I have a very -- I
4 have a definition of precision and a definition
5 of accuracy, and in our very early meetings here
6 I think my definition is not what's -- the
7 definition that's being used now. So perhaps at
8 the next meeting I'd like to have somebody give
9 us a little tutorial on what is meant by
10 sufficient accuracy, what -- what is that
11 definition. That's a suggestion.

12 **DR. ZIEMER:** There is -- there is in the SEC
13 rule the working definition for what that means
14 in this case, and it's not from Chase and
15 Rabinowitz, I can assure you.

16 **DR. ROESSLER:** I know.

17 **DR. ZIEMER:** Jim.

18 **DR. MELIUS:** Are all of the issues of access
19 and getting records and all that stuff, are they
20 getting appropriately resolved, are they on their
21 way to being resolved? I...

22 **MR. FITZGERALD:** The way we left it -- and
23 again, I think the Board authored a letter and I
24 quite frankly don't know what the --

25 **DR. ZIEMER:** Well, there's been a memo sent

1 to the Secretary of Energy through Secretary
2 Thompson, and that's somewhere en route. That
3 left -- well, I signed it May 5th and it's in
4 process somewhere. I don't know if we know
5 exactly where it is or -- or do we?

6 **MR. ELLIOTT:** No, we don't know if it's made
7 its way all the way to the Department of --

8 **DR. ZIEMER:** But that's --

9 **MR. ELLIOTT:** -- Energy Secretary, but you
10 have Tom Rollow's commitment at your last meeting
11 that he would stand up and support the access,
12 that the sites would be given authority to
13 provide access. We are working on making sure
14 that the folks that you need to have Q clearances
15 reinstated or new clearances provided, that's --
16 that's -- if we get those names, we can get that
17 into play and we'll bird-dog it all the way.

18 **DR. ZIEMER:** Any other questions for Joe?

19 (No responses)

20 **DR. ZIEMER:** Thank you very much, Joe. We
21 appreciate that status report.

22 While we're on the subject of our
23 contractor, two things. Number one, task number
24 four, which was the task for conducting
25 individual dose reconstructions, an approved

1 task, that was awarded for a six-month period.
2 And they recognize now that, because of the role
3 the site profiles play in that and also
4 availability of actual final dose
5 reconstructions, the task hasn't actually
6 started. But the clock is going. And if -- if
7 we want to be able to continue this, we need to
8 extend the task. That requires a modification of
9 the task, and we can do that -- a no-cost
10 extension -- but it does require action of this
11 Board. And for modifications of this year's
12 tasks, those have to be done by June 14th.

13 **MR. GRIFFON:** Does this require executive
14 session?

15 **DR. ZIEMER:** No, this can be done in open
16 session. All that is required is that the Board,
17 by motion, agree to extend that task for -- for
18 example, by six months. So that it would be in
19 order to consider a motion to extend task four by
20 six months -- no-cost extension. That's task
21 four, individual dose reconstruction reviews.

22 **MR. ESPINOSA:** So moved.

23 **DR. ZIEMER:** And seconded?

24 **MS. MUNN:** Second.

25 **DR. ZIEMER:** Okay. Wanda, did you have a

1 comment, or were you going to make the motion?

2 **MS. MUNN:** No, going to make the motion.

3 **DR. ZIEMER:** Is there discussion on
4 extending task four by six months? Cost would
5 remain the same. Are you ready to vote? And
6 this would put in motion the necessary wheels to
7 get that underway.

8 All in favor say aye.

9 (Affirmative responses)

10 **DR. ZIEMER:** And any opposed say no.

11 (No responses)

12 **DR. ZIEMER:** And any abstentions?

13 (No responses)

14 **DR. ZIEMER:** Motion carries and we will
15 instruct staff -- I guess Martha will handle
16 this?

17 **MR. ELLIOTT:** Yes, and we'll put it into the
18 procurement hands as soon as I'm back in the
19 office tomorrow. Whenever Martha's back in the
20 office, it'll happen.

21 **DR. ZIEMER:** One other open session item
22 dealing with our contractor, and maybe for the
23 benefit of the contractor, remind SC&A that one
24 of the deliverables, according to their original
25 proposal, is a conflict of interest plan which is

1 required under the proposal to be approved by
2 this Board. And although we've talked about the
3 conflict of interest yesterday, Martha reminds me
4 that the actual plan has not been submitted to
5 the Board for our action, so we do need
6 apparently an official conflict of interest plan,
7 John, and we will need to act on that at our next
8 meeting.

9 **DR. MAURO:** I'll take care of that and
10 that'll be in your hands prior to the next
11 meeting.

12 **DR. ZIEMER:** Right, thank you. Also I'll
13 remind you that today in closed session we will
14 review the technical proposal for modification of
15 task three, which is the actual review of the
16 procedures. And that has to be done in closed
17 session.

18 I think that completes the items for SC&A at
19 this point.

20 **BOARD DISCUSSION/WORKING SESSION**

21 Let's move into the Board working session
22 portion. There is one item that's a carry-over
23 from the last meeting, and that is the charter --
24 I think that's the proper term -- for our
25 subcommittee on dose reconstruction. I think --

1 Cori, did you have some comments on this?

2 In the packet under Board discussion
3 documents you will find the revised draft of the
4 charter. This revised draft reflects the changes
5 that were agreed to at the last meeting, and if
6 you'd like, I will step through that, using my
7 red-line copy, and tell you exactly what those
8 changes were -- in case you want to lay this
9 side-by-side with the earlier draft.

10 Does everybody have the copy of the draft?
11 This is called Subcommittee for Dose
12 Reconstruction and Site Profile Reviews.

13 Under "Structure" a second sentence was
14 added in the first paragraph that says now
15 (reading) The membership shall reflect an
16 appropriate balance of Board perspectives.

17 You remember that was an addition that we
18 talked about. (Reading) Members will be
19 appointed or replaced from time to time as deemed
20 necessary by the Board Chair.

21 That issue was also agreed to. And then it
22 was also suggested that we insert information
23 about conflict of interest and here's that
24 sentence, (reading) Conflict of interest
25 requirements shall apply to all Board members in

1 conducting Subcommittee activities.

2 So those are the basically additions to the
3 first paragraph. In the second paragraph there
4 was a question as to whether or not subcommittee
5 members could call a meeting, as opposed to the
6 Board Chair or the Subcommittee Chair. So the
7 second sentence now reads (reading) Meetings may
8 be called by the Board Chair or the Subcommittee
9 Chair, either at their own volition or upon
10 request of a Subcommittee member.

11 So the clarification now is the meeting
12 still has to be called by either the Board Chair
13 or the Subcommittee Chair, to make it clear that
14 the Subcommittee member on their own cannot call
15 a meeting. Okay? That is the change there.

16 The third paragraph -- the whole first
17 sentence is new, to remind everyone that
18 (reading) The Subcommittee is subject to FACA
19 requirements, including open meetings and
20 appropriate announcements in the *Federal*
21 *Register*.

22 Then the wording in the second sentence was
23 modified a little bit to make it clear that
24 Privacy Act issues -- where Privacy Act issues
25 are involved, the Subcommittee may meet in closed

1 session, and this follows the same rules, FACA
2 rules, that apply to the full Board, so that was
3 inserted just for clarification as to the privacy
4 issue matters.

5 Under "Charges", it was suggested that in
6 item five, again, we add the statement taking in
7 -- or the phrase, "taking into consideration
8 conflict of interest matters", so that is an
9 addition to item five.

10 And then in item eight, inserted after the
11 words "prepare responses", the phrase "for the
12 Board's Chair's -- Board Chair's signature" was
13 inserted. And then the very last word was
14 changed from "policies" to "practices", "in
15 accordance with Board practices".

16 So those were the changes that it was the
17 Chair's understanding that we agreed to and are
18 precisely my handwritten mark-up from the last
19 meeting. But if you have mark-ups that disagree
20 with that, this will be the opportunity now. I
21 will ask for a motion to accept this draft -- or
22 revised draft as the structure and charges for
23 the Subcommittee on Dose Reconstruction.

24 **UNIDENTIFIED:** So moved.

25 **DR. ZIEMER:** And seconded?

1 **MS. HOMER:** Dr. Ziemer --

2 **DR. ZIEMER:** And then we will have
3 discussion, right. Cori?

4 **MS. HOMER:** Before you get started on that,
5 can I go through the structure section and make
6 some suggestions?

7 **DR. ZIEMER:** Right.

8 **MS. HOMER:** Under the first paragraph, with
9 the way that you have this written -- and I think
10 I approached this a little bit at the last
11 meeting -- the way that we have to submit the
12 establishment of the charter or establishment of
13 this subcommittee, we identify the specific
14 members. If we identify the Chair and three
15 members at a time, every time the rotation
16 changes, we will have to resubmit the
17 establishment. Administratively, we could be
18 submitting three or four, five or six
19 subcommittee establishments or re-establishments
20 a year if the rotation changes often.

21 I'd like to suggest we go ahead and put the
22 entire committee on as the Subcommittee,
23 identifying specifically at each meeting, or
24 prior to each Subcommittee meeting with a
25 separate attachment or some form or fashion

1 identifying separately who will serve each time.
2 That way administratively we wouldn't have to
3 resubmit an establishment, or change the
4 establishment.

5 **DR. ZIEMER:** So what you're saying is that
6 under -- under FACA rules, every change in the
7 subcommittee --

8 **MS. HOMER:** Uh-huh.

9 **DR. ZIEMER:** -- has to go through -- who has
10 to approve that?

11 **MS. HOMER:** It goes through committee
12 management.

13 **DR. ZIEMER:** Committee management?

14 **MS. HOMER:** Uh-huh.

15 **DR. ZIEMER:** It keeps committee management
16 in business.

17 **MR. ELLIOTT:** If I could help with some
18 clarity here--

19 **DR. ZIEMER:** Yeah, but -- but would not --
20 would you not have to also submit to them the
21 current names or --

22 **MS. HOMER:** No --

23 **DR. ZIEMER:** -- once you do the whole
24 committee?

25 **MS. HOMER:** No.

1 **DR. ZIEMER:** And that's permissible to have
2 the whole committee --

3 **MS. HOMER:** Absolutely.

4 **DR. ZIEMER:** -- as the subcommittee?

