

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

convenes the

TWENTY-EIGHTH MEETING

ADVISORY BOARD ON
RADIATION AND WORKER HEALTH

DAY THREE

The verbatim transcript of the Meeting of the
Advisory Board on Radiation and Worker Health held
at the Adam's Mark, St. Louis, Missouri, on February
9, 2005.

C O N T E N T S

February 9, 2005

WELCOME AND OPENING COMMENTS DR. PAUL ZIEMER, CHAIR DR. LEW WADE, EXECUTIVE SECRETARY	13
ADMINISTRATIVE HOUSEKEEPING MS. CORI HOMER, NIOSH DR. PAUL ZIEMER, CHAIR DR. LEW WADE, EXECUTIVE SECRETARY	13
STATUS REPORT ON SITE PROFILE MODIFICATIONS AND SCHEDULE MR. JUDSON KENOYER, ORAU	38
STATUS OF SC&A TASK ORDERS AND COSTS DR. LEW WADE, NIOSH	85
GENERAL PUBLIC COMMENT	109
COURT REPORTER'S CERTIFICATE	147

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P R O C E E D I N G S

(8:15 a.m.)

WELCOME AND OPENING COMMENTS

1
2
3
4 **DR. ZIEMER:** I'll ask the meeting come to
5 order. Please be assembled, Board, and we will
6 begin our final day of our St. Louis meeting
7 here. Again, welcome, everyone. A reminder
8 again to register your attendance at the
9 registration table in the hallway. And again a
10 reminder that there are many handouts at the
11 table in the rear, if you've not already
12 availed yourselves of those.

ADMINISTRATIVE HOUSEKEEPING

13
14 We have some housekeeping issues that we need
15 to address first, and I guess we'll let Cori
16 start, if she's here. Otherwise, Lew, you can
17 begin.

18 **DR. WADE:** Well, we can get -- would someone
19 please get Cori to come? I'd like to make a
20 couple of comments to the Board, though, I --

21 **DR. ZIEMER:** Here comes Cori.

22 **DR. WADE:** I do feel I owe you a bit of an
23 explanation on one of the agenda items, and it
24 was raised by Senator Bond's person yesterday.
25 What we tried to do in each of the SEC

1 discussions were -- following the statement by
2 NIOSH, the presentation of findings, and then
3 statements by the petitioners -- we tried to
4 make some time available for public comment if
5 someone from the public felt they had a comment
6 that was particularly important for the Board
7 to hear before the Board did its deliberations.
8 We've done that with Iowa, as well.
9 Obviously it gets very difficult, with the snow
10 forecast, to shut people up and I thought the
11 Chairman did a wonderful job. But we did want
12 to create this opportunity for people to speak
13 to the Board before the Board deliberated. And
14 -- and again, while it's difficult to control
15 that, it is certainly a construct that I think
16 is worth -- worth pursuing, although I
17 apologize for the fact that it -- we spent some
18 time at that. I do think there was time for
19 the Board to do its deliberations.

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

21 **DR. WADE:** Jim?

22 **DR. ZIEMER:** Jim.

23 **DR. MELIUS:** Could I just make a suggestion
24 that perhaps if we have another situation where
25 we're reviewing a petition here that we try to

1 schedule the evening session and the public
2 comment period relevant to that site either the
3 night before or the day before. That way then
4 we're -- when we're actually dealing with the
5 petition, we can go right into that and -- and
6 at the same time it gives people an opportunity
7 to speak. And we could even preface the public
8 comment period with, you know, a short
9 presentation from NIOSH about the -- the
10 petition and their evaluation of it.

11 **DR. WADE:** I think that's a wonderful
12 suggestion. This time we were boxed by Henry's
13 availability and the -- and the fact that we
14 had announced the public comment period, but I
15 -- we'll take that suggestion to heart.

16 **DR. ZIEMER:** Cori?

17 **MS. HOMER:** Yes.

18 **DR. ZIEMER:** Yes, go ahead.

19 **MS. HOMER:** Not much this morning other than to
20 please submit your time, broken down by
21 subcommittee, workgroup, preparation time, to
22 Lew for his approval and return to me so that
23 we can submit your request for salary
24 reimbursement.

25 Also wanted to go over your availability

1 calendar for the quarterly meetings with you.
2 We're already past February -- the February
3 meeting, and for the May quarterly meeting, the
4 only day in May available is the 31st. So we
5 could schedule our quarterly meeting the 31st,
6 1st and 2nd of June -- 31st of May through the
7 2nd of June. The only time available after
8 that might be the last week of June.

9 If we were to go into April, we would have time
10 -- there's not much time available in April,
11 either. We only have two days that are
12 completely free at any one time, and I think
13 only two portions of the month that are like
14 that.

15 So I'm going to suggest that we schedule the
16 next quarterly meeting for the 31st of May, the
17 1st of June and the 2nd of June.

18 **DR. ZIEMER:** Okay, you've heard Cori's
19 suggestion. Give us feedback. Clearly there's
20 a two -- actually it's a -- it's closer to a
21 three and a half month span from now, which is
22 a fairly lengthy time period. You said April
23 is pretty much out in terms of schedules,
24 overlap of conflicts?

25 **MS. HOMER:** Yeah, we -- we do have --

1 **MR. PRESLEY:** Is it our -- our schedule in
2 April?

3 **MS. HOMER:** The schedule in April -- the only
4 two days -- we have two days open, the 26th and
5 the 27th, the 12th and the 13th -- possibly the
6 11th, possibly, so those are the days --

7 **DR. ZIEMER:** I believe, Cori, you have
8 everyone's schedule that --

9 **MS. HOMER:** Well, I'm missing three schedules,
10 but --

11 **DR. ZIEMER:** Based on what you have, those --

12 **MS. HOMER:** Based on what I have available,
13 this --

14 **DR. ZIEMER:** -- are the available dates --

15 **MS. HOMER:** -- is what I have.

16 **DR. ZIEMER:** -- at the moment.

17 **MS. MUNN:** I was one of the people who said I
18 couldn't do the 28th.

19 **DR. ZIEMER:** Use your mike, Wanda, please.

20 **MS. HOMER:** Yes, that's correct.

21 **MS. MUNN:** If I'm the only person who shows the
22 28th as being covered, I can -- I can rearrange
23 that.

24 **MS. HOMER:** Rearrange that? Okay, so we can
25 also set aside the 26th through the 28th?

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

2 **DR. ZIEMER:** Of April?

3 **MS. HOMER:** Of April, yes.

4 **DR. WADE:** Earlier is better, I think.

5 **MS. HOMER:** Okay.

6 **DR. ZIEMER:** We have some issues coming that we
7 probably -- we're -- we're considering roughly
8 30 days before we have the materials that were
9 requested by the Board yesterday. That takes
10 us into mid-March. And then some time to
11 review those, probably a subcommittee meeting
12 in there, as well. But perhaps late April
13 would be desirable.

14 **MS. HOMER:** Okay.

15 **DR. ZIEMER:** Give us those dates again.

16 **MS. HOMER:** 26th, 27th and 28th. Do we want to
17 consider at this point some potential
18 subcommittee meeting dates?

19 **MR. GRIFFON:** Yes.

20 **DR. ZIEMER:** It would be good to have something
21 held in -- in reserve.

22 **MS. HOMER:** Okay.

23 **DR. WADE:** Well, let's close on the one issue
24 so --

25 **MS. HOMER:** Yes, definitely.

1 **DR. ZIEMER:** Twenty-sixth through 28th of
2 April?

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

4 **MR. PRESLEY:** Do we know where?

5 **MS. HOMER:** I have no location identified.

6 **MR. PRESLEY:** Do we need to go back to
7 Washington?

8 **MR. ESPINOSA:** Yeah, I believe we do.

9 **MR. PRESLEY:** We've been asked to come back to
10 Washington.

11 **MS. HOMER:** Okay.

12 **DR. ZIEMER:** The Board had given Cori a number
13 of locations and I think we had last time
14 indicated that we would give her flexibility to
15 select based on hotel availability.

16 **MS. HOMER:** Yes.

17 **DR. MELIUS:** Do we know anything about the SEC
18 petition evaluations and --

19 **DR. ZIEMER:** What might be coming up?

20 **DR. MELIUS:** What might be coming up, and that
21 may bear on our choice of location.

22 **DR. WADE:** Right. I mean let us consider that
23 based upon what we do today, obviously.

24 **DR. MELIUS:** Both today, as well as --

25 **DR. ZIEMER:** Larry perhaps --

1 **DR. MELIUS:** -- forthcoming --

2 **DR. ZIEMER:** -- can enlighten us.

