

1 fine letter. I mean the other thing we could have
2 is kind of a routine thing to say -- you want to
3 be timely in your response, so to wait until now,
4 you could have gotten another angry letter, why
5 haven't you responded, so I think something like
6 this and then say the -- your letter will be
7 shared with the full Board and will be discussed
8 at the upcoming meeting, something like that. But
9 I think, you know, now -- I don't want to
10 necessarily enter into a dialogue with multiple
11 letters, so you want to do one letter and be done.
12 But now with Bethlehem on our site profile review,
13 so you know, we are being responsive, so I think
14 something like that rather than necessarily try to
15 get the Board together on a teleconference or
16 something, it's -- it's not that pressing. But I
17 think just to indicate that -- thank you, forward
18 it on to the Board and we'll talk about it
19 further. But it was a good letter, I thought.

20 DR. ZIEMER: Roy?

21 DR. DEHART: I don't know how you would feel
22 about it, but we now have considerable progress
23 since your original letter was written. A follow-
24 up letter to the three Congressmen stating that we
25 now have a contractor, by name; that that

1 contractor is being given some directions with
2 regard to doing just what has been requested; and
3 that this particular institute or business is to
4 be -- is included in the monitoring of the
5 situation with regard to the status.

6 DR. ZIEMER: I'd be glad to do that if the
7 Board so desires. I would point out to you that
8 in the original letter, Congress not only asked
9 that -- or these three individuals not only asked
10 that we do an audit, but they asked to review the
11 procedures before the audit was done. And so it
12 was much -- the scope of what was being asked was
13 pretty extensive. And if you feel that you would
14 like the Chair to let them know that we are doing
15 the audit and that we've selected a contractor,
16 then I'm glad to do that. But what we are doing
17 is not precisely what they had asked for.

18 DR. MELIUS: And I just think we should
19 clarify that in our communications.

20 Your letter also indicates that HHS will do
21 -- have follow-up communication with them, and I -
22 - I don't have -- haven't heard about that and I
23 don't know if that communication has been sent.
24 Larry, can you --

25 DR. ZIEMER: I simply indicated that I would

1 ask HHS -- or ask -- basically it's NIOSH, but HHS
2 to provide them with our procedures when they
3 become available. We don't have our procedures
4 yet.

5 MR. ELLIOTT: No, we have not communicated
6 yet. We are preparing a communication, though.

7 DR. MELIUS: Can that be shared with the
8 Board when it goes out?

9 MR. ELLIOTT: Yes, certainly, it will be tied
10 to the Board's incoming.

11 DR. ZIEMER: Okay. Any further items on
12 this? Well, Wanda, yes. Thank you.

13 MS. MUNN: I would like to strongly urge
14 caution with respect to establishing a precedent
15 for long and detailed correspondence between this
16 Board and elected officials. I remind you there
17 are over 350 members of Congress. They passed the
18 law under which we operate, and a large number of
19 them have constituents who are concerned with what
20 we do here. We are a public body. We operate in
21 the sunshine (Inaudible) access to our minutes and
22 to our procedures. My personal view is that the
23 Chair has responded appropriately and that the
24 Agency has indicated they will provide the
25 documents that the elected officials requested.

1 Anything further than that, in my view, is asking
2 for us to involve ourselves in many dialogues from
3 many different approaches, and we should be very
4 cautious at the outset in following that course of
5 action.

6 DR. ZIEMER: Okay. Thank you. It's not
7 fully clear to the Chair yet as to whether the
8 Board wishes there to be a follow-up letter. Can
9 I take a straw poll and just get a sense of the
10 Board? Do you -- how many think that the Chair
11 should send a follow-up status report letter?

12 (Affirmative responses)

13 Four -- five -- one, two three, four, five,
14 six -- it looks like most do, and so I will
15 prepare that. Do you wish to see the follow-up
16 letter first? Yes? No? If you wish to see it,
17 it will be a month from now. Okay, we will
18 prepare a follow-up letter and simply -- informing
19 these three Congresspeople of the current status,
20 that we have selected Bethlehem as one of our
21 audits and that our contractor is -- has been
22 selected and we're in process.

23 I don't -- I don't assume that any of us want
24 us to commit to having Congressional review of our
25 procedures before proceeding. Yes, Tony.

1 **DR. ANDRADE:** Absolutely. You know, I fully
2 support what Wanda said. I just think that in
3 this particular case where you did respond
4 initially to -- to the Congressional folks --
5 Congresspeople, we -- we hadn't come -- well, as
6 mentioned by Dr. Melius, we hadn't come to this
7 point in our deliberations and now we can tersely
8 and quickly close the loop with these folks, and
9 hopefully that will be the case in the future.

10 **DR. ZIEMER:** I think we're ready to proceed
11 with the public comment period, are we not? Do we
12 have any other business -- Jim?

13 **DR. MELIUS:** A thing that I hope we can do
14 quickly -- very quickly. For our next meeting in
15 Hanford -- I talked about this earlier this
16 morning -- is I think we need to come to grips
17 with sort of the procedural issues related to dose
18 reconstruction review and our dealing with our
19 contractor and so forth. And I know that there
20 have been various documents prepared. I don't
21 think anything that's actually been presented to
22 the Board on this, and perhaps a workgroup could
23 be charged with coming up with something by the
24 next meeting in Hanford so we have a -- something
25 to, you know, react to and that would also get

1 some input from NIOSH and staff in terms of -- of
2 some of the contractual and FACA issues related to
3 that so that we don't have to go through those at
4 length and with the uncertainty involved. So I
5 think a small workgroup and -- whether it's from
6 the, you know -- whether it's the original group
7 that Mark chaired or a different group I don't
8 think matters, but I do think we ought to get
9 prepared for this next meeting so we can make
10 decisions on that.