5 **MS. HOMER:** Sure. It's been done.

6 **MR. ELLIOTT:** If I could help with some
7 clarity here. The issue is to -- the
8 establishment is the charter, and a charter has
9 to accompany a roster, a roster who have been
10 appointed to that subcommittee. Cori's solution
11 is simply to have the charter that is the Board
12 charter go along with -- or the roster of the
13 Board members go along with this charter so that
14 then you could pick and choose who are going to
15 represent -- be represented on that subcommittee
16 at any given point in time.

17 **MS. HOMER:** Exactly.

18 **MR. ELLIOTT:** Otherwise, each time you
19 change the roster of who's on the subcommittee,
20 you have to reinitiate the establishment by
21 submitting the charter and the new roster each
22 time.

23 **DR. ZIEMER:** Okay. Let me ask a related
24 question then. This immediately raises the issue
25 of what constitutes a quorum.

1 **MS. HOMER:** Well, you have identified that
2 it will be three members plus the Chair. We're
3 still back to the one more than one-half. You
4 would actually need the full Board -- or your
5 full Subcommittee to have one more than one-half.
6 Half is 1.5 of three members. If you're
7 including the Chair of the Subcommittee, it would
8 be four members.

9 **DR. ZIEMER:** Well, I guess I'm asking --
10 maybe I'm asking multiple questions. If we state
11 that the Subcommittee consists of a Chair and
12 three members and the roster is 12 people --

13 **MS. HOMER:** Uh-huh.

14 **DR. ZIEMER:** -- something looks out of
15 whack, so --

16 **MS. HOMER:** And if we -- but if we're
17 identifying in the establishment that we will be
18 selecting out of this roster, for each
19 Subcommittee meeting we'll be identifying three
20 members plus the Chair -- have we identified
21 whether the Chair is voting?

22 **DR. ZIEMER:** In this we haven't --

23 **MS. HOMER:** In this, okay.

24 **DR. ZIEMER:** -- but our practice here is
25 that the Chair votes.

1 **MS. HOMER:** Has been that the Chair does
2 vote.

3 **DR. ZIEMER:** But aside from that, can anyone
4 -- can any of the staff speak to the quorum
5 issue? Does the quorum --

6 **MR. ELLIOTT:** The quorum of the
7 Subcommittee? You mean to have a Subcom--

8 **DR. ZIEMER:** If we say the Subcommittee is
9 the Chair plus three and we have this roster
10 attached --

11 **MR. ELLIOTT:** Right.

12 **DR. ZIEMER:** -- is it understood then that -
13 -

14 **MR. ELLIOTT:** The quorum of the subcommittee
15 must be at least three members --

16 **DR. ZIEMER:** Okay, so it's --

17 **MR. ELLIOTT:** -- of the subcommittee
18 meeting.

19 **DR. ZIEMER:** -- understood that --

20 **MR. ELLIOTT:** One more than half, so you've
21 got four people.

22 **DR. ZIEMER:** -- that any one of the -- any
23 one of the roster can be used.

24 **MS. HOMER:** Yes.

25 **MR. ELLIOTT:** I think it takes another tweak

1 here to say that -- somewhere here to say that
2 members will be rotated through the Subcommittee,
3 and we tie that to the conflict of interest
4 issue. Some -- some meetings you're going to
5 establish the need for the Subcommittee to meet
6 and some people on the whole Board may not be
7 eligible to meet in the Subcommittee because
8 they're conflicted.

9 **DR. ZIEMER:** That's right, that's why we had
10 this --

11 **MR. ELLIOTT:** So we're trying to get at two
12 things here. One, not have to re-establish the
13 Subcommittee each time you change a member on it,
14 and at the same time being able to accommodate
15 the conflict of interest concern and put people
16 into the Subcommittee to do the work that they
17 can do -- if I -- if I made myself clear.

18 **DR. ZIEMER:** Then it appears that this
19 problem could be solved then by saying that --
20 that they'll be selected and they'll reflect an
21 appropriate balance and so on and will be
22 selected from the attached roster.

23 **MS. HOMER:** Yes, perfect.

24 **DR. ZIEMER:** We don't even have to say that
25 the Subcommittee is the Board, we just attach a

1 roster --

2 **MS. HOMER:** That they will --

3 **DR. ZIEMER:** -- which is the Board.

4 **MS. HOMER:** -- be selected from members of
5 the full Board on a rotating basis.

6 **DR. ZIEMER:** Or members...

7 **MR. ELLIOTT:** We don't have to do this. We
8 can -- you can give us three names --

9 **DR. ZIEMER:** No, no, understood --

10 **MR. ELLIOTT:** -- but -- and we'll put in --
11 we have to do a *Federal Register* notice. It just
12 adds to our workload, it adds to our burden --

13 **DR. ZIEMER:** Well, it adds to everyone's
14 burden, that's --

15 **MR. ELLIOTT:** It adds to everyone's burden,
16 so if we can avoid it, that's what we're
17 proposing and suggesting, if we --

18 **DR. ZIEMER:** And it appears to me that the
19 simple way is simply to add a phrase then.

20 **MS. HOMER:** Yes.

21 **DR. ZIEMER:** So it would be at the end of
22 the first sentence, to be three -- three members
23 and a non-voting government representative, to be
24 selected from the attached roster?

25 **MS. HOMER:** Yes.

1 **DR. ZIEMER:** Would that do it?

2 **MS. MUNN:** Wouldn't it fit better at the end
3 of the second sentence rather than the first one?

4 **DR. ZIEMER:** Or it could -- yes, it could
5 come after the second sentence, reflect -- well -
6 -

7 **DR. ROESSLER:** Right after "membership" in
8 the second sentence, "The membership will be
9 selected from the attached roster and shall
10 reflect".

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

12 **DR. ZIEMER:** Okay, the membership shall be
13 selected from the attached roster --

14 **MS. MUNN:** And will reflect --

15 **MR. PRESLEY:** Reflecting an appropriate
16 balance of the Board.

17 **DR. ZIEMER:** If I -- okay. And then we
18 don't have to say anything about members will be
19 appointed or replaced from time to time as deemed
20 necessary --

21 **MS. HOMER:** Absolutely.

22 **DR. ZIEMER:** -- since now everybody is --

23 **MS. HOMER:** Just remove that.

24 **DR. ZIEMER:** -- is a member.

25 **MS. MUNN:** Well, no, you really do.

1 **MR. PRESLEY:** You still do.

2 **DR. ZIEMER:** Well, they're already members.

3 **MS. MUNN:** But you said the membership will
4 be selected from the attached roster.

5 **MR. GRIFFON:** So you still need that, yeah.

6 **MR. ELLIOTT:** Yeah, I think you still need -
7 -

8 **MS. MUNN:** And shall reflect an appropriate
9 balance.

10 **DR. ZIEMER:** Yeah, I know that part. The --

11 **MS. MUNN:** And then you still --

12 **DR. ZIEMER:** -- next sentence --

13 **MS. MUNN:** -- you still need to say --

14 **DR. ZIEMER:** -- members will be appointed or
15 replaced --

16 **MS. MUNN:** You still need to say they will
17 be appointed or replaced from time to time, as
18 deemed necessary.

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

20 **MS. MUNN:** Yeah.

21 **DR. ZIEMER:** That would -- that would be
22 membership on the committee, which is that roster
23 that becomes part -- if the Board membership
24 changed, we would have to go through this --

25 **MR. ELLIOTT:** I think you need this

1 sentence. It also establishes who makes the
2 appointment. Without that, you'd need to add a
3 new sentence, I think, but I think this sentence
4 needs to stay.

5 **DR. ZIEMER:** So would -- based on Cori's
6 recommendation, would someone wish to move to
7 amend by inserting the phrase "to be selected
8 from the attached -- or from the --

9 **MR. ELLIOTT:** You want to take these each --
10 one at a time?

11 **DR. ZIEMER:** Yeah, I want to get them --

12 **MR. ELLIOTT:** Okay.

13 **DR. ZIEMER:** -- from the attached roster,
14 the best word?

15 **MS. HOMER:** Or the below-identified members,
16 because the structure of the --

17 **DR. ZIEMER:** How about the attached roster
18 of Board members?

19 **MS. HOMER:** Okay.

20 **DR. ZIEMER:** How's that? Who moved that?

21 **MR. PRESLEY:** Roy.

22 **DR. ZIEMER:** Roy did. Seconded?

23 **MR. PRESLEY:** I did.

24 **DR. ZIEMER:** Okay.

25 **MR. GRIFFON:** Bob seconded.

1 **DR. ZIEMER:** Okay, we're going to vote on
2 this as an amendment. All in favor of amending,
3 say aye.

4 (Affirmative responses)

5 **DR. ZIEMER:** Opposed?

6 (No responses)

7 **DR. ZIEMER:** Okay. Now we're back to the
8 motion as now amended. You have some additional
9 suggestions, Cori?

10 **MS. HOMER:** I do. Paragraph two, the way
11 this paragraph reads, it lends itself to the
12 impression that the Subcommittee can call the
13 meeting without the government representative
14 being involved. And I'd like to suggest that we
15 add a slight revision to identify that it goes
16 through the government representative, the
17 request to call a meeting.

18 **DR. ZIEMER:** How about a phrase such as
19 "with the concurrence of the government"?

20 **MS. HOMER:** Absolutely.

21 **DR. ZIEMER:** Meetings may be called by the
22 Board Chair or Subcommittee Chair, either at
23 their own volition or upon request of
24 Subcommittee member, and with the concurrence of
25 the -- of the -- what's the proper -- Federal --

1 **MR. ELLIOTT:** Federal representative.

2 **DR. MELIUS:** Designated.

3 **MR. ELLIOTT:** Designated, DFO.

4 **DR. ZIEMER:** Federal representative or --

5 Federal Officer.

6 Motion to insert that?

7 **MS. MUNN:** So moved.

8 **DR. ZIEMER:** Seconded?

9 **DR. MELIUS:** I second.

10 **DR. ZIEMER:** Okay, this is a motion to amend

11 to add that phrase in the second paragraph. All

12 in favor, aye?

13 (Affirmative responses)

14 **DR. ZIEMER:** Any opposed, no?

15 (No responses)

16 **DR. ZIEMER:** Motion carries.