3 **MR. ELLIOTT:** The petition that I'm aware of
4 that has just recently qualified is one for Y-
5 12 early years, and so we're looking into that.
6 We're starting our evaluation of that and it'd
7 be my hope and goal that we could present that
8 evaluation report at your next full Board
9 meeting.

10 **DR. ZIEMER:** So perhaps Oak Ridge would be an
11 option there.

12 **MS. HOMER:** Okay. Would you prefer that be my
13 first choice or my second?

14 **DR. WADE:** Let's just make a list of choices,
15 then we can decide.

16 **MS. HOMER:** Okay.

17 **DR. MELIUS:** Yeah, let's...

18 **DR. ZIEMER:** Is that agreeable with Board
19 members? So we're setting aside the 26th
20 through the 28th for the next meeting.

21 **MS. HOMER:** Okay.

22 **DR. ZIEMER:** Possible sites would be Oak Ridge
23 and Washington. Thank you.

24 **MS. HOMER:** Okay.

25 **MR. ESPINOSA:** Because of -- because of the

1 high Congressional interest in this right now,
2 I think it's kind of important that we try to
3 make it back to Washington as soon as possible.

4 **MS. HOMER:** I'll check into what our options
5 are for availability.

6 **DR. ZIEMER:** Thank you.

7 **MS. HOMER:** Okay. Moving on to August for our
8 next quarterly meeting, August we have a little
9 bit more flexibility for meeting dates. It
10 appears as though Dr. DeHart would be
11 unavailable the entire month is what I have for
12 you.

13 **DR. DEHART:** For what date?

14 **MS. MUNN:** The whole month.

15 **MS. HOMER:** The entire month of August, but the
16 week of the 8th is open; 23rd, 24th and 25th is
17 open; 17th, 18th and 19th is open.

18 **DR. WADE:** You're talking now August?

19 **MS. HOMER:** August, yes.

20 **DR. WADE:** But if we look at -- we're going to
21 meet in April --

22 **MS. HOMER:** I'm setting up quarterly meetings
23 right now.

24 **DR. WADE:** Right, so -- so a quarter from April
25 would take us to July.

1 **MS. HOMER:** We had set up these dates at the
2 last meeting -- or the months -- but we can go
3 back to July if you'd like.

4 **DR. ZIEMER:** If we -- if we meet in April, then
5 again we would -- we would be --

6 **MS. HOMER:** Want to go to --

7 **DR. ZIEMER:** -- almost three and a half to four
8 months --

9 **MS. HOMER:** Okay.

10 **DR. ZIEMER:** -- span, so we might look late --
11 mid to late July, as well --

12 **MS. HOMER:** Okay.

13 **DR. ZIEMER:** -- and see what's available.

14 **MS. HOMER:** All right. For July we have
15 available July 5th, 6th, 7th and 8th, and
16 that's about it.

17 **MR. PRESLEY:** That's a holiday week.

18 **DR. ZIEMER:** Let's go a little later. Is that
19 it in July?

20 **MS. HOMER:** The week of the 18th we only have
21 one person who's unable to attend.

22 **DR. WADE:** Does that person know who they are?

23 **MS. HOMER:** Yes, Wanda should know.

24 **MS. MUNN:** I'm really booked that week.

25 **DR. WADE:** Okay.

1 **DR. MELIUS:** I'm out that week, as well.

2 **MS. HOMER:** Are you? Okay.

3 **MR. PRESLEY:** How about the last week of July?

4 **MS. HOMER:** Let's see, Dr. Andrade is not
5 available on the 25th. Dr. Melius is not
6 available on the 27th through the 31st. That
7 doesn't leave us much. I think that leaves us
8 the 26th or, if you choose to go ahead and meet
9 without folks...

10 **DR. ZIEMER:** Early August is -- the earliest is
11 what?

12 **MS. HOMER:** The earliest is -- we could meet
13 the 1st, 2nd and 3rd, but Dr. DeHart would not
14 be available the entire month.

15 **DR. ZIEMER:** Is -- Dr. DeHart is out throughout
16 August, is that correct? So that's, in a
17 sense, a moot point if we're in August I guess,
18 yeah.

19 **MS. HOMER:** Yes.

20 **MS. MUNN:** But -- but if we bit the bullet for
21 the 4th of July week, we could do Wednesday,
22 Thursday, Friday, the 6th, 7th and 8th?

23 **MS. HOMER:** We could, or the 5th, 6th and 7th.
24 Well, you would end up traveling on the 4th,
25 though.

1 **DR. ROESSLER:** The Health Physics Society
2 annual meeting starts on the 10th. I would
3 think that would impact some NIOSH people, in
4 addition to myself --

5 **MS. HOMER:** It might, yes.

6 **DR. ROESSLER:** -- and maybe Paul. It would be
7 a little difficult to -- to --

8 **MS. HOMER:** What city is the Health Physics
9 Society --

10 **MS. MUNN:** Where's the meeting?

11 **MS. HOMER:** -- meeting in?

12 **DR. ZIEMER:** Spokane.

13 **MS. HOMER:** Spokane? Oh, okay.

14 **MS. MUNN:** Oh, good, you can come to Richland,
15 hey.

16 **DR. WADE:** Again, I think earlier is better.
17 That's just my --

18 **MS. HOMER:** Okay.

19 **DR. WADE:** -- my view.

20 **MS. HOMER:** Do we want to go ahead and work on
21 the 6th, 7th and 8th?

22 **DR. MELIUS:** Yeah.

23 **MS. HOMER:** That would allow folks to still get
24 to the health physics meeting.

25 **MR. PRESLEY:** I can't be there.

1 DR. ZIEMER: I'm okay on that.

2 MS. HOMER: I'm sorry, Bob?

3 MR. PRESLEY: (Off microphone) (Unintelligible)

4 MS. HOMER: Okay.

5 DR. ROESSLER: I don't like it, but --

6 MR. PRESLEY: Holiday weekend.

7 DR. ZIEMER: Sixth is probably better than the
8 5th, though. Right?

9 MR. ESPINOSA: Yes.

10 MS. HOMER: Okay.

11 DR. WADE: With apologies.

12 DR. ZIEMER: Okay.

13 MS. HOMER: Do you want to proceed with a
14 location --

15 DR. ZIEMER: Yes.

16 MS. HOMER: -- or do you want to leave it?

17 DR. ZIEMER: That may depend on what we do at
18 the previous meeting.

19 MS. HOMER: Previous meeting.

20 DR. ZIEMER: Right.

21 MS. HOMER: Uh-huh. Okay, July --

22 DR. ZIEMER: For example, if we're in Oak
23 Ridge, then we may want to get back to
24 Washington or vice -- and it may also depend on
25 what the activities with the SEC petitions, as

1 well.

2 **MR. ESPINOSA:** Just -- just look at the
3 baseball schedule, Cori.

4 **DR. ZIEMER:** Yeah, right. Now could we look a
5 minute, Cori, and maybe subcommittee -- this --
6 this does not need to be the full subcommittee.
7 This -- we simply need to have four or five
8 individuals available to do this subcommittee
9 work. Between now and the April meeting, and
10 allowing the 30 days and maybe a little bit of
11 slack, toward the end of March, perhaps -- and
12 I'm assuming this would be in Cincinnati.

13 **MS. HOMER:** Okay. Well, the week of the 21st
14 Dr. Melius isn't available on the 21st nor the
15 24th. Dr. Anderson is unavailable the 22nd and
16 23rd.

17 **DR. ZIEMER:** Well, in essence, we simply need
18 to identify four or five people to serve.

19 **MR. GRIFFON:** Paul, are we -- are we -- I'm
20 still confused on the subcommittee. I thought
21 we had five individuals, but anyone could
22 attend that was on the entire listing.

23 **DR. ZIEMER:** But the understanding was that at
24 a given meeting, for example -- let's say you
25 couldn't be there --

1 **MR. GRIFFON:** Sure.

2 **DR. ZIEMER:** -- then someone else --

3 **MR. GRIFFON:** Okay.

4 **DR. ZIEMER:** -- anyone on the Board can serve.

5 **DR. MELIUS:** But --

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

7 **DR. MELIUS:** -- but for continuity, we should

8 try --

9 **DR. ZIEMER:** For continuity we would try the

10 initial five --

11 **DR. MELIUS:** Five, yeah, which I'm not one of,

12 so --

13 **DR. ZIEMER:** And those --

14 **MS. HOMER:** No? Okay.

15 **DR. ZIEMER:** Those initial five were, I

16 believe, Griffon, Andrade -- Mike, you -- Mike

17 --

18 **MS. HOMER:** Mike and Dr. Anderson --

19 **DR. MELIUS:** Anderson, right.