11 **DR. ZIEMER:** We actually have -- in fact,
12 Mark and I have worked a little bit off-line on a
13 sample. I don't know if charter's the right name,
14 but a structure for a subcommittee that would -- I
15 think, as it's evolving now -- would have the
16 responsibility for managing the groupings of the
17 dose reconstruction audits and how we bring them
18 forward, that kind of thing. And basically I
19 think we have the draft materials that we could
20 just simply bring forward, we could distribute in
21 advance, in fact.

22 **MR. GRIFFON:** I think -- I mean I'd be
23 willing to work with you further on that. We have
24 a draft. I think what I would propose is to
25 cross-walk that draft of the subcommittee task

1 with this procedure that we've all approved on
2 reviewing the dose reconstructions and see how
3 those two -- I mean 'cause we did one prior to the
4 other.

5 DR. MELIUS: And I would just ask that we
6 sort of cross-walk that or check that against some
7 of these FACA and contractual contracting rules so
8 that --

9 DR. ZIEMER: Right, we'll try to do that and
10 perhaps --

11 DR. MELIUS: -- we decide something -- we're
12 not going to set up a structure that's going to
13 get --

14 DR. ZIEMER: And I wonder --

15 DR. MELIUS: -- us or NIOSH or somebody in
16 trouble.

17 DR. ZIEMER: -- if we could get Tony to agree
18 to help us on that, too. We would just get a
19 third opinion on that, and we'll bring that
20 forward then.

21 MR. ELLIOTT: Building off what Dr. Melius
22 suggested, if you could -- when you get something
23 -- you know, some language to evaluate here, I
24 think it'd be good if you'd get it to us so that
25 we can give you some advice on Privacy Act and

1 FACA and procurement requirements, et cetera.

2 DR. MELIUS: I just don't want to get to this
3 next meeting and have to have you -- ask you a
4 question and have Larry have to go back and find
5 out 'cause this is very complicated and the
6 answers aren't always easy --

7 DR. ZIEMER: Right.

8 DR. MELIUS: -- and we ought to try to do
9 that as much ahead of time as we can.

10 DR. ZIEMER: Right. We'll make sure that
11 gets done. Thank you.

12 PUBLIC COMMENT PERIOD

13 Let's proceed now to the public comment
14 period. I have several listed here. Are there
15 any more --

16 MS. HOMER: No.

17 DR. ZIEMER: I have Dennis Rocque here, but
18 was this from last night or is Dennis --

19 MS. HOMER: No, that's from this morning.

20 DR. ZIEMER: Okay, a new sign-up, good.

21 Dennis, if you want to lead off again today and --
22 where's the mike?

23 MS. HOMER: Right here.

24 DR. ZIEMER: The mike is right here, so...

25 MR. ROCQUE: Good afternoon, Mr. Chairman and

1 members of the committee. Once again I bring you
2 greetings and welcome you to Augusta on behalf of
3 T.S. Yarborough, business manager of local union
4 1579 of the International Brotherhood of
5 Electrical Workers, and also president of Augusta
6 building and construction trades council. Once
7 again, I'm sorry he couldn't be here today. He's
8 still at home recuperating from surgery.

9 As I said, my name is Dennis Rocque. I'm
10 organizer from local union 1579 and also the
11 secretary/treasurer of Augusta building and
12 construction trades, and it is in this capacity
13 that I am here today. My presentation is also
14 behalf of the South Carolina building and
15 construction trades council.

16 First I would like to thank you for giving me
17 this opportunity to come and speak with you and
18 present my views. There are some 15 affiliated
19 unions of the various crafts in our councils.
20 Together they serve a estimated 37,000 workers who
21 have been employed at the Savannah River Site
22 since radiation sources were deployed at the site.
23 These members also have families, and altogether
24 this population numbers some 150,000 people.
25 Whether as workers or as family members or

1 survivors, all of these people have had a stake in
2 your work.

3 Our duty to our members and their families is
4 to make sure they are treated fairly by this
5 program. What we hear from families about the way
6 this program is going causes us great concern.

7 We greatly appreciate your willingness to
8 come to Augusta because so many of the affected
9 workers live in this vicinity, and we also
10 appreciate you holding public sessions in the
11 evening to give these people the opportunity to be
12 with you. I hope you found that experience to be
13 useful and I would hope that you will continue to
14 hold meetings in the places and at the times that
15 are accessible to people that are to be served by
16 this program.

17 I also want to thank NIOSH for asking to meet
18 with us about the recent issued site profile
19 document for the Savannah River Site. We could
20 only arrange this meeting on November 11th, which
21 is a Federal holiday, but they came anyway. We
22 are grateful for that, and for the discussion we
23 had. To show you that we took this seriously,
24 every one of our local union leaders participated
25 in the meeting.

1 I've been told NIOSH concluded that the
2 current draft of the site profile does not address
3 the exposure history of construction workers and
4 that it would need to prepare a separate profile
5 from this perspective. Is this is the outcome of
6 that meeting, we will be pleased also, although we
7 withhold judgment about the products until we see
8 it.

9 The reason for our concern on this score is
10 that we think NIOSH has the expertise -- or we
11 don't think that NIOSH has the expertise and
12 experience in construction to ever adequately
13 understand the complexity of construction work.
14 It often seems they gloss over and simplify
15 something that can't be made simple, and we
16 sympathize with that. The construction industry
17 and construction is messy, improvised, poorly
18 planned and unstructured. Once completed, the
19 construction work process is never documented in a
20 manner that could be replicated. That's why
21 researchers who often come in contact with our
22 industry get frustrated. They want us to stand
23 still long enough to be captured by their methods,
24 but that just doesn't happen.

25 This is not unique to this program. This is