17 **MR. ELLIOTT:** You have additional...

18 **MS. HOMER:** Going back to the first

19 paragraph, if you're going to identify the

20 government rep as a DFO in paragraph two, you

21 might want to revise paragraph one. You have

22 identified a non-voting government representative

23 in paragraph one.

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

25 **DR. ZIEMER:** But he is on the roster of

1 Board members.

2 **MR. ELLIOTT:** If you simply say Designated
3 Federal Official, then that -- in FACA that
4 implies that he can't vote -- he or she cannot
5 vote. They are there as the Designated Federal
6 Official to assist the Board, but not -- they're
7 not a voting member, so it's implied.

8 **DR. ZIEMER:** Do we need to insert in the --
9 well, let me ask you this. Does the Designated
10 Federal Official need to be present at these
11 meetings?

12 **MR. ELLIOTT:** Yes.

13 **DR. ZIEMER:** Yes. Therefore, the
14 Subcommittee consists of the Chair, a Designated
15 Federal Official, plus members. That --

16 **MS. HOMER:** Okay.

17 **DR. ZIEMER:** That would have to be the case.
18 Right?

19 **MS. HOMER:** Yes.

20 **DR. ZIEMER:** Can I take it by consent that
21 we would simply add that in the first paragraph?
22 That's more of a technical change. Without
23 objection, we'll add the phrase "Designated
24 Federal Official" after -- minimum of a Chair
25 plus three members and the Designated Federal

1 Official.

2 **DR. ROESSLER:** And take out that non-voting

3 --

4 **MR. PRESLEY:** Yes.

5 **MR. GRIFFON:** Right.

6 **DR. ZIEMER:** Oh, I -- I missed -- yeah, it's
7 already there, isn't it? Yeah. I'm just going
8 to move that out. Okay.

9 So we'll -- that deletes that other phrase.
10 I missed the fact that it was actually -- the
11 other phrase already referred to the non-voting -
12 -

13 **MR. GRIFFON:** Right.

14 **MR. ELLIOTT:** Are you -- I'm confused here,
15 Dr. Ziemer, are you saying "and the Designated
16 Federal Official" or are you just dropping
17 everything after the parenthetical?

18 **DR. ZIEMER:** Well, I had already inserted it
19 -- we can insert it in place of what was there.
20 That's the -- and -- "and the Designated Federal
21 Official" will replace the phrase that was there
22 so it's more consistent, yes.

23 Okay, Cori.

24 **MS. HOMER:** Okay, paragraph three, second
25 para-- second sentence. It's written (reading)

1 When Privacy Act issues are involved, the
2 Subcommittee may meet in closed session.

3 I'd like to suggest an addition to that
4 clarifying or -- or adding that -- Privacy Act
5 issues are not the only things that you might be
6 meeting in closed session about. If you're going
7 to be acting as a point of contact between the
8 Board's audit contractor and the Board, as
9 identified in charge one, and in charge two you
10 have "Track audit contractor performance", you
11 could be doing independent government cost
12 estimates.

13 **DR. ZIEMER:** So what are the words -- what
14 we want then is when Privacy Act issues or other
15 -- or issues involving confidential matters?
16 What --

17 **DR. ANDRADE:** When Privacy Act or other
18 confidential --

19 **MS. HOMER:** That sounds good. Well, we have
20 very specific reasons that --

21 **DR. ZIEMER:** Well, confidential matters are
22 Privacy Act matters.

23 **MS. HOMER:** Well, we have very specific
24 reasons in the Government in the Sunshine Act for
25 why we can meet in closed session. Maybe we

1 ought not to define this at all very specifically
2 and just go with, you know, what FACA dictates.

3 **MR. GRIFFON:** Right.

4 **DR. MELIUS:** Yes, take out that --

5 **MR. GRIFFON:** Delete the first part of the
6 sentence, yeah.

7 **DR. MELIUS:** Yeah, take out When Privacy Act
8 -- say The Subcommittee may meet in closed
9 session in accordance with --

10 **MR. GRIFFON:** FACA requirements.

11 **MS. HOMER:** Yeah, FACA requirements.

12 **MR. GRIFFON:** Right.

13 **DR. ZIEMER:** So we'd just eliminate Privacy
14 Act issues, since that's not the only thing.

15 **MR. GRIFFON:** Right.

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

17 **DR. ZIEMER:** And the phrase "in accordance
18 with FACA" would take care of it.

19 Okay, without objection, we'll just delete
20 that phrase.

21 **MS. HOMER:** Okay.

22 **DR. ZIEMER:** That will handle it.

23 **MS. HOMER:** All right. Okay, now moving
24 down to "Charges", in charge three it reads
25 "Review, approve and disapprove audit contractor

1 procedures." The Subcommittee can't approve or
2 disapprove for the Board. They can recommend to
3 the Board. They can review and recommend, but
4 they can't approve or disapprove.

5 **DR. ZIEMER:** So what you're saying here is
6 technically -- can -- can the Board authorize --
7 no, it still would have to come back to the full
8 Board.

9 **MS. HOMER:** Yes, uh-huh, it has to come back
10 to the Board.

11 **DR. ZIEMER:** So it could say review and
12 recommend Board action.

13 **MS. HOMER:** Yes, that's -- that's good.

14 **DR. ZIEMER:** Review -- I'll take this by
15 consent since this is a legal issue and we don't
16 have any choice on it. Review and recommend for
17 Board action contractor procedures. Okay. Thank
18 you.

19 **MS. HOMER:** Okay. On number four, it reads
20 "Clarify Board direction regarding technical
21 scope of tasks assigned to the audit contractor."
22 I'd like for you to I guess define for me
23 "clarify".

24 **DR. ZIEMER:** I think when we wrote this it
25 was anticipated that there might be questions

1 about what some Board action meant and that the
2 Subcommittee would try to help the contractor
3 understand what the Board's intent was so that --
4 I guess the question would be can the
5 Subcommittee do that on behalf of the Board. But
6 that was -- that's -- was my understanding of
7 what was -- Mark --

8 **MR. GRIFFON:** Yeah, that --

9 **DR. ZIEMER:** -- or --

10 **MR. GRIFFON:** I guess that was --

11 **DR. ZIEMER:** -- Tony, that -- wasn't that
12 the...

13 **MS. HOMER:** We could -- we could do this --
14 was a suggested -- that we insert "clarify intent
15 of the Board direction".

16 **DR. ZIEMER:** Clarify intent?

17 **MS. HOMER:** Intent. Or the Board's intent
18 regarding direction. Clarify Board's intent
19 regarding technical scope of tasks assigned --

20 **DR. ZIEMER:** Yeah, I think what you're
21 really suggesting is to replace the word
22 "direction" with "intent" --

23 **MS. HOMER:** Intent, uh-huh.

24 **DR. ZIEMER:** -- because that's -- we were
25 using the word "direction" I think to --

1 **MR. GRIFFON:** Right.

2 **DR. ZIEMER:** -- in the way that you're using
3 "intent", but --

4 **MS. HOMER:** Intent.

5 **DR. ZIEMER:** -- if that -- if that makes it
6 clearer, I think -- any objection to that?
7 (No responses)

8 **DR. ZIEMER:** Clarify Board intent regarding
9 technical scope.

10 **MS. HOMER:** Okay. On number five, it reads
11 "Select cases for individual dose reconstruction
12 review consistent with Board procedures". The
13 Board doesn't have written procedures regarding
14 this. That leaves things kind of open for
15 interpretation.

16 **DR. ZIEMER:** But in fact the Board is going
17 to have to develop those --

18 **MS. HOMER:** Yes.

19 **DR. ZIEMER:** -- procedures, so they're -- I
20 think we anticipated the Board would give some
21 direction on that, how -- how we're going to
22 select cases. It's not going to be up to the
23 Subcommittee to do that on their own. The Board
24 will have to have approved procedures.

25 **MS. HOMER:** Will the Board do that prior to

1 the first Subcommittee meeting?

2 DR. ZIEMER: Maybe not, but it -- but we
3 can't -- we can't do the selection of cases --

4 MS. HOMER: Okay.

5 DR. ZIEMER: -- without the procedures.

6 MR. GRIFFON: Right. I mean I -- I was
7 actually thinking that the Subcommittee may take
8 a first crack at these procedures --

9 DR. ZIEMER: Perhaps -- perhaps --

10 MR. GRIFFON: -- but I'm getting ahead of
11 the game.

12 DR. ZIEMER: -- drafting something for the
13 Board to act on, right.

14 MR. GRIFFON: Right.

15 MS. HOMER: And I -- Liz has made a good
16 point, that number five does read select cases
17 for individual dose reconstruction. We would
18 have -- you would, again, have to do that based
19 on Board procedures because they can't select --

20 MR. GRIFFON: Right.

21 MS. HOMER: -- they can't act for the Board.
22 It would have to come in the Board procedures.

23 DR. ZIEMER: Right.

24 MR. GRIFFON: Along with number five, I'm
25 not sure -- I know, Paul, you added "taking into

1 consideration conflict of interest matters". I
2 think that's applicable more to number six than
3 number five. I don't -- I don't really
4 understand what that means for number five. I
5 think it was really panel membership, wasn't it,
6 that we were -- where we were concerned about
7 conflict of interest matters?

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

9 **MR. GRIFFON:** I don't know.

10 **DR. ZIEMER:** -- it's going to depend a bit -
11 - I don't honestly remember, either. I think
12 this has been in there --

13 **MR. GRIFFON:** When I re-read --

14 **DR. ZIEMER:** -- for quite a while. You
15 probably authored it, but I -- I think that we
16 don't want one particular Subcommittee member
17 advocating review of mainly cases from their
18 site, for example.

19 **MR. GRIFFON:** That's fine, leave it in
20 there, then.

21 **DR. ZIEMER:** So there could be that kind of
22 thing, well, I want all the Savannah River Site
23 cases audited or something like that.

24 **MR. GRIFFON:** Maybe that was why, yeah.

25 **MR. ELLIOTT:** I think it also --

1 **DR. ZIEMER:** An individual can't be an
2 advocate in some way for something relating to
3 their site.