20 **MR. GRIFFON:** Henry.

21 **DR. ZIEMER:** Henry and Ziemer.

22 **MR. GRIFFON:** Right.

23 **DR. ZIEMER:** Those were the five.

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

25 **MR. GRIFFON:** Right.

1 **MS. HOMER:** How about --

2 **DR. ZIEMER:** Can we -- it probably would not be
3 too difficult for us to determine, off line,
4 who's avail-- which of those are available and
5 then find a fill-in so that -- 'cause we don't
6 have Henry here right now to --

7 **MR. GRIFFON:** Or Tony.

8 **DR. ZIEMER:** -- determine his availability, but
9 can we just identify the -- tentatively the
10 week and then --

11 **MS. HOMER:** Okay. Well, there would be the
12 week of the 21st or the 28th. Which would be
13 your preference?

14 **DR. ROESSLER:** Easter's the 27th in case that -
15 - anybody needs to know. It's early.

16 **MS. HOMER:** Oh, thanks, Gen.

17 **DR. ZIEMER:** My preference would be the week of
18 the 21st, the front end of that week.

19 **MR. GRIFFON:** I'm just curious if we need two
20 subcommittees -- meetings in between this time
21 before -- the next scheduled date for the full
22 meeting is April 26th. Am I right about that?
23 I'm flipping through my calendar. Did we just
24 select April 26th for the full Board?

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

1 **MR. GRIFFON:** I mean we have --

2 **DR. ZIEMER:** This would be roughly a month
3 earlier.

4 **MR. GRIFFON:** -- we have the 20 case review
5 stuff to wrap up.

6 **DR. ZIEMER:** Right.

7 **MR. GRIFFON:** We have Bethlehem Steel, we have
8 Mallinckrodt site profile review. Do we need
9 to schedule -- can we do that all in one -- I -
10 - maybe one two-day session or something. Is
11 that what you're --

12 **DR. ZIEMER:** It seems to me we should try to be
13 efficient on this, if we're together and get it
14 done, but --

15 **MR. GRIFFON:** And then the idea is that if, for
16 whatever reason, our -- our time lines slip,
17 we'd still have a chance between that meeting
18 time and the Board to --

19 **DR. ZIEMER:** Yes.

20 **MR. GRIFFON:** -- set up an improvised
21 workgroup.

22 **DR. ZIEMER:** Right.

23 **MR. GRIFFON:** Right, okay.

24 **DR. ZIEMER:** Right.

25 **MR. GRIFFON:** Well, it -- then March 21st is

1 fine.

2 **DR. ZIEMER:** Sometime the week of the 21st
3 we'll catch a couple of days. Let's see, Mike,
4 are you okay that -- Mike's okay. Mark and Gen
5 was okay. I'm okay. You're okay, I'm okay.
6 Who's -- who was -- who was the other person --

7 **MR. GRIFFON:** Henry and Tony.

8 **DR. MELIUS:** Henry and Tony.

9 **DR. ZIEMER:** And Tony, neither of which are
10 here, and Rich is available as an alternate,
11 any -- and Roy is available as an alternate, so
12 we'll have a couple of alternates on standby.

13 **MS. HOMER:** Well, I can do a poll once I get
14 back into the office.

15 **DR. ZIEMER:** Right, thank you.

16 **MS. HOMER:** I'll just do an electronic poll.

17 **DR. ZIEMER:** Okay, that's very helpful.

18 **MS. HOMER:** Okay. And that would be in
19 Cincinnati.

20 **MR. GRIFFON:** And we're just holding that week
21 for now, is that what --

22 **DR. ZIEMER:** Yes.

23 **MS. HOMER:** Uh-huh. Would you care to go
24 further into the year for the quarterly
25 meetings, or would you prefer to hold off for

1 now until we have a better idea of what our
2 schedule looks like, or what is coming --

3 **DR. ZIEMER:** I think most have given Cori their
4 schedule for the year. Of course, the further
5 out you go there, the more open the dates tend
6 to be, and if you want to block in early, it's
7 probably a good idea to do that. Do you -- do
8 you wish to block in --

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

10 **DR. ZIEMER:** It would probably be a September
11 time frame, something like that.

12 **MS. HOMER:** October?

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

14 **MS. HOMER:** From July.

15 **DR. WADE:** One other -- I mean I'd like to come
16 to the next meeting as a DFO and lay out for
17 you sort of the year in advance of -- of what
18 likely is to come up in terms of different
19 actions. And I think once we sort of start
20 that process, I think we might be in a better
21 position to --

22 **MS. HOMER:** Okay.

23 **DR. WADE:** -- to schedule consistent with that,
24 so --

25 **DR. ZIEMER:** Are you suggesting it would be

1 helpful to wait then, or --

2 **DR. WADE:** Given that we have two locked in,
3 and I would take on the responsibility of
4 briefing the Board next time on sort of a year
5 in advance perspective, and then I think we
6 could do better selection of our meeting dates.

7 **DR. MELIUS:** And could we then update -- get
8 Cori updated calendars and --

9 **DR. ZIEMER:** Yes.

10 **MS. HOMER:** Yes, that would be very helpful.
11 Thank you.

12 **DR. MELIUS:** -- maybe even -- I mean even if
13 you sort of look at the schedule and want to
14 try to set up something, you know, by e-mail or
15 whatever, that's fine, I --

16 **DR. ZIEMER:** 'Cause other dates are going to
17 fill up later in the year --

18 **MS. MUNN:** They sure are.

19 **DR. ZIEMER:** -- between now and then.

20 **MS. MUNN:** My September schedule is going to
21 fill up fast.

22 **DR. WADE:** Well, let's -- let's pick a
23 September date now, but I'll still look through
24 --

25 **DR. ZIEMER:** Or October, perhaps.

1 **MS. HOMER:** October?

2 **DR. ZIEMER:** Because we're July --

3 **MS. HOMER:** October would be a little --

4 **DR. ZIEMER:** -- August, September, October --

5 **MS. HOMER:** -- closer to a quarterly --

6 **DR. ZIEMER:** Probably October.

7 **MS. HOMER:** September is fairly booked.

8 October, the week of the 3rd and the 17th --

9 **MS. MUNN:** Let's take the 3rd.

10 **MS. HOMER:** -- look very good, so --

11 **DR. ZIEMER:** July, August -- probably --

12 **DR. WADE:** The week of the 17th?

13 **MR. ESPINOSA:** The week of the 3rd would be a

14 lot better for me.

15 **DR. WADE:** It would?

16 **DR. ZIEMER:** Any other preferences between

17 those two weeks?

18 **MR. GRIFFON:** The week of the 3rd I prefer.

19 **DR. ZIEMER:** The week of the 3rd?

20 **MS. HOMER:** The week of the 3rd?

21 **DR. ZIEMER:** Okay. So at the moment --

22 **MS. HOMER:** I'm setting it aside.

23 **DR. ZIEMER:** -- allow -- allowing three days,

24 we need a little flexibility one way or the

25 other, so kind of hold -- pencil in the week,

1 is what --

2 **MS. HOMER:** That's what I'll do.

3 **DR. WADE:** The beginning of the week --

4 **MS. HOMER:** No?

5 **DR. WADE:** -- certainly is better for me.

6 **MS. HOMER:** Okay.

7 **MR. ELLIOTT:** Critical NIOSH staff won't be

8 here that week.

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

10 **MR. ELLIOTT:** I'm sorry to say the week of the

11 3rd -- October the 3rd?

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

13 **MR. ESPINOSA:** And your point is?

14 **DR. ZIEMER:** Okay, NIOSH staff is not available

15 that week. That certainly impacts on us.

16 **MS. HOMER:** Okay.

17 **DR. WADE:** What's our second option?

18 **DR. ZIEMER:** Our second option was --

19 **MS. HOMER:** Week of the 17th.

20 **DR. ZIEMER:** -- week of the 10th.

21 **MS. HOMER:** Week of --

22 **DR. ZIEMER:** What -- oh.

23 **MS. HOMER:** -- the 17th, actually.

24 **DR. ZIEMER:** The 17th. What was the first

25 option, the 3rd or the 10th week?

1 **MS. HOMER:** Third.

2 **DR. ZIEMER:** Third? Third and the other is the
3 17th?

4 **MS. HOMER:** Seventeenth.

5 **DR. ZIEMER:** Seventeenth okay?

6 **MR. GRIFFON:** Nothing in late September? I
7 don't know, I just feel these -- I -- I know we
8 said quarterly, I just feel these are getting a
9 little far apart.

10 **DR. ZIEMER:** Well, again, we still may need to
11 continue subcommittee --

12 **MR. GRIFFON:** Yeah.

13 **DR. ZIEMER:** -- activities in between.

14 **MR. GRIFFON:** I know that.

15 **DR. ZIEMER:** I think that's going to be fairly
16 regular.

17 **MR. GRIFFON:** Yeah.

18 **MS. HOMER:** Well, if we -- just for your
19 consideration, we do have some time in late
20 September open, the 27th, 28th and 29th.

21 **MS. MUNN:** I'd prefer that, personally.

22 **MR. GRIFFON:** (Off microphone) That's bad
23 (unintelligible).

24 **DR. ZIEMER:** Let's see, we will have met July
25 6th --

1 **MS. HOMER:** July 6th, 7th and 8th --

2 **MR. GRIFFON:** Sixth, 7th, 8th.

3 **MS. HOMER:** -- possibly, was that it?

4 **DR. MELIUS:** Let's leave this --

5 **MS. MUNN:** Yeah, early part of July.

6 **DR. ZIEMER:** Late September, that's almost
7 three months so that's probably doable. What -
8 - what is that week again?

9 **MS. HOMER:** Twenty-seventh through the 30th is
10 available.

11 **DR. ZIEMER:** That's --

12 **MR. GRIFFON:** Sounds good.

13 **DR. ZIEMER:** -- okay?

14 **MS. HOMER:** Okay.

15 **DR. ZIEMER:** Okay. Thank you very much, Cori.

16 **MS. HOMER:** Thank you.

17 **DR. ZIEMER:** Do you have other items for us,
18 Cori?

19 **MS. HOMER:** I do not, just time and schedule.
20 I will be continuing to try to reach Dr.
21 Anderson.

22 **DR. ZIEMER:** Thank you. Now we -- we're going
23 to continue then with the agenda as we have it
24 before us. First --

25 **MS. HOMER:** Excuse me, I'm sorry to interrupt.

1 Larry's reminded me of something that probably
2 needs to be checked into. If y'all could check
3 into your direct deposit and make sure that you
4 are receiving your pay and your travel, we are
5 changing payroll systems from CDC to HHS and
6 want you to be aware of that. There could be
7 problems. I've already talked to a couple of
8 members that are having some tax issues based
9 on those changes because the -- their state
10 does not -- it does not take out taxes 'cause
11 there are no taxes in their state. If you're
12 having any difficulty whatsoever, please let me
13 know.

14 Now just to let you know, the most recent
15 salary reimbursement should reach your bank
16 account tomorrow -- or I'm sorry, Friday --
17 Thursday night, Friday morning. If you have
18 not received that, please let me know on
19 Monday.

20 **DR. MELIUS:** That's for the December meeting?

21 **MS. HOMER:** Yes.

22 **DR. MELIUS:** Okay.

23 **MS. HOMER:** There was a delay, and I have heard
24 from some of you, but to let all of you know.
25 There was -- it was submitted on time, just --

1 it hasn't quite made it to your account.

2 **DR. ZIEMER:** Okay. Thank you.

3 **STATUS REPORT ON SITE PROFILE MODIFICATIONS**
4 **AND SCHEDULE**

5 We'll have a status report on site profile
6 modifications and schedule. Judson Kenoyer
7 from ORAU.

8 **MR. KENOYER:** Thank you, Dr. Ziemer, and good
9 morning, Board, and all other attendees to this
10 meeting today. And I want to thank you for
11 giving me the opportunity to give you an update
12 on the site profiles, and also to talk about
13 mechanisms that we've incorporated to -- to get
14 information back into the site profiles as we
15 update them.

16 Before I get into the meat of my presentation,
17 let me just give you a very brief review of the
18 site profile development process. I believe it
19 was in October of 2002 that this contract was
20 awarded, and I -- I am part of the ORAU team.
21 I'm employed by Dade Moeller and Associates as
22 part of that team. I -- one of my first jobs
23 was to start the effort of developing the site
24 profiles, and we had to prioritize them.
25 The first -- the first set -- step in

1 prioritization was to identify the sites that
2 had the most claims. We figured that would be
3 the best first step, so early on we worked on
4 Savannah River, we worked on Hanford, and I
5 believe we worked on the Nevada Test Site.
6 Six months into the project we realized that
7 the pace at which we were working would not be
8 adequate to meet the needs of this project, so
9 it was decided to accelerate it, and accelerate
10 it we did. I put together 14 or 15 teams of
11 approximately six FTEs, six full-time
12 equivalent employees, and made assignments for
13 our higher priority sites again, mainly based
14 on large number of claims.
15 And we also started the effort on AWE sites.
16 Smaller teams, smaller number of claims, but we
17 also realized that it was important to get that
18 started, too. I believe Bethlehem Steel was
19 the first AWE site that we -- that we focused
20 on.
21 As we were developing the site profiles, we
22 worked very closely with what I'll call task
23 five, the dose reconstructors, the people that
24 were going to use these site profiles to help
25 them do the job that they had to do. Of course

1 they use the site profiles if they don't have
2 dosimetry data. We try to fill the gaps the
3 best we can, and we needed to know from them
4 what they -- what they needed.

5 Now of course you have to realize that their
6 process was changing during -- during the same
7 time. They hadn't done dose reconstructions
8 yet, so their process evolved. As their
9 process evolved, our process evolved.

10 We decided for the larger -- larger site
11 profiles we'd actually have six different
12 sections, and these were mainly for the DOE
13 sites. We'd have the introduction, and we had
14 the five technical sections, one on site
15 description, second one on the occupational
16 medical exposures or the X-rays, third one on
17 the environmental -- the occupational
18 environmental doses, then one on internal
19 dosimetry, one on external dosimetry.

20 Now the AWE site profiles cover the same basic
21 information, but they're -- they're -- it's
22 covered in one volume. Most of those are --
23 are smaller in volume.

24 I said we started out with 14 or 15 teams. At
25 this time, after we're two years into the

1 project, we're actually down to about ten.
2 After the first round of site profiles we
3 eliminated some of the teams that weren't --
4 weren't doing the job that we needed. I'm not
5 saying they were doing a bad job, but many
6 times it's difficult to stop a researcher from
7 researching. And we realized that in order to
8 make progress on this, in order to -- to get to
9 the point where we can compensate claimants,
10 you have to stop the research at some point.
11 You're always gathering data. Wanda Munn made
12 a very good point yesterday in terms of the
13 fact, and so did Denise, the fact that you will
14 -- we will continue to find more information.
15 These are dynamic type -- type documents, but
16 at some point you have to stop and you have to
17 start processing claims, and that's what -- and
18 that's what we did.
19 As you -- as we go out on these data capture
20 efforts, though, you can open a box and you --
21 you don't know what you're going to find in
22 that box. You might have a finding aid that --
23 that tells you what you -- you think you're
24 going to find, but until you start going
25 through the material, you -- you just don't

1 know. It could be from any site, it could be
2 mis-filed, you don't know who filed the
3 information to start off. They might not --
4 you know, they certainly weren't filing it
5 thinking of a compensation program. They were
6 just filing it because they were records that
7 needed to be filed.

8 The one major surprise that we ran into through
9 this whole process, to me, was in the data
10 capture process in trying to retrieve
11 information, and the length of time it took to
12 retrieve that information from the sites,
13 especially -- and I mentioned it yesterday in
14 one of my responses at the microphone. It is
15 when -- it is the amount of unclassified
16 information that's been mixed with classified
17 information and the time it takes to --
18 basically you have to review all the
19 documentation and then separate it, and then
20 get it declassified. And that's probably our
21 biggest -- our biggest obstacle.

22 Okay. Let's look at the site profiles that we
23 have completed to date, and I believe this adds
24 up to 19. It's a mix of DOE and AWE sites. We
25 have Fernald, Hanford, Idaho, Iowa, K-25,

1 Mallinckrodt, Mound, the Nevada Test Site,
2 Argonne National Lab West, Paducah, Portsmouth,
3 Rocky Flats, Savannah River, X-10, Y-12 --
4 those are the DOE sites. AWE includes
5 Aliquippa Forge, Bethlehem Steel, Blockson
6 Chemical and Huntington Pilot Plant.

7 **DR. ZIEMER:** Judson, let me interrupt a moment.
8 Would you define for the assembly the word
9 "completed" as you use it here, 'cause everyone
10 knows, for example, Mallinckrodt's under
11 revision and so on.