4 **MR. ELLIOTT:** I think that's certainly one
5 way this passage could be interpreted. I think
6 another way it could be interpreted is to say
7 that the Subcommittee, when selecting cases for
8 review, has to consider the panel -- the other
9 panel that's going to be assigned those cases and
10 make sure that they don't put the case in front
11 of a panel member that's got a conflict.

12 **DR. ZIEMER:** To select the panel to --

13 **MR. GRIFFON:** I thought that was in number
14 six, but -- and it's fine, it's fine, leave it
15 in.

16 **MR. ELLIOTT:** Well, I think they're tied
17 together, but...

18 **MS. MUNN:** Could we resolve the question
19 with number five by using the word "priorities"
20 rather than "procedures" at this point, because
21 the Board would have had to establish some level
22 of concern with regard to what type of cases we -

23 -

24 **DR. ZIEMER:** Well, I think --

25 **MS. MUNN:** -- want, whether we have the

1 procedures down or not.

2 **DR. ZIEMER:** I think the Subcommittee's not
3 going to be in a position to select cases until
4 the Board -- whether it's priorities or
5 procedures, the Board will have to identify --

6 **MR. GRIFFON:** Yeah.

7 **MS. MUNN:** My thinking --

8 **DR. ZIEMER:** -- in either case.

9 **MS. MUNN:** My thinking was being the Board
10 would be able to identify priorities prior to the
11 time we had developed the procedures.

12 **MS. HOMER:** We really need to do that by
13 procedure --

14 **DR. ZIEMER:** Right.

15 **MS. HOMER:** -- not by policy.

16 **DR. ZIEMER:** Right.

17 **MS. HOMER:** I guess moving on to number
18 eight, it reads "Review correspondence to the
19 Board related to site profiles and dose
20 reconstruction reviews and prepare responses for
21 the Board Chair's signature in accordance with
22 Board practices." I suggest that we -- that the
23 Subcommittee can prepare drafts for the Board's
24 review and discussion during the meetings, but
25 they cannot prepare the letter for Dr. Ziemer's

1 signature without deliberation or at least
2 putting it in an open session 'cause we want to
3 make sure we consider the transparency of
4 everything done.

5 **DR. ZIEMER:** Well, this would be in open
6 session anyway. This -- the Subcommittee would
7 be in open session.

8 **MS. HOMER:** Yes, but again, it has to be
9 deliberated by the Board in full session.

10 **DR. ZIEMER:** But they could prepare a draft.

11 **MS. HOMER:** Absolutely. What we could put
12 is replace the word "responses" with "draft".

13 **DR. ZIEMER:** Okay, let -- there was a
14 question -- two questions on this. Wanda?

15 **MS. MUNN:** Well, I was just going to suggest
16 "issues" rather than "responses", but that's...

17 **DR. ZIEMER:** Jim.

18 **DR. MELIUS:** Seems to me that if we have the
19 Subcommittee only do draft letters, it sort of
20 defeats the purpose of having a Subcommittee.

21 **MR. GRIFFON:** I mean --

22 **DR. MELIUS:** What it means is that all this
23 correspondence is going to have to wait at least
24 two months until we have a full meeting, or
25 whenever the meetings are scheduled, before they

1 can be responded, and I think the intent of
2 number eight was to move some of this along a
3 little bit faster so we can give timely
4 responses.

5 **MR. ELLIOTT:** Cori, does this go to making
6 decisions on behalf of the Board?

7 **MS. HOMER:** Yes, I think it does.

8 **MR. GRIFFON:** That's the same with the
9 intent in number three. That was our intent, was
10 to move some of this work so that it didn't have
11 to wait, you know, the full two months for Board
12 meetings to come back. You know, some things
13 that all the Board agreed could be delegated to
14 the Subcommittee authority, but...

15 **MS. HOMER:** If there -- and I hesitate to
16 even go here, but if the Board gives the
17 Subcommittee written authority to do this, they
18 can.

19 **MR. GRIFFON:** Well, isn't this the written
20 authority?

21 **MS. HOMER:** Well, not necessarily. If -- if
22 -- it is but it isn't, and there's some gray area
23 here. I'm really concerned that the
24 correspondence will be developed in a
25 Subcommittee session and handed over or mailed

1 out prior to the Board going over or even looking
2 at it in some form or fashion. It's kind of on
3 the line for deciding for the Board. It could be
4 put in procedures, if you want to do this.

5 **DR. ZIEMER:** What could be put in
6 procedures?

7 **MS. HOMER:** Reviewing the correspondence,
8 whatever the correspondence is, whether it's
9 letters, memos, reports.

10 **DR. MELIUS:** What if the Subcommittee Chair
11 signed the letter?

12 **MS. HOMER:** It still has to be --

13 **DR. ZIEMER:** Subcommittee Chair I don't
14 think can --

15 **MS. HOMER:** I don't think they can.

16 **DR. ZIEMER:** -- sign on behalf of the Board
17 unless it's the same person, but --

18 **MS. HOMER:** We're back to --

19 **DR. MELIUS:** (Off microphone) (Inaudible)

20 **MS. HOMER:** We could change the word
21 "practices" to "procedures", as we discussed in
22 number five, that the Board is going to -- or the
23 Subcommittee is going to have to operate on
24 written procedures.

25 **DR. ZIEMER:** One of the -- see, one of the

1 issues here would be -- this might look very
2 different to the Board if this is a memo or a
3 letter from a Congressman about a site profile
4 versus an inquiry from -- and I've gotten some of
5 these -- where an individual writes and says I
6 have a concern that somebody worked on this site
7 profile that may have a conflict of interest and
8 I -- I would typically write a letter and say
9 thank you for your letter, that we will ask NIOSH
10 to look at this, and so on. The Board -- this
11 says in accordance with Board practices, and the
12 Board practice is that certain letters come to
13 the Board --

14 **MS. HOMER:** Yes.

15 **DR. ZIEMER:** -- and -- particularly
16 Congressional inquiries.

17 **MS. HOMER:** Yes.

18 **DR. ZIEMER:** The Board has already made a
19 decision that certain kinds of letters which are
20 sort of routine -- and I have some now, and I
21 simply acknowledge thank you for the letter, I
22 will transmit this information to NIOSH or
23 whatever. I think the intent here was that those
24 kind of letters dealing with this can be just
25 handled by the Subcommittee 'cause the Board

1 ordinarily is not going to handle them anyway.
2 And we -- we had put this phrase, "in accordance
3 with Board practices", so that it was clear that
4 certain letters had to come to the full Board in
5 any event. That -- that was the quote -- what we
6 called before "policy" and then we said well,
7 it's not a policy, it's a practice.

8 **MS. HOMOKI-TITUS:** Dr. Ziemer, I think --

9 **DR. ZIEMER:** That's the -- that's the
10 framework for this last thing, it's letters that
11 wouldn't ordinarily come to the Board anyway.

12 **MS. HOMOKI-TITUS:** I think you need to
13 change "practices" to "procedures" and have
14 written procedures approved by the Board that
15 appropriately spell out and limit what letters --

16 **DR. ZIEMER:** What letters go to the Board.

17 **MS. HOMOKI-TITUS:** -- or correspondence that
18 the Subcommittee will deal with.

19 **DR. ZIEMER:** So what you're saying here is
20 if we have the word "procedures" here and then
21 spell out what kind of letters --

22 **MS. HOMER:** Exactly.

23 **DR. ZIEMER:** Okay, well --

24 **MS. HOMER:** If you're just talking about
25 routine correspondence or reports...

1 **DR. ZIEMER:** Okay, I want to get a clear
2 sense of the Board on this issue as to whether
3 you want then the Subcommittee to do this or not,
4 so let's get a motion for changing "practices" to
5 "procedures", and then we would have to at some
6 point develop procedures.

7 **DR. MELIUS:** I so move.

8 **DR. ZIEMER:** It's moved.

9 **MR. ESPINOSA:** Second.

10 **DR. ZIEMER:** Seconded. Now, any discussion
11 on that? Everyone understand the implication?
12 The implication means that there would be a
13 procedure that we would develop on how
14 correspondence to the Board is to be handled, and
15 that's probably a good thing. This includes
16 correspondence to the Chair and to other members.
17 If you get a letter, how are you going to handle
18 it, and we would formalize that. And then at
19 some point if the procedure is that anyone can
20 answer certain types of letters on their own,
21 then the Subcommittee could also handle those
22 types. And any letters that we said always have
23 to come to the full Board, they would still have
24 to come to the full Board.

25 **MS. MUNN:** I would urge that we formalize

1 that in 200 words or less.

2 **DR. ZIEMER:** I'm not proposing that we do
3 that today. That's...

4 Okay, the motion is to change "practices" to
5 "procedures". And that's been seconded. Further
6 discussion?

7 (No responses)

8 **DR. ZIEMER:** All in favor, aye?

9 (Affirmative responses)

10 **DR. ZIEMER:** Opposed?

11 (No responses)

12 **DR. ZIEMER:** Okay.

13 **MS. HOMER:** I only have one more. Under
14 "Changes in Subcommittee Responsibilities" it
15 reads "The Board may -- the Board may at any time
16 add to, limit or remove any of the charges noted
17 above." I'd like to request that you add a
18 statement similar to "Additions, limitations or
19 removal of responsibilities will be made in
20 writing."

21 **DR. ZIEMER:** Let me ask if these -- such --
22 such changes would have to be submitted as a --

23 **MS. HOMER:** Reapproved, yes.

24 **DR. ZIEMER:** So all we're saying here is
25 then that such changes would be made in writing

1 and submitted...

2 **MS. HOMER:** For committee management
3 approval.

4 **MS. MUNN:** Can't we just say in open Board
5 session?

6 **MS. HOMER:** It still has to be submitted to
7 committee management as a change to the
8 Subcommittee charter.

9 **DR. ZIEMER:** This is one of those -- it
10 becomes a charter change, that's what --

11 **MS. MUNN:** All right.

12 **DR. ZIEMER:** -- just as that rotation of
13 members would. All right, such changes would be
14 made in writing and submitted for appropriate
15 approval to --

16 **MR. ELLIOTT:** That's all you have to say.

17 **DR. ZIEMER:** For appropriate approval? Is
18 that agency approval?

19 **MR. ELLIOTT:** I think if you just say -- if
20 you just say appropriate approval, it implies
21 that -- who we have to direct it to.

22 **DR. ZIEMER:** Okay. Without objection, we'll
23 add that as sort of a legal issue. Thank you.
24 Cori, thank you.

25 You now have the opportunity -- we're back

1 to the amended motion which has been multipally
2 (sic) amended so we now act on approval of the
3 document as amended. Ready to vote? Any
4 questions?

5 **UNIDENTIFIED:** (Off microphone) So moved.

6 **DR. ZIEMER:** So moved? No, we already --
7 the motion's already on the floor. We've had a
8 number of amendments. We're now getting back to
9 the original motion, which is the document as
10 amended.

11 All in favor, say aye.

12 (Affirmative responses)

13 **DR. ZIEMER:** Any opposed, say no.

14 (No responses)

15 **DR. ZIEMER:** And any abstentions?

16 (No responses)

17 **DR. ZIEMER:** The motion carries. Thank you.
18 Thank you, Cori, for your input.

19 **MR. ELLIOTT:** And my apologies for all of
20 this, but we need to be very clear in what we
21 take to committee management office and they're
22 going to ask questions about what does this
23 particular passage mean in this charter, how do
24 they intend to act under this, so this helps us.

25 **DR. ZIEMER:** Now -- and this still now has

1 to go forward and get approved before --

2 **MR. ELLIOTT:** Yes.

3 **DR. ZIEMER:** -- we can actually have the
4 Subcommittee meet.

5 **MR. ELLIOTT:** That's relatively a short
6 process, and it'll be in place before your next
7 meeting.

8 **DR. ZIEMER:** Thank you.

9 **DR. MELIUS:** So the Subcommittee can meet on
10 whatever it's -- the 23rd or...

11 **MR. ELLIOTT:** Yes. I think -- don't you
12 agree, Cori, that we will have no trouble moving
13 this through now?

14 **MS. HOMER:** The only -- the only thing that
15 may cause a delay is a lack of procedures.

16 **MR. ELLIOTT:** You mean they may ask to see
17 the procedures before --

18 **MS. HOMER:** They may ask to see the
19 procedures --

20 **MR. ELLIOTT:** -- they sign the charter?

21 **MS. HOMER:** -- before they approve it.

22 **MR. ELLIOTT:** You see how easy it is to fall
23 in a bureaucratic trap?

24 **MS. HOMER:** I'm sorry.

25 **MR. ELLIOTT:** I'm not shooting the

1 messenger, but --

2 **MS. HOMER:** No, I -- you are, but...

3 **DR. ZIEMER:** Well, we'll see what develops.

4 **MR. ELLIOTT:** We'll do our level best to
5 sell this without the procedures in hand, and
6 I'll --

7 **DR. ZIEMER:** And let them know that we won't
8 --

9 **MR. ELLIOTT:** Yes.

10 **DR. ZIEMER:** -- we won't do those items that
11 require --

12 **MR. ELLIOTT:** I'll let them know that you
13 need the Subcommittee to help develop the
14 procedures.

15 **MS. MUNN:** Or at least a working group to
16 develop them.

17 **DR. ZIEMER:** We're overdue for a break.

18 **MS. MUNN:** We certainly are.

19 **DR. ROESSLER:** Agreed.

20 **DR. ZIEMER:** Fifteen minutes.

21 (Whereupon, a recess was taken.)

22 **REVIEW AND APPROVAL OF DRAFT MINUTES, MEETING 23**

23 **DR. ZIEMER:** Okay, we have a carry-over item
24 from yesterday. That is the minutes of the 23rd
25 meeting. I'd like to ask for corrections or

1 additions to those minutes. Roy?

2 **DR. DEHART:** On page 2 of the minutes,
3 members attending, I was inadvertently omitted --
4 or purposely omitted, whatever.

5 **DR. ZIEMER:** Okay, we'll add Roy DeHart to
6 the list of attendees. Thank you, Roy. Other
7 corrections?

8 **MS. MUNN:** On page 50.

9 **DR. ZIEMER:** Yes, Wanda, 15 or 50?

10 **MS. MUNN:** Fifty, 5-0.

11 **DR. ZIEMER:** Fifty.

12 **MS. MUNN:** That second paragraph begins with
13 the sentence that obviously has something omitted
14 from it.

15 **DR. ZIEMER:** The sentence is Ms. Oglesbee
16 said she didn't think she'd mentioned she was the
17 site --

18 **MS. MUNN:** Uh-huh, I -- my --

19 **DR. ZIEMER:** -- and facility at large at
20 Hanford.

21 **MS. MUNN:** My memory is that she was
22 identifying herself as some sort of liaison or
23 representative of some sort on site for some
24 group at that time, but --

25 **DR. ZIEMER:** It may be she was the site

1 facility representative at large or something,
2 it's -- it's right after the word "facility" her
3 title is missing and maybe, Ray, you can go back
4 into the -- Ray will go back and insert the
5 proper word there. Thank you for picking that
6 up.

7 Other corrections? Yes, Jim.

8 **DR. MELIUS:** One thing I'd like to point
9 out. On page 31, next to last paragraph, is Mr.
10 Henshaw presented graphic demonstrations of
11 compensability from a number of perspectives.
12 Unless you were there, I think this could be --
13 future generations might easily misinterpret this
14 and think that our meeting was much more exciting
15 than it was.

16 **DR. ZIEMER:** Graphic demonstrations. I
17 think Mr. Henshaw presented graphs demonstrating
18 compensability.

19 **MR. ELLIOTT:** He does have a dry sense of
20 humor, but I'm not sure it's that wry.

21 **DR. ZIEMER:** We'll change that to graphs
22 demonstrating compensability. Any others?

23 **DR. ROESSLER:** I have a comment on the
24 minutes. It's not a change.

25 **DR. ZIEMER:** Okay.

1 **DR. ROESSLER:** I'd like to reiterate what
2 Dr. DeHart said last time, and it's in the
3 minutes here, even though he wasn't here, that he
4 likes the format of the minutes. I think that
5 our court recorder and Paul or whoever's working
6 on these minutes is doing an excellent job. It's
7 really easy to read and I think they capture very
8 accurately our meeting proceedings.

9 **DR. MELIUS:** Sufficient accuracy.

10 **DR. ZIEMER:** This is primarily Ray's work.
11 Other corrections?

12 I'm going to suggest a -- on page 3, under
13 Dr. James Neton's presentation, the sentence that
14 says at least one interview has been conducted in
15 13,000 cases. Actually there's been quite a few
16 interviews conducted and I think the wording that
17 you have in the body of the report on page 12,
18 which is the same information, it says (reading)
19 To date, 13,000 case have had at least one
20 interview conducted -- which means there have
21 been at least 13,000 interviews. This might lead
22 one to believe there was an interview. So Ray,
23 I'm going to suggest you use the same words as
24 you used in the body of it on page 12.

25 And then I want to ask on that same page, on

1 Neton's report, it's the fourth paragraph dealing
2 with 40 new appointments. Is -- is it physician
3 panels or panel? Is there -- is it considered to
4 be one panel?

5 **DR. DEHART:** A panel.

6 **DR. ZIEMER:** A panel, so everybody that's
7 appointed is appointed to the panel.

8 **DR. DEHART:** Correct.

9 **DR. ZIEMER:** Okay, I just want -- there's
10 another place where it talks about physician
11 panels, and we weren't consistent in here, so I
12 wasn't sure which was the proper -- so it is --
13 this is correct as given here.

14 **DR. ROESSLER:** They break down into
15 different panels later.

16 **DR. ZIEMER:** And then the very next
17 paragraph that says site profiles continue to be
18 developed. Four sites are now covered.

19 **MR. ELLIOTT:** Completed.

20 **DR. ZIEMER:** Is that -- completed is what
21 was meant there?

22 **MR. ELLIOTT:** Yes, I believe it was
23 completed.

24 **DR. ZIEMER:** If no one objects can we
25 substitute the word "completed" there, that --

1 little more clear intent.

2 And Tom -- on page four in Tom Rollow's
3 report in the second paragraph there, efforts
4 underway to improve physician pay and scheduled
5 to attract more physicians, I believe Tom there
6 is also referring to the physician panel and not
7 to DOE. Is it -- that would be correct?

8 **UNIDENTIFIED:** That's correct.

9 **DR. ZIEMER:** I'm going to suggest we add the
10 phrase "to the physician panel" there just for
11 clarity. This is page four, Department of Energy
12 status report, second paragraph. Just add the
13 phrase "to the physician panel" so it's clear who
14 -- what DOE (Inaudible).

15 **MS. MUNN:** That leaves them with three
16 physicians in that whole sentence. You have a
17 15-word sentence, three words are physician.

18 **DR. ZIEMER:** I'm sorry, did you have a
19 comment?

20 **MS. MUNN:** I'm just commenting on all the
21 physicians.

22 **DR. ZIEMER:** In the -- on page eight, and
23 this is -- this is part of the Executive Summary,
24 and sometimes in the Executive Summary, when
25 we're trying to be brief and be concise, I think

1 it's entirely possible for the reader not to
2 understand really what -- what is being said, and
3 at the bottom of page eight the Board discussed
4 and approved the draft of a memorandum to the
5 Secretary of Energy. The Chair was authorized to
6 polish and send the memo. I don't think a reader
7 reading the Executive Summary would have much
8 idea of what that memo was about, and so I'm
9 going to suggest adding a sentence in the
10 Executive Summary that says "The memorandum was
11 intended to alert the Secretary of Energy of the
12 need for Advisory -- of -- for the Advisory Board
13 contractor to have access to DOE sites and
14 records." And then at the top of page nine,
15 after "authorized to polish and send the memo",
16 add "through Secretary Tommy Thompson to the
17 Secretary of Energy".

18 **DR. ROESSLER:** I have a comment on page 50.

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

20 **DR. ROESSLER:** I have a comment on page 15.

21 **DR. ZIEMER:** Okay.

22 **DR. ROESSLER:** It might be just a typo, but
23 I noticed Dr. Melius has a little sort of square
24 bullet by his name. It probably is just an
25 error, but it makes you wonder if there's some

1 special action item or sort of special reason for
2 -- for that little square there.

3 **DR. ZIEMER:** It looks like a little bullet
4 thing. Probably just a -- extraneous mark, is
5 it?

6 **THE COURT REPORTER:** Yes, uh-huh.