12 **MR. KENOYER:** You -- you introduced almost my
13 next sentence. I was going to classify these
14 as Rev. 0's. Rev. 0 -- that's -- as I said
15 before, at some point in time we had to decide
16 if we had enough information together that
17 could be given to OCAS/NIOSH to review and pass
18 on to the dose reconstructors so they could
19 start processing claims. It's a -- it's a
20 dynamic system. These -- these site profiles
21 will never be completed-completed. I mean we
22 will always be finding more information.
23 They're -- they're -- in many cases we had gaps
24 identified. We -- we have the Rev. 0's
25 approved so they could start being used by the

1 dose -- dose reconstructors. At the same time
2 the team was still intact. They were -- they
3 were moving ahead trying to solve those gaps,
4 or fill those gaps.

5 Perfect example would -- would be with Hanford.
6 We -- we got Rev. 0 approved so that we could
7 process some claims, knowing that there's a big
8 hole with regard to neutron information. It
9 wasn't quite ready. But what we do is look at
10 the number of claims that can be processed
11 versus the length of time it's going to take to
12 fill a certain gap. If it's months and months
13 and months or let's say three months, we would
14 probably get that document approved and then
15 start using it.

16 Yes, sir?

17 **MR. GRIFFON:** I don't mean to interrupt, but
18 this is a follow-up onto what Paul asked.

19 **MR. KENOYER:** Okay.

20 **MR. GRIFFON:** I think it would be useful -- I
21 mean we went through this process with
22 Mallinckrodt. I -- I -- if I interpret this
23 correctly, the first Mallinckrodt version of
24 the site profile really was out there to allow
25 for processing of claims that were likely to be

1 compensable, so you didn't want to delay --

2 **MR. KENOYER:** That is -- that --

3 **MR. GRIFFON:** -- the compensable claims --

4 **MR. KENOYER:** That enters into --

5 **MR. GRIFFON:** -- and I appreciate that.

6 However, I think in our function in auditing
7 site profiles, it would be nice to know that
8 'cause I think we might have sort of spun our
9 wheels a little bit with our audit contractor
10 auditing a -- a site profile that clearly was
11 not complete.

12 **MR. KENOYER:** Sure.

13 **MR. GRIFFON:** So when you say complete, I -- I
14 -- I wish we had some other sort of categories
15 here. Are there other profiles that fit into
16 that situation where they're basically out
17 there for -- mainly to -- to start processing
18 likely compensable claims and you're working on
19 --

20 **MR. KENOYER:** Well --

21 **MR. GRIFFON:** -- filling them out --

22 **MR. KENOYER:** -- in fact, most of --

23 **MR. GRIFFON:** -- completely.

24 **MR. KENOYER:** -- most of them are like that,
25 because if they -- if they're non-compensable,

1 we -- we may very well be using a very
2 conservative values or high maximizing type
3 exposures, giving -- assuming very high
4 exposures, and even with those high exposures,
5 the claims would -- would not be compensated.
6 So those --

7 **DR. MELIUS:** Yeah, but -- but there's nothing
8 in the document that says that.

9 **MR. KENOYER:** No.

10 **DR. MELIUS:** And that's...

11 **MR. KENOYER:** These -- I actually consider a
12 site profile to be the documents that I've been
13 talking about plus procedures, other Technical
14 Information Bulletins that can use -- that can
15 be used in a generalized situation, and other
16 programs maybe to estimate doses on site --
17 I'll call them executable programs. That
18 really makes up the site profile package, so
19 there is nothing really in the -- in the
20 document itself that says this is -- this has
21 been written and provided for -- for cases
22 where -- strictly for compensation.

23 Jim Neton has a comment.

24 **DR. NETON:** I'd just like to comment -- clarify
25 a little bit on that. There are some documents

1 that do state the limitations up front as to
2 what -- what is not included in there. And
3 this of course comes to our original statements
4 early on that really the proof of the -- of the
5 use of the site profile is in looking at the
6 dose reconstruction itself. You know, did --
7 if the dose reconstruction only used certain
8 portions and those portions were relevant and
9 we could complete a dose reconstruction, then
10 we believe that's -- that's appropriate. So
11 even Weldon Springs, to a certain -- or
12 Mallinckrodt, to a certain extent, was not
13 really issued just to award cases, but there
14 are some -- some situations of claimants with
15 very limited exposure, short duration,
16 potential for internal very small that we could
17 process using that profile. So it really was
18 not issued with the full intent that would only
19 be compensable cases, but Mark, you're right,
20 that -- the majority of those were issued that
21 way.

22 **MR. KENOYER:** Thank you, Dr. Neton. This next
23 slide shows current DOE site profiles under
24 development, when in fact many of these are
25 this close -- this close -- to being approved.

1 They're -- they're somewhere in -- either in
2 comment resolution phase or -- or formal
3 review. These are DOE sites, so I have the
4 site listed, plus our -- the ORAU team's due
5 date to OCAS, and then there's a 60-day
6 implementation phase after that. And that
7 phase may include comment resolutions and/or
8 working with the task five dose reconstructors
9 to have them -- I'll call digest the
10 information that's in the TBD. It's hard for -
11 - there's so much technical information in the
12 -- in the site profile that you -- it -- you
13 can't just hand it over to them. They'll get
14 lost. We don't -- a dose reconstructor cannot
15 spend a lot of time going through all -- a
16 very -- very large document like that. We've
17 tried to summarize the information in tables so
18 they can just go to those tables, but they also
19 generate tools, computer -- computerized tools
20 that they can just input the information that -
21 - that they need to and come out with the
22 answers that they need.

23 I've listed Pantex -- now Pantex is actually on
24 hold right now because it's waiting for the
25 Iowa site profile to be rewritten. Iowa was a

1 predecessor to -- to Pantex, so changes that
2 are going to be made in that site profile --
3 and it'll be discussed later today -- may very
4 well impact Pantex. And we -- we met that --
5 we actually met the original due date to OCAS.
6 Another one that may be involved -- or impacted
7 by that would be the Clarksville facility,
8 similar type processes.

9 LANL is due to OCAS the end of March. We'll
10 have no problems with making that. Same thing
11 with Kansas City. In fact, these dates may
12 seem a long time in the future. I have had a
13 set of teams that are actually -- many of them
14 are working on their second set of site
15 profiles. They will turn in their -- their
16 site profiles before these dates, but there's a
17 GAO report a number of months ago. We were
18 told that we are to establish dates that we
19 will not exceed, and we will not exceed these.
20 But the -- my site profile teams also have the
21 instruction to get the site profiles done as
22 quickly as possible. And I've asked them what
23 resources do they need, and I'm trying to get
24 them those resources.

25 Weldon Spring is in review process right now.

1 It has a due date of April -- April 30th.
2 Lawrence Livermore, PNNL, Pinellas -- Pinellas
3 is almost done today. It's -- many of these
4 have to go through ADC* reviews. I think five
5 -- four of the five sections that need to go
6 through that review for Pinellas have gone
7 through that and now they're in a formal review
8 with the dose reconstructors before it goes to
9 OCAS.

10 Argonne National Lab East, Sandia, ETEC and
11 Electro Metallurgical are -- are also on the --
12 on the list to be done this year.

13 And the last few sites, Simonds Saw and Steel,
14 Linde Ceramics and Air Products, Bridgeport
15 Brass, Superior Steel, Chapman Valve -- those
16 have all been submitted to OCAS on time. We --
17 in fact we just -- we resubmitted Chapman Valve
18 after -- after responding to NIOSH's comments
19 just this week. Simonds Saw and Steel and
20 Linde Ceramics are still in comment resolution,
21 working on some very specific coworker data
22 that we needed that we wanted to make sure was
23 accurate. NUMEC -- the Apollo site -- and
24 Hooker Electrochemical are also up for -- for
25 June of this year.

1 A lot of work is still being done. We've done
2 a lot of work, but there is a lot of work still
3 to be done. The first 15 sites that we chose
4 cover approximately 80 percent of the claims
5 that have been submitted. Now we're fooling
6 ourselves if we think these site profiles are
7 going to be able to address all those claims
8 because there's certain -- certain situations
9 that we have to use conservative type
10 estimates, and -- and we've talked about the
11 coworker data, that's going along with this,
12 too. Where we don't have measurements or
13 bioassay data for claimants, we're coming up
14 with methods to -- to estimate what they could
15 have been exposed to. Okay?

16 A few more that are still on the list -- W.R.
17 Grace, Allied Chemical, General Atomics --
18 actually I believe Combustion Engineering was
19 taken off our high priority list, but we're
20 still gathering information -- Westinghouse
21 Nuclear Fuels Division and Dupont Deepwater
22 Works.

23 **UNIDENTIFIED:** (Off microphone) You said
24 combustion...

25 **MR. KENOYER:** Off the -- off the high priority

1 list. I believe -- we're getting -- for the
2 AWE sites we're getting down to a fairly few
3 number of claims. I mean I believe that one's
4 30. Later this year, or after these profiles
5 are complete, task three will not go away.
6 This -- this dose reconstruction research will
7 not go away. We will be in a transition mode
8 where -- and we've already started it in some
9 ways, working side by side with the dose
10 reconstructors in like sub-teams and helping
11 them find -- find the information they need.
12 So there's going to be a lot of work still to
13 be done.

14 Okay. The other focus of this talk has to do
15 with how we are modifying these site profiles
16 with regard to additional information that's
17 coming in. So I came up with six different
18 sources for these modifications and these are -
19 - these are sources that have sort of evolved
20 over the last two years as we've worked on this
21 project. We -- and I'll go through each one of
22 these and give you some examples of how we --
23 of what site profiles we've changed and how the
24 processes have changed.

25 The first one is receiving information from the

1 NIOSH web site and from the field. The second
2 is from our worker outreach program, and I'll
3 spend some time on that. I think that's been
4 successful. I wish we would have started a
5 little sooner, but it -- it started when it
6 did.

7 Dose reconstruction comments, these are -- I'm
8 going to talk about dose re-- the comments from
9 dose reconstructors after they've actually
10 started to use these site profiles, and also
11 comments that we've received from the claimants
12 on their DR report, so two different aspects of
13 that.

14 We receive input from the -- from CATIs, from
15 the Computer Assisted Telephone Interviews. We
16 also receive information from the site profile
17 team members who've, as they've been working on
18 these site profiles they've identified gaps
19 that need to be -- need to be filled in the
20 future. And also a good source has been the
21 SC&A comments.

22 Okay, the first -- the first major area, the
23 NIOSH web site and from the field. One of the
24 first site profiles that was published was the
25 Bethlehem Steel. Almost as soon as it hit the

1 streets we got the feedback that we had not
2 included the ingestion pathway, and -- and so
3 we started to work on that right away. Not
4 that that was a high contributor to dose, but
5 it was a pathway that we left out of that first
6 -- that first version.

7 I am receiving notes from NIOSH staff through
8 e-mails or phone calls very regularly, and the
9 examples that -- where we've received
10 information, just received some on the Nevada
11 Test Site Pluto shot and other site information
12 came in from a claimant through -- through
13 NIOSH.

14 General counsel, we receive comments from them.
15 We receive comments from the Department of
16 Labor. Most of those are -- are general and
17 apply to more than one site, so if we make
18 changes -- we've set up a system -- we don't
19 have to produce a Rev. -- a whole entire
20 revision on a document, we can have a page
21 change notice, so we can -- we can do that
22 fairly easily.

23 We receive comments from the regional offices
24 that we've incorporated, and then the last five
25 are specific examples where we received

1 additional information from the claimant that
2 have either come in through the NIOSH docket or
3 -- or through their PHAs. Harshaw site
4 information came in from a claimant.
5 Additional Nevada Test Site information; one of
6 the claimants provided additional information
7 on tritium and -- at Hanford in their drinking
8 water. Pinellas site information came directly
9 in from a claimant through NIOSH. And very
10 generally, a large number of comments came in
11 from the claimants in terms of the difficulty
12 in reading and interpreting their letter that
13 they received back in terms of whether or not
14 they were compensated or not, and we've helped
15 develop a draft executive summary -- a draft
16 template to go with -- with the letters that go
17 to the claimants to help explain that -- make
18 it a little more clear to them what -- what the
19 information is.

20 The worker outreach program is actually only
21 about a year old, and like I said, I wish we
22 would have started this sooner. This is sort
23 of a lesson learned, but it took a year pretty
24 much to develop the whole site profile
25 development process. We realized we needed

1 information from the workers. The system
2 wasn't established yet on how to do that. The
3 first set of contacts with the workers were
4 with the site profiles that we had already
5 completed. Okay? They weren't -- some of them
6 were -- and when I say completed, I mean Rev.
7 0's. We got the Rev. 0's out on the street --
8 depends -- it depends on what site we are
9 interacting with. Some sites -- and we've
10 started to do this with the -- with the second
11 round of -- second round of sites, is to
12 contact them as -- right after we've put a team
13 together and -- and to go out to the site and
14 ask for information.
15 Some sites have more information and will --
16 and understand the process. Other sites just
17 say why are you talking to me now? Come back
18 when you have something for us to evaluate.
19 And it's sort of a mix, and so you don't know
20 that until you really -- you really go to the
21 site and talk to the people, and most of these
22 are labor representatives that we -- that we
23 interface with, different groups on-site. I
24 think as of a couple of weeks ago we had made
25 13 site visits, actually had like 18 or 19

1 meetings, so -- and it's been valuable.
2 And sometime -- when -- when they -- when the -
3 - when the site reps have information up front,
4 that only helps us to develop the information
5 that goes into the site profile. They may have
6 a medical surveillance program and have a
7 database that we can then gain access to, tell
8 us about hazard eval-- hazard identifications
9 on site. And for-- the former workers program
10 has been valuable for some sites, but not every
11 site has that, so we've --
12 We've used -- to document comments, and
13 actually we've gone through -- Bill Murray of
14 my staff leads this effort, and he -- he worked
15 for ATSDR, the Agency for Toxic Substances and
16 Disease Registry, for a number of years. They
17 used a database called Top Hat, and we have --
18 we have started to use that. He and his
19 helpers have put together over 2,000 comments
20 to date. They've taken -- they've gone through
21 the minutes of all these Advisory Board
22 meetings and gone through and identified and
23 categorized different comments there. They've
24 gone through all the site profile meetings that
25 we've had on sites and documented the comments

1 that we've received there. They put it into
2 this database and then, depending on -- for
3 what -- each site that those -- the comments
4 are specific to, they distribute it to the site
5 profile team leaders, and then they evaluate
6 whether or not it's important enough to help --
7 to help build their case or to perhaps change
8 the site profile. And we've had some cases
9 that are -- some are listed here, so I think
10 this has been very -- a very valuable program.
11 Specific examples of where we've incorporated
12 comments from -- that we've received through
13 the worker outreach program, the Hanford
14 document, we received very thorough comments
15 from PACE. Probably the most important was
16 some specific comments on incidents that we had
17 not included in the site profile.
18 We decided early on not to include -- I'll call
19 it lower level incidents. As those -- those of
20 you -- you know, we realize that things happen
21 on site, and we don't -- we try to focus on the
22 major incidents. We figured -- lot of
23 information -- if a person was involved in an
24 incident, that information would be included in
25 the CATI, in the -- in the interview with that

1 person.

2 The Idaho site description and other comments,
3 the comments are being incorporated that have
4 just come in. That's -- that meeting was just
5 about two months ago. We received a large
6 number of comments when a group of people went
7 to the Iowa site and talked to past workers,
8 and we've -- we've also talked about the --
9 about the Savannah River Site construction
10 worker -- construction worker chapter. That is
11 in process. A few days ago Dr. -- or Larry
12 Elliott talked about the RFP that's out on the
13 street. We're trying to set up an effort to
14 work with them, but I've also started a little
15 subtask associated with that looking at the HR
16 data that we received from the Savannah River
17 Site where we can isolate data on -- on
18 construction workers. That'll be part of that
19 effort, too.

20 Okay, dose reconstruction comments. One aspect
21 of that, as I said, is the formal comments from
22 the dose reconstructions after we've given them
23 a certain version of a site profile and they
24 are -- they gladly provide comments back to us
25 in terms of how useful it is or -- or things

1 that need to be changed. And five examples
2 that I came up with that. One, after we
3 produced the Hanford document they needed some
4 more -- more specialized information on X-ray
5 techniques. Savannah River document has been
6 changed to include more -- or different
7 information on internal dosimetry issues and
8 the use of photofluorography. In fact, we're
9 adding information on photofluorography to as
10 many site profiles as we can as we come -- come
11 across it.