7 **DR. ZIEMER:** Yes, we'll remove that. I
8 would point out that on page 14, the item of the
9 four -- same item that was in the Executive
10 Summary, four DOE sites now covered then would be
11 "completed" on site profiles. It's the third
12 paragraph on page 14.

13 **DR. MELIUS:** Ray, you're doing a great job
14 except for these hundreds of little things that
15 we're going to be picking apart over the next few
16 hours.

17 **DR. ZIEMER:** Any others? Motion to approve
18 with these changes?

19 **MS. MUNN:** So moved.

20 **MR. ELLIOTT:** Wanda moved.

21 **DR. ZIEMER:** Okay. Seconded, was it?

22 **DR. DEHART:** Second.

23 **DR. ZIEMER:** All in favor, aye?

24 (Affirmative responses)

25 **DR. ZIEMER:** Any opposed?

1 (No responses)

2 **DR. ZIEMER:** Motion carries. Thank you. I
3 believe that we have completed the open session
4 items for today.

5 **BOARD DISCUSSION/WORKING SESSION**

6 Let me, though, ask -- does anyone have any
7 other items that we may need to discuss?

8 **DR. MELIUS:** I just have one -- is it your
9 intent to appoint the Subcommittee? I mean I
10 don't know what sort of the steps are with this -
11 -

12 **DR. ZIEMER:** Yes --

13 **DR. MELIUS:** -- we have the charter --

14 **DR. ZIEMER:** The Subcommittee under this new
15 charter -- the charter has to be approved, and
16 then every member of the Board will be on the
17 Subcommittee.

18 **DR. MELIUS:** Yeah.

19 **DR. ZIEMER:** Okay.

20 **DR. MELIUS:** And then is your intention to
21 select members --

22 **DR. ZIEMER:** That's a very easy selection
23 process.

24 **DR. MELIUS:** Well --

25 **DR. ZIEMER:** But then we will select the --

1 whoever's going to meet the first time and so on,
2 we will have to do that.

3 **DR. MELIUS:** Okay.

4 **DR. ZIEMER:** I will. That's --

5 **MR. GRIFFON:** First meeting is supposed to
6 be at the next Board meeting.

7 **DR. ZIEMER:** Right, and that will be
8 dependent on the approval of the charter.

9 **MR. GRIFFON:** Okay, but will everybody go
10 then until we know the -- the appoint--

11 **DR. ROESSLER:** In other words, do all of us
12 have to be there on the 23rd? No. Okay.

13 **DR. ZIEMER:** We don't all have to be there
14 on the 23rd and it would be the Chair's task to
15 appoint those. I would like to get an indication
16 -- see, since everybody's on, we can -- can move
17 things around as needed, but I would like to get
18 an indication of those who have a specific
19 interest in being on that subcommittee. But --

20 **DR. ROESSLER:** The whole Board.

21 **DR. ZIEMER:** Okay. Well, let's do it the
22 easy way. Who's not interested in being on the
23 subcommittee?

24 **DR. MELIUS:** For the next meeting.

25 **DR. ZIEMER:** For the next meeting.

1 **DR. MELIUS:** Next meeting I wouldn't be.

2 **DR. ZIEMER:** Next meeting Jim, Roy --
3 everyone else is available to participate. Okay.
4 Thank you.

5 Other items that need to come before us in
6 open session?

7 **MR. ELLIOTT:** Just so I have some clarity
8 here, what's the intent here of the Board for
9 their Subcommittee meeting in Idaho? Do you --
10 are you going to wait until we see the charter
11 approved and then appoint the Chair for the
12 Subcommittee and the three members for the next
13 meeting? Do you want to do it today? You can do
14 it today. What do you want -- what's your
15 pleasure?

16 **DR. MELIUS:** Can I just -- I think -- I
17 don't -- just general spirit of doing things in
18 open session and so forth, I think we ought to at
19 least try to get that finalized today in open
20 session and make a decision, are we going to do a
21 meeting -- you know, obviously pending approval
22 of the charter, you know, who's -- and who's
23 going to be at the meeting, you know, for the
24 next -- and probably ought to be some discussion
25 of the --

1 **MR. ELLIOTT:** Charge for that --

2 **DR. MELIUS:** Charge and --

3 **MR. ELLIOTT:** -- working session of that
4 Subcommittee.

5 **DR. MELIUS:** -- yeah, and agenda kinds of
6 issues.

7 **DR. ZIEMER:** Let me also ask, in terms of
8 that charter, and since the whole group is listed
9 on the roster, are we restricted to the -- are
10 the numbers a minimum for operating the
11 Subcommittee and can more attend if they're
12 desirous of attending? Is Cori --

13 **MR. ELLIOTT:** Did -- we need -- perhaps
14 revisit the charter language that you just agreed
15 upon. Does it say a minimum of three members and
16 a Subcommittee Chair?

17 **MS. MUNN:** Yes, it does.

18 **MR. ELLIOTT:** It does say minimum. Okay,
19 then --

20 **MS. MUNN:** It does say minimum.

21 **MS. HOMER:** Keeping in mind that this is an
22 open meeting.

23 **MR. ELLIOTT:** It is an open meeting.

24 **MS. HOMER:** So anybody can attend. If one
25 of the members of the full Board wishes to attend

1 and is not a member of the Subcommittee, I'm not
2 sure how we would approach that.

3 **MR. ELLIOTT:** We have to be careful of how
4 they participate.

5 **MS. HOMER:** Yes.

6 **MR. ELLIOTT:** We have to be careful of if we
7 have more than six members of the Board or more
8 in the room, then we've got a quorum of the full
9 Board and it's not a Subcommittee meeting now,
10 it's a meeting of the full Board.

11 **MS. HOMER:** There's a number of issues that
12 we have to deal with.

13 **MR. ELLIOTT:** So you are somewhat
14 constrained.

15 **MS. HOMER:** Do you want to increase the
16 membership?

17 **DR. ZIEMER:** No.

18 **MS. HOMER:** Okay. Well, here's a
19 suggestion. If you have preliminary work that
20 has to be done before the Subcommittee can meet,
21 you can build a workgroup to address specific
22 issues.

23 **DR. ZIEMER:** Right, and -- and really what
24 has to be done -- one thing we don't know is
25 whether those procedures are going to be required

1 for the approval --

2 MS. HOMER: That's true.

3 DR. ZIEMER: -- of this document. And one
4 of the first things that will have to occur is
5 the development of those procedures.

6 MS. HOMER: Yes.

7 MR. GRIFFON: I was -- I was just going to
8 suggest that if we can appoint a Subcommittee
9 today, then prior to the next meeting that those
10 same individuals could act as a working group and
11 develop some --

12 DR. ZIEMER: Well --

13 MR. GRIFFON: -- you know, flesh out those
14 drafts for that meeting so we'd have something in
15 place.

16 MS. HOMER: And you can certainly add more
17 individuals if more are interested in
18 participating on that workgroup.

19 DR. ZIEMER: Right.

20 MR. GRIFFON: Right.

21 MR. ELLIOTT: Up to six.

22 MS. HOMER: Uh-huh.

23 MR. ELLIOTT: No more than six.

24 DR. ZIEMER: Okay.

25 DR. MELIUS: Can I -- I -- I think for the -

1 - I mean the idea -- part of the idea with the
2 Subcommittee was we'd have a smaller group that
3 would -- would meet and would delineate their
4 tasks. I'm assuming we're not going to change
5 the membership of that Subcommittee for every
6 meeting, and particularly not for -- the changes
7 in membership may have more to do with conflict
8 of interest issues and so forth as things being
9 considered, so for the first few meetings there
10 should be, I would hope, a consistent membership.
11 You know, people willing to spend that time, you
12 know, recognizing there'll be more meetings. One
13 of the reasons I didn't want to get on initially
14 is I, you know -- or volunteer to be on it
15 initially is I've got a very busy schedule for
16 the next few months and wouldn't be available.
17 So I think, one, if we could establish that
18 Subcommittee, however we need to do that.
19 Secondly is then define these workgroups to get
20 some product that they can, you know, work on and
21 review since we're in this sort of awkward stage
22 until our charter is in place so that -- then
23 coming into the meeting -- the next meeting of
24 the full Board, after the Subcommittee meeting,
25 then we could approve those and get --

1 **MR. GRIFFON:** Keep things moving.

2 **DR. MELIUS:** Yeah, keep things moving.

3 **DR. ZIEMER:** Right. Okay. So I -- I think
4 the consensus is the Board would like to have
5 identified an initial Subcommittee that might
6 work as a working group at the next meeting to
7 develop procedures.

8 Let me see the hands again -- all of you
9 raised your hands along here --

10 **MR. GRIFFON:** Interested or not interested?

11 **DR. ZIEMER:** I'm going to ask Mike if he'll
12 serve.

13 **MR. GIBSON:** Yes.

14 **DR. ZIEMER:** Got to get some -- some spread
15 of -- medical, is --

16 **DR. DEHART:** If you're desperate.

17 **DR. ZIEMER:** Is Henry the on--

18 **DR. DEHART:** Henry's -- Jim and I and Henry
19 are the three physicians.

20 **MS. MUNN:** Henry's not here, put him on.

21 **DR. DEHART:** I leave for Africa the day
22 after the Board meeting, so I'm trying not to
23 commit too many days there.

24 **DR. ZIEMER:** I'm going to tentatively ask
25 Henry to be on this. Mark, Tony -- one, two,

1 three, four. We're not over-weighted. I think I
2 would like to put myself on this initially.
3 We're perhaps heavy on the health physics side,
4 but we do have -- is the -- would the committee
5 be comfortable with that kind of a mix?

6 **DR. MELIUS:** Yeah, I actually think more of
7 the tasks early are going to be health physics
8 and -- and review procedures -- not that
9 physicians can't contribute, but...

10 **DR. ZIEMER:** Well, I want to be mindful of
11 the need for some balance here, as well --

12 **DR. MELIUS:** Yeah. No, I know, I'm not
13 being -- but... I think more health physicists
14 is better than more physicians, anyway, but...

15 **DR. ZIEMER:** So to get underway I will
16 designate those five individuals --

17 **MS. HOMER:** Okay, I have those names.

18 **DR. ZIEMER:** -- we're okay doing five -- as
19 the Subcommittee, and the Chair --

20 **MS. HOMER:** Five as the Subcommittee or the
21 workgroup?

22 **DR. ZIEMER:** This will serve as a workgroup
23 --

24 **MS. HOMER:** Okay.

25 **DR. ZIEMER:** -- at the initial meeting, but

1 will become the Subcommittee once we're
2 chartered.

3 **MS. HOMER:** Okay.

4 **DR. ZIEMER:** And the Chair will exercise the
5 prerogative of chairing this group initially, and
6 Larry will be there as the Federal guy. The
7 Federal guy, doesn't that have a certain ring to
8 it?

9 **MR. ELLIOTT:** Looking forward to the extra
10 travel, thank you.

11 **DR. ZIEMER:** If we meet as a workgroup,
12 Larry, we don't need any Federal guys, I think.

13 **MS. HOMER:** We still need a technical
14 person.

15 **MR. ELLIOTT:** We'll still have a --

16 **DR. ZIEMER:** Need somebody there.

17 **MR. ELLIOTT:** -- technical representative
18 for you, if not me --

19 **DR. ZIEMER:** Got to have a Federal guy.

20 **MR. GRIFFON:** I was going to recommend that
21 if -- if it's possible if we can meet before the
22 August meeting in Cincinnati where we had access
23 to the database and we could talk more about our
24 selection process and the matrix and --

25 **DR. ZIEMER:** As opposed to meeting the day

1 before?

2 **MR. GRIFFON:** Well --

3 **MR. ELLIOTT:** You want that, too?

4 **MR. GRIFFON:** -- the day before, in Idaho,
5 we wouldn't have access to that -- that material,
6 so I don't know, it's just an option. It's a lot
7 more travel, I know, I understand.

8 **DR. MELIUS:** What if the workgroup did some
9 sort of a meeting -- I don't know whether it'd
10 have to be in person or on phone -- ahead of
11 time, then if possible do a Subcommittee meeting
12 in --

13 **MR. GRIFFON:** Idaho.

14 **DR. MELIUS:** -- Idaho. I'm just concerned
15 that this case selection -- some of these issues
16 are going to have to be -- we have to really get
17 moving on them 'cause --

18 **MR. GRIFFON:** Right.

19 **DR. MELIUS:** -- then we have to go into this
20 task order issue and that just takes time, and
21 again, we've lost the deadline for this fiscal
22 year, but we're going to have to get stuff ready
23 to get going next fiscal year.

24 **DR. ZIEMER:** How critical is access to the
25 actual database as --

1 **MR. GRIFFON:** Well, I just -- before Russ
2 left I talked to him and he -- he's pulling the -
3 - you know, he's -- he's going to query and pull
4 together some of the stuff that I requested, but
5 --

6 **DR. ZIEMER:** But that's --

7 **MR. GRIFFON:** -- if we were there and asked
8 --

9 **DR. ZIEMER:** -- that's summary data. Right?

10 **MR. GRIFFON:** Yeah, right, right.

11 **DR. ZIEMER:** Right.

12 **MR. GRIFFON:** But if we were there and asked
13 them -- like for instance, the -- if we select a
14 parameter that's impossible for NIOSH to sample
15 against in the database, we're not going to get
16 anywhere, you know. So I think it -- maybe we --
17 you know, as long as we had a good description of
18 all the parameters, maybe we can --

19 **MR. ELLIOTT:** I think there is merit to
20 meeting in Cincinnati for the Subcommittee or the
21 working group, and certainly Russ is working on
22 the parameters that you spoke to him about. He
23 told me this morning before he left that he
24 anticipated he would have that all prepared and
25 ready by the end of the month -- end of June

1 here.

2 **MR. GRIFFON:** Right.

3 **MR. ELLIOTT:** And as you sit down and look
4 at that, I think if you had additional queries or
5 additional con-- you know, thing-- variables you
6 wanted to -- to have drilled down into in the
7 dataset --

8 **MR. GRIFFON:** Exactly.

9 **MR. ELLIOTT:** -- you could do that there,
10 whereas --

11 **MR. GRIFFON:** We could do that on -- on-
12 site, right? That's what --

13 **MR. ELLIOTT:** You could do that on-site.

14 **MR. GRIFFON:** Then we can...

15 **MR. ELLIOTT:** Additionally, you could -- as
16 a working group, you know, you don't have to have
17 a -- it's not a public meeting, so you can do
18 that in our shop --

19 **MR. GRIFFON:** Right.

20 **MR. ELLIOTT:** -- right there with NOCTS and
21 see, you know, live, final cases, too, if you
22 wanted to examine the content of a dose
23 reconstruction case file.

24 **DR. ZIEMER:** And we can work on a date
25 separately and let's go ahead and plan that then,

1 a Cincinnati meeting for the workgroup. And Roy,
2 if Henry is not available -- and this meeting
3 would be earlier than the Idaho meeting -- can we
4 put you down as a backup, sort of the medical
5 end?

6 **DR. DEHART:** Fine.

7 **MR. GRIFFON:** Could we -- I don't know if we
8 -- are we -- do we need to wait and see where
9 Russ is at or can we pick a tentative date for
10 that -- I mean I think it's going to be the end
11 of July probably, or...

12 **MR. ELLIOTT:** Well, I think you --

13 **MR. GRIFFON:** Or the end of August?

14 **MR. ELLIOTT:** The end of August is when
15 you're going to be in Idaho --

16 **MR. GRIFFON:** Right.

17 **MR. ELLIOTT:** -- and I think you should try
18 to pick a date today, if you could, so that --

19 **MR. GRIFFON:** That's what I mean, I --

20 **MR. ELLIOTT:** -- we could -- I'm sure Russ
21 will have his piece together by the end of the
22 month here and we'll have the DOL input to that
23 so we'll know what the set of final adjudicated
24 cases are.

25 **MR. GRIFFON:** That's what I'd like to --

1 yeah.

2 **MR. ELLIOTT:** And if you could identify a
3 date that doesn't, you know, present a conflict
4 for us, we could put that on the calendar and get
5 it set.

6 **DR. ZIEMER:** We're going to have to get
7 Henry on the phone, though, separately, so I
8 think -- we don't have to do that necessarily in
9 open session, do we --

10 **MR. ELLIOTT:** No.

11 **DR. ZIEMER:** -- pick that date? We just
12 need to find a mutually agreeable date amongst
13 the individuals who will do that.

14 **MR. ELLIOTT:** You don't have to set the date
15 today. I didn't mean that. But you should --
16 I'd like for you to do it soon, if you could.

17 **MS. MUNN:** And isn't the working group also
18 going to put together a draft of a procedure,
19 too, for us?

20 **DR. ZIEMER:** That will be part of the task --
21 -- basically be working on procedures in this
22 process, right -- procedures called for in the
23 charter.

24 Okay. Thank you. Any other items that we
25 need to deal with today? If not, I'll declare --

1 **MR. GRIFFON:** Can I -- one more -- one more
2 item. I just wanted to -- to get on our action
3 items, I guess, for our Board that at some point
4 down the line we work with NIOSH or have a
5 discussion or get a chance to comment on the
6 procedures for SEC --

7 **DR. ZIEMER:** Yes, in fact --

8 **MR. GRIFFON:** -- tied to the SEC rule --

9 **DR. ZIEMER:** -- I think that is actually a
10 requirement in -- in the -- is it in the rule
11 itself mentions that we will --

12 **MR. GRIFFON:** Review and approve? Does it
13 say -- I don't know if it says that.

14 **MS. MUNN:** That we will what?

15 **MR. ELLIOTT:** Well, the procedures are what
16 they are as approved all the way through OMB, so
17 you can certainly comment on it. We'll consider
18 those, and as we need to, we will make the
19 changes.

20 **DR. MELIUS:** I think we're referring to the
21 guidelines, though.

22 **MR. ELLIOTT:** There is no such thing as
23 guidelines.

24 **DR. MELIUS:** Guidance, what --

25 **MR. ELLIOTT:** Guidelines. What -- we're

1 talking procedures. Procedures is a term.
2 Guidelines leaves us too open to be flexible.
3 Procedures will be followed, so these are --
4 these are administrative procedures or
5 implementing procedures for the SEC.

6 **DR. ZIEMER:** Yeah, actually I think in the -
7 - the preface, what's the proper term for --

8 **MR. ELLIOTT:** Preamble.

9 **DR. ZIEMER:** Preamble -- the preamble
10 actually mentioned that there would be that
11 approval process, but then went on to point out
12 that these procedures have become a part of the
13 document itself. But we certainly want to see
14 those and have an opportunity to react to them.

15 **MR. ELLIOTT:** And I apologize for them not
16 being provided here at this meeting, or not being
17 on our web site. We fully intended to load the
18 *Federal Register* notice of the rule on the web
19 site and, companion to that, these procedures.
20 And we had some final scrubbing to make sure we
21 had attended to all comments on those within the
22 review and comment that we receive from other
23 departments in administration, as well as OMB,
24 and so we didn't get that done in time. They
25 were busy working on it last night/this morning

1 and I was hoping to be able to present a copy to
2 you before we left here today, but I can't do
3 that just yet, so...

4 **PUBLIC COMMENT**

5 **DR. ZIEMER:** Okay. Thank you. We have the
6 public comment period. I only have one request
7 for comment today, which is from Ralph Krieger
8 from PACE. Ralph?

9 **MR. KRIEGER:** (Off microphone) (Inaudible)
10 but I think it's most important that all of you
11 understand what you're doing.

12 **THE COURT REPORTER:** Could you use the mike?

13 **MR. KRIEGER:** (Off microphone) It's not a
14 joking --

15 **MR. ELLIOTT:** Use the mike, please.

16 **MR. KRIEGER:** It's not a joking matter that
17 you were assigned to do this -- this purpose of
18 dose reconstruction. You are representing your
19 American workers. That's who you're
20 representing, make no mistake. They're
21 taxpayers, all of them. Many of them were World
22 War II and veterans on other wars. They
23 sacrificed their lives. Yours is a daunting
24 task. It really is. As are we to you in the
25 Federal connection. You're charged with the duty

1 of finding out what the doses, what causes the
2 cancer, what types of cancer. That's what your
3 task is, so you can get it to the proper people
4 in Washington who are administrating (sic) this
5 program. That's a daunting task. Do not take it
6 lightly.