12 The gaseous diffusion plants -- K-25, Paducah
13 and Portsmouth -- those documents were pretty
14 much reviewed by NIOSH and task five at the
15 same time. We put together a subgroup of
16 people to identi-- mainly to make those
17 documents more consistent so we would -- we --
18 we did address the issues in the same way.
19 The Y-12 site profile has been changed based on
20 the -- the identified need for internal and
21 external dosimetry issues. And the INEEL
22 document, X-ray and internal dosimetry, so we -
23 - we have tried to work side by side with the
24 people that are using these documents. And
25 some of them are -- a lot of these people are

1 located all over the United States, but the key
2 group of people of my team are located in
3 Cincinnati and we can work side by side.
4 We also receive comments on the DR reports from
5 the claimants, and those can get back to us
6 through the OCAS-1 forms and also in the
7 closeout interviews, in terms of what
8 additional information may -- may be available.
9 CATI comments, Computer Assisted Telephone
10 Interviews. This has been a very successful
11 program within this whole project where each --
12 each claimant has gone through an interview and
13 -- and you can see a number of examples that
14 we've even incorporated changes in site
15 profiles -- ingestion of foodstuffs at Savannah
16 River, a number of comments were -- and these
17 were identified by the interviewers that a
18 number of claimants had identified the fact
19 that they had been eating -- we call it nuts
20 and berries on the Savannah River Site. On the
21 slide it says foodstuffs, but we've estimated
22 the level of internal dose that could be
23 contributed to ingestion of those.
24 Someone provided a very good map of Nevada Test
25 Site shots and that -- that's going to be

1 incorporated into the next revision of the NTS
2 document.

3 The Fernald site description and exposure
4 routes, information on that was provided by a
5 claimant in an interview.

6 Contact for the Westinghouse Nuclear Fuels
7 Division was communicated to us through this
8 process, and just leads on -- on additional
9 resources. We get reports basically dropped on
10 our doorstep from -- from claimants, and many
11 of -- many -- many times they're identified
12 through the -- through the CATI.

13 Just recently, and the second bullet here, is
14 site export tool has been developed, and this
15 is through our IT group. And they -- and I --
16 I have just tried it recently. It has just
17 been put onto my computer in Cincinnati, and
18 it's going to be made available to the site
19 team leaders where they can basically do a
20 search on the entire database of all the
21 comments that have been made in the Computer
22 Assisted Telephone Interviews and they can pick
23 up -- they can identify the sites, they can
24 have multiple sites if they need it, but if
25 they're focused on one site -- let's say for an

1 example, film badges, and it'll -- it will come
2 up with all of the comments that have been made
3 by the claimants in the interviews, and so they
4 can isolate on those, very -- very useful tool.
5 Can save a lot of time because it takes time to
6 -- to read all -- all of those interviews. So
7 we're also trying to work with -- this would be
8 task four within this project.

9 Okay, my next to last slide talks about how the
10 team leader or team members have identified
11 needs of site profiles and how we can -- how
12 we've modified those. Site profiles have gone
13 through a revision or page change notice based
14 on -- it says team leaders but really it should
15 be team members' identification of areas
16 needing expansion. Remember, I told you the
17 Rev. 0's don't include all the information that
18 the finalized documents may, but as they're
19 writing it they'll identify areas like Savannah
20 River, Hanford, Y-12, I think those changes
21 have already been made, and X-10 and Rocky
22 Flats are -- are in the process of being made.
23 Rocky Flats we're waiting for the neutron
24 report to come out of DOE headquarters, and
25 that will -- that will address concerns we have

1 there.

2 My last slide talks about the importance of the
3 SC&A input to site profiles. And examples are
4 on the screen right now. Changes in the
5 Hanford document, SC&A did a very thorough
6 evaluation of the Hanford site profile, came up
7 with pages of questions and comments. We put
8 them in direct interaction with the main
9 authors and -- and based on their comments, we
10 are -- we're making changes in those documents
11 to address the more -- what we consider to be
12 the more important issues, include the use of
13 thorium and also neptunium 237.

14 The Bethlehem Steel document, Dr. Neton talked
15 yesterday about that, and I just listed one
16 area. Remember he talked about lognormal
17 distributions versus triangular, but there were
18 a number of other items. Those came directly
19 from the SC&A reviews. And also the
20 Mallinckrodt document, we talked about that
21 yesterday.

22 I wish I could say that -- well, actually I
23 will say it's been a positive interaction with
24 Sanford Cohen & Associates. We -- we
25 appreciate the work that they are doing and I

1 think it will make these documents better. It
2 does -- it does impact some of -- some of my
3 resources, because they interact with some of
4 the key people that are working on the dose
5 reconstruction research. And I have a saying
6 that I pass onto the site profile team leaders
7 -- once you're a team leader for a site, you're
8 always a team leader for that site.
9 So they may be on to their next assignment, but
10 when questions or comments come back in,
11 they're the most knowledgeable to -- to answer
12 those questions. So it takes -- it does take
13 additional time. It may or may not have an
14 impact on deliverables later in the year. I
15 hope it doesn't have a major one. I think it -
16 - the number of hours that task three staff
17 have interacted with SC&A staff has actually
18 probably been less than I had projected for the
19 last -- for the last quarter, but it -- it does
20 have an impact, a real one, so -- that's the
21 end of my presentation. I'd be glad to --
22 **DR. ZIEMER:** Thank you very much, Judson. Now
23 -- yes, let's open the floor for some
24 questions. Gen Roessler.
25 **DR. ROESSLER:** Judson, obviously after Rev. 1

1 you're getting a lot of input from various
2 sources. I'm wondering, how do you determine,
3 as you make changes, whether they're
4 significant enough to affect the claims that
5 are in process or claims that have already been
6 processed? And if -- this mike isn't too good.
7 If they are significant and you think it could,
8 or somebody thinks it could affect the claim,
9 then --

10 **MR. KENOYER:** Yes.

11 **DR. ROESSLER:** -- then what's the procedure?

12 **MR. KENOYER:** We would go -- we would go back
13 and look -- look at things that have al-- that
14 have already been processed, and if it -- if it
15 would make them compensable, they would be
16 given their money.

17 Dr. Neton?

18 **DR. NETON:** Just to expand on that a little
19 bit, we have a formal process, it's called --
20 we would issue what's known in our parlance as
21 a program evaluation report, a PER. We have an
22 acronym for everything. In that report we
23 would detail the change that was made to the
24 profile and an evaluation summary of all the
25 cases that we believe would potentially have

1 been affected.

2 For example, at Bethlehem Steel when we added
3 the ingestion model, we knew the amount of
4 incremental dose was going to be not that
5 great, so we took all claims that were at 40
6 percent and higher and re-ran them using the
7 new model and determined that there were --
8 none of those claims were going to be -- the
9 compensation decision would change, so we're
10 pretty comfortable that all the other ones that
11 were less than 40 would not change, as well.
12 And that's documented and maintained as a
13 controlled document within our system. And
14 we'll do that with every -- we've done that
15 with every single modification to a profile
16 thus far.

17 **DR. ZIEMER:** Richard, then --

18 **MR. ESPINOSA:** Dr. Melius was first.

19 **DR. ZIEMER:** Oh, I'm sorry. Jim, you're well
20 hidden there. Dr. Melius, and then -- then
21 Rich and then Leon.

22 **MR. KENOYER:** Okay.

23 **DR. MELIUS:** I have several comments. First of
24 all, I -- just the fact what we said earlier,
25 it would be useful I think to have a sort of a

1 -- a preface to the site profiles or something
2 on your web site, some -- that would indicate
3 to those that are interested sort of what the
4 status is, what the plans are, what's going on.
5 I think such a document would have been useful
6 to have for this meeting for the people
7 interested in where -- what's happening with
8 Mallinckrodt and with Weldon Springs and so
9 forth 'cause -- 'cause it -- there's confusion
10 and some of us went to Buffalo about a month
11 ago and -- for a meeting up there about the
12 Bethlehem site and there really is a lot of --
13 even people very involved in the process, it's
14 hard to keep track of what's going on and what
15 -- what's changing and so forth. And I think
16 also the more that you can reflect that you're
17 taking into account people's comments, or at
18 least recording them in some way -- for a long
19 while when we'd look at the site profile page
20 there were very few comments, even -- even
21 though we knew that there had been a meeting
22 with worker representatives and so forth. But
23 the more we can make that transparent, I think
24 the better.

25 **MR. KENOYER:** Okay, I appreciate that. Would

1 you -- would you settle for a quarterly update?

2 **DR. MELIUS:** Whatever -- whatever's
3 appropriate. I don't --

4 **MR. KENOYER:** Compared to what you have now,
5 that would be a step forward.

6 **DR. MELIUS:** Yeah, but -- but some way that
7 indicates what the plans are, and I know you're
8 reluctant to put out schedules sometimes of --
9 of trying to predict when things will happen --

10 **MR. KENOYER:** I can --

11 **DR. MELIUS:** -- but -- but I think it's useful
12 for people to know, and maybe you won't make
13 all the deadlines, but it's still -- at least
14 give some estimate as to when --

15 **MR. KENOYER:** Many -- many times when we are
16 interacting with the sites, we have an
17 estimated date, but it really -- we don't know
18 the exact dates we're going to go until about a
19 month beforehand. It's really up to the site
20 and when they can bring their people together.

21 **DR. MELIUS:** And a second comment follows up
22 actually on your last slide and some of the
23 things we talked about yesterday. I've
24 actually found that the SC&A review process is
25 -- has been very helpful. It really does serve

1 as a peer review of -- of these technical
2 documents. And again, not faulting NIOSH or
3 the contractor involved, but I just think
4 having another set of outside experts take a
5 look at these does provide useful information,
6 certainly early on. Now maybe some of the
7 later documents won't -- won't be as helpful
8 because a lot of the issues will be addressed.

9 **MR. KENOYER:** Sure.

10 **DR. MELIUS:** But I -- I think some way of
11 really institutionalizing that would be
12 helpful. Now whether it's through us, through
13 our contractor -- you know, through the Board -
14 -

15 **MR. KENOYER:** Uh-huh.

16 **DR. MELIUS:** -- reviewing, but -- or whether
17 it's through some other mechanism, but -- but I
18 -- I just think it really provides a lot of
19 both useful information and -- and comments and
20 -- for potential change in these site profiles,
21 as well as some credibility, I mean --

22 **MR. KENOYER:** Yes.

23 **DR. MELIUS:** -- to -- to the -- to the process
24 'cause these are so critical to the individual
25 dose reconstructions and it's very difficult

1 for people to understand what's going on, the
2 technical details, and knowing that an outside
3 independent group has reviewed it I think is --
4 is very useful and --

5 **MR. KENOYER:** I think we -- you know, we've
6 gone through about three rounds of interactions
7 with them on -- on different documents, and the
8 last round in preparation for this meeting, in
9 fact, with Advisory Board members present, I
10 think turned out to be very useful.

11 **DR. MELIUS:** So I think whether it's -- I don't
12 know whether we need to -- what we need to do
13 with our contractor or how we want to work
14 this, but -- but I think really getting on a
15 schedule for peer reviewing a large number of
16 these would -- would be -- be helpful to what's
17 going on.

18 Finally, I think -- and this also came out of
19 the Buffalo meeting but also some of the other
20 comments, is there needs to be some point where
21 there's sort of closure on some of these
22 issues. We have all these comments that are
23 sort of out there and when we were up in
24 Buffalo the representatives of the constituents
25 up there were just very confused and very

1 difficult 'cause they kept adding -- providing
2 comments, providing comments, and not seeing
3 what was coming out of it, and it just seems
4 that the process is never-ending. So they
5 don't know sort of when is the process
6 complete. And if there's -- be some sort of
7 schedule that we're going to incorporate these
8 comments, incorporate the peer review,
9 incorporate what else we've learned on some
10 sort of a schedule and then this will be the
11 document we use for a period of time --

12 **MR. KENOYER:** Okay.

13 **DR. MELIUS:** -- and then move forward, I -- I
14 think would be very helpful on -- on these
15 sites where you -- where you, again, are doing
16 a good job of reaching out and trying to get
17 information, but there's got to be some way of
18 bringing it to -- to closure and providing some
19 certainty for people as to yeah, this is what
20 we're going to use as the basis for our -- our
21 dose reconstructions.

22 **MR. KENOYER:** Okay. I appreciate that comment.

23 **DR. ZIEMER:** It's also not always clear, I
24 think, to folks who have had input as to
25 whether or not their input has been considered

1 or not considered. I think it's related to
2 what Jim's saying. I was there at Buffalo, as
3 well, and even if -- even if it turns out that
4 the comment has been considered and somehow
5 incorporated, it's not always obvious to
6 people. And I'm not sure how you make that
7 evident, but it's something to consider.

8 **MR. KENOYER:** Well, we -- well, we have -- I
9 know with regard to the PACE comments from --
10 on the Hanford document, we -- we have formally
11 responded to those, sent them back through
12 NIOSH and then expect that communication to go
13 back to the labor reps, so...

14 **DR. MELIUS:** Either a formal response or
15 informal response, but some sort of a response
16 or some sort of an indication on the web site
17 or something that yeah, this has been
18 considered or this will be considered when we,
19 you know, get a revised -- or when we get
20 further information or whatever I think would
21 be -- be helpful that -- 'cause I -- at least,
22 again, the experience at Buffalo and other
23 places has been I think that people feel that
24 you're -- you are going to be addressing their
25 comments, fine. It's just that they don't see

1 that and they just keep saying well, I'll have
2 to tell them another ten times and --

3 **MR. KENOYER:** I gotcha.

4 **DR. MELIUS:** -- or become very frustrated and
5 it's hard.

6 **MR. KENOYER:** Okay. I understand.

7 **DR. ZIEMER:** Okay, let's see, who was --
8 Richard, I think you were next.

9 **MR. ESPINOSA:** I'm just kind of wondering what
10 efforts have been made on developing site
11 profiles for construction workers at these
12 different areas and sites.

13 **MR. KENOYER:** The first -- the first -- and I
14 talked about it just a little bit, we're -- and
15 -- and I believe Jim Neton mentioned it the
16 other day, or -- or Larry Elliott -- talked
17 about interfacing with a group of people
18 representing the construction workers at
19 Savannah River and Hanford. And many of the
20 issues that are going to be brought out from
21 the -- from those interactions are going to be
22 -- we're going to be able to expand that to --
23 to other -- other sites.

24 One of the first steps, and it's in the RFP
25 that's gone out, talks about identifying

1 specific radiation risks that construction
2 workers have that are different than the
3 general site population, and estimating what
4 addition-- perhaps what additional doses or
5 some sort of correction factor or increased
6 value that -- that could be administered to
7 their -- to their claims, based on different
8 tasks. It might be -- outside working might be
9 increased particulate intake due to physical
10 work with contaminated soils, or it could be
11 the fact that a mix of people -- a team have,
12 you know, had to go into the site to work on
13 in-plant sources or whatever. We'll -- we'll
14 come up with that with -- you know, with direct
15 input from -- from construction workers. We've
16 had -- we have had a meeting at Savannah River
17 and -- for some initial discussions, but we'll
18 go back and we'll continue to work with them.

19 **MR. ESPINOSA:** Different trades incorporate
20 different risks, different --

21 **MR. KENOYER:** Yes.

22 **MR. ESPINOSA:** -- hazards. Is that going to be
23 based on different tasks?

24 **MR. KENOYER:** They -- we -- we had a mix of
25 trades at -- at the one meeting -- the one --

1 was more or less information meeting at -- at
2 Savannah River, and we will be discussing that,
3 too. In fact, a general statement. After we
4 talked about that, even -- the representatives
5 from the different trades came up with -- came
6 up with a thought that, you know, on the
7 average, it -- over -- over a person's career,
8 for the most part, one tra-- one -- one trade,
9 compared to another, had the same probability
10 of getting a higher level exposure, 'cause
11 there's so many different tasks that they would
12 have to do, I think the only -- the only trade
13 that -- that they identified as a possibility
14 of having a lower exposure were the Teamsters,
15 the truck drivers. The people -- if they went
16 into the plant, there's so -- or facility,
17 there's so many different sources over time
18 that we may very well just come up with one --
19 one increased factor, so -- but we'll look at
20 that again. We'll get other input from other -
21 - other construction workers and other trades.
22 That's just one site.

23 **MR. ESPINOSA:** I'd encourage that the same
24 process be done with Los Alamos, as well.

25 **MR. KENOYER:** Okay.

1 **DR. ROESSLER:** Rich --

2 **DR. ZIEMER:** Leon?

3 **DR. ROESSLER:** -- we can never hear you. Use
4 your mike.

5 **DR. ZIEMER:** Oh, she was having trouble
6 hearing.

7 **MR. ESPINOSA:** Oh, sorry.

8 **DR. ZIEMER:** Yeah. Leon?

9 **MR. OWENS:** Justin (sic), as you -- as you do
10 your outreach at the different sites --

11 **MR. KENOYER:** Yes.

12 **MR. OWENS:** -- is there a validation and
13 verification process from the standpoint of --
14 of worker advocates or the workers themselves
15 that might present new findings, documents that
16 may not have previously been viewed? What
17 process is in place to view those documents and
18 ensure their validity prior to making revisions
19 to the site profile for that particular site?

20 **MR. KENOYER:** Well, first of all -- first of
21 all, we'll -- you know, we -- we're after any
22 information they can provide, and hopefully
23 it'll be a -- in a published report or a peer-
24 reviewed report. Many of the site reports
25 aren't -- do not go through that, so you know,

1 it -- we haven't gone through a thorough
2 validation process of that information. We
3 haven't really received that much information
4 from -- from the sites in terms of