7 I'm an elected official. I'm vice president
8 of the amalgamated groups. I've got
9 environmental groups. My duty is to my
10 membership. That's why I stand before you today.
11 Do not take your task lightly.

12 I would recommend to the Board that you send
13 some people to Albany and you get -- go through
14 the files down in Albany, and this is --
15 (reading) the State Assembly -- the Assembly,
16 State of New York. Federal Connection, a History
17 of the U.S. Military Involvement in the Toxic
18 Contamination of Love Canal and the Niagara
19 Frontier Region, January 29th, 1981. An interim
20 report to New York State Senate, Assembly Speaker
21 Stanley Fink, New York State Assembly, Toxic
22 Tests -- Test Work on Toxic Substances, Volume I.

23 Forgive me, I forgot my glasses. It's page
24 151.

25 (Reading) Finding: Survey of workers at

1 various Manhattan Project and Atomic Energy
2 Commission plants in the Niagara Frontier region
3 were, due to the primitive Federal standards and
4 inaccurate protection, exposed to excessive
5 levels of radiation. Introduction: Over the
6 years of the Manhattan Project and the early
7 Atomic Energy Commission operations, many New
8 York workers were exposed to excess levels of
9 radiation. In many cases the workers were not
10 made fully aware of the hazards involved with the
11 radiation -- radioactive substances, particularly
12 due to the secrecy of the projects, particularly
13 because of the research on radiation effects had
14 not significantly considered the long term
15 effects on human beings. In 19-- in the -- in
16 the '40's especially radiation effects were
17 judged largely on the basis of immediate
18 toxicity, not on the basis of latent, long-term
19 effects. Exposures of workers to large sudden
20 doses was avoided, not always successfully. But
21 little consideration was given to the extended
22 exposure to low-level radiation. Government-
23 financed independent studies conducted since
24 World War II have called increased attention to
25 the latent effects of exposure to low-level

1 radiation, particularly in the work place.
2 Leukemia and cancers incidence as a result of
3 exposure to radiation is now accepted premise of
4 every licensed health physics program. Even
5 though the studies have resulted in better worker
6 protection, little is known about the health
7 histories of the workers who were exposed during
8 World War II and after in western New York. Men
9 and women who worked at Linde Air Products,
10 Electromag-- (Inaudible) Company and later Lake
11 Ontario Ordnance Works, Simonds Saw and Steel,
12 Bethlehem Steel and other locations may have been
13 the unwitting casualties of Hiroshima, Nagasaki
14 and Bikini Atoll and the Cold War arms race.
15 Whatever their sacrifice may have been, it has
16 gone unacknowledged by Federal authorities.
17 There is no evidence that officials have ever
18 looked into the health histories of these
19 workers. Records made available to the task
20 force investigator indicate that many workers
21 were exposed to radiation which exceeded even
22 primitive standards of the time. At the point --
23 at one point the permissible exposure limits were
24 raised in order to spur the war effort, and
25 that's a fact. The discussions that follow will

1 focus on the first -- will focus first on the
2 exposure standards, safety procedures used by the
3 Manhattan Engineering District and Atomic Energy
4 Commission (AEC). Document indi-- documented
5 indi-- indications of workers' overexposure will
6 then be set forth by discussion of the recent
7 studies which have given new meaning to radiation
8 effects.

9 That's your charge. You are the first
10 independent organization and committee who will
11 be charged with looking into this, aside from
12 Stanley Fink and the State Assembly. These
13 records are on our web site. We have this full
14 volume, volume one and two. I don't even want to
15 read you what the wells -- the injection wells,
16 what they say about the injection wells. I still
17 have not received that report from the EPA.
18 That's why building 14 is coming down. Wasn't
19 because the Corps of Engineers wanted it down,
20 wasn't because Breck's Air* wanted it down, and
21 it wasn't because the predecessor wanted it down.
22 They didn't. The EPA says you will take it down.
23 Some of those counts are down there that they
24 tell us about are 160,000 disintegrations per
25 minute 50 years later in the sewers. That

1 contamination is going into the drinking water of
2 millions of western New Yorkers. I know this for
3 a fact. I have the documentation. And the EPA
4 has already indicated that there is surface
5 contamination. Also the Bechtel study in 1973
6 and the study the Oak Ridge did is '78.

7 You have a daunting and awesome task, and I
8 trust all of you will take it very seriously
9 'cause my members are dying and their families
10 are suffering. I wish you all well. Thank you
11 for coming to western New York. I hope you
12 enjoyed it. If you had a few minutes you could
13 go over to Linde and watch them tear down the
14 building and see what they're doing over there,
15 'cause they're working today. Maybe, if they
16 really run into something that they weren't
17 suspecting. Thank you very much.

18 **DR. ZIEMER:** Thank you, Ralph, for very
19 challenging words to us today.

20 **MS. BARTOSYEK:** Sir, may I?

21 **DR. ZIEMER:** Yes.

22 **MS. BARTOSYEK:** Thank you.

23 **DR. ZIEMER:** You'll have to identify
24 yourself for the record.

25 **MS. BARTOSYEK:** Janice Bartosyek. I also

1 encourage you to go down to Bethlehem Steel,
2 which is a ten-minute drive from here along the
3 lake. You could maybe get a superficial view of
4 the bar mill ten, which still exists, but maybe
5 none -- there might be some of you who'll never
6 have that opportunity again to come to western
7 New York and just might help you to, you know,
8 put a building with a site number.

9 Also, I understand that four members might -
10 - their terms might be up in August, and I just
11 would like to say that it's of concern to us I
12 think as a group that now there's such momentum
13 building here with this whole program and I hope
14 that there will be some continuity here of all of
15 the people who are on the Board.

16 And one last thing, I really do thank you
17 for being here in western New York, but I hope
18 our confidence isn't misplaced in any of you.

19 **DR. ZIEMER:** Thank you very much. Yes, Mr.
20 Walker.

21 **MR. WALKER:** Ed Walker, and I didn't sign
22 the paper because yesterday it didn't make any
23 difference, so I didn't know if Larry would allow
24 me to talk today or not, but I want to thank you
25 all, Dr. Ziemer and the Board and the support

1 group. It's been very informative. It was very
2 interesting. I've never been involved in
3 anything like this before and I really feel
4 confident that you're all working for our
5 interests. I really feel you're all sincere, and
6 that's very assuring to me and the group. And
7 I'll take this back to the group when I go back.

8 And I'd like to thank Mr. Elliott and Jim
9 Keaton --

10 **DR. ZIEMER:** Neton.

11 **MR. WALKER:** -- for coming up to our meeting
12 on the 4th and for inviting me down to Cincinnati
13 to the dose reconstruction. It was very, very
14 informative and -- obviously I'm not a technical
15 person, and I'm going to bring back everything I
16 learned to the group, except it's going to be in
17 a much condensed version -- very condensed. And
18 I'm looking forward to meeting with Mr. Elliott
19 and we're going to go through the site. I've got
20 some people lined up that worked with -- down
21 there that worked during that period. And I want
22 to thank you all again for a great job.

23 And last night -- and the last thing -- I
24 had the pleasure of talking with Mr. Elliott and
25 Dr. Ziemer after the meeting was, and we were

1 talking and they both -- they're so -- you people
2 are so sincere and I just felt so good that
3 you're trying to help and -- and Mr. Elliott said
4 to me, he says we want to make sure that
5 everybody that deserves it is compensated, and I
6 truly believe that all you people are working for
7 that. Down in Cincinnati it's just -- it's
8 unbelievable. I was just awed by it.

9 But I want to say one thing in closing, that
10 the people that I'm working with -- and I told
11 you this yesterday -- are up in their 70's and
12 80's. Their husbands worked down there -- again,
13 and one of the members told me this morning that
14 he wasn't aware, that we weren't aware of what we
15 were working with. We weren't. I was there. I
16 carried that lunch box down there. There was no
17 idea. For 50 years the government deny-- didn't
18 tell us. You can call it lied, you can say
19 deceived, you can say what you want. But to use
20 us for guinea pigs, these people that worked down
21 there, for 50 years deny it and then turn around
22 and admit it, and -- and then bring it -- I --
23 now I don't believe it was misinterpreted because
24 too many people believed and even said that it
25 wasn't -- that we were going to receive the

1 compensation. And to do that to these 70-year-
2 old women that lost their husband, that went down
3 there without the knowledge of knowing, many of
4 them -- and one of them is Terry's husband that I
5 worked with -- never knew that he was exposed to
6 uranium. And I think -- you talk about somebody
7 deserving it, and I hope you all take this back
8 with you, think about if that was your
9 grandmother or your mother that was treated like
10 that, I think you'd be furious, and this group is
11 furious. And I'm going to support them as long
12 as God lets me stay here. I'm going to fight for
13 them and for their right, and I know dose
14 reconstruction and I know what you're saying.
15 And as I told Larry last night, I can't say
16 whether I got my cancer down there and it's
17 probably likely maybe I didn't, but to be put
18 there by our own government, that these -- these
19 guys come back from war and fought and not told
20 any more than if they had opened a door and throw
21 a bomb in here now without telling you, I think -
22 - I think is horrible and it wasn't your fault.
23 It wasn't any of you people here, you're just
24 trying to do what you can do. But I think our
25 government owes it to these people in Bethlehem -

1 - I don't know about the other sites and a dose
2 reconstruction on it might work, but I do know
3 that the Bethlehem Steel people deserve it. And
4 I know we're old, but we're going to fight, as
5 hard and as long as we can to try and get this
6 justified. And again, I want to thank you all.
7 It's been -- it's been very nice to have you up
8 here.

9 **DR. ZIEMER:** Again, thank you very much for
10 your comments. We appreciate hearing from you.

11 This completes the business of the Board in
12 open session. I do want to announce again that
13 the Board meets this afternoon in closed session
14 for purposes of review and discussion of the task
15 order proposal and the independent government
16 cost estimate for the Board's task order
17 contract. That is the only item of business that
18 comes before the Board. There will be no other
19 items discussed in the closed session.

20 With that, we are recessed for the morning
21 session and the Board will reconvene at 1:30.

22 (Whereupon, the public proceedings were
23 concluded at 12:00 p.m.)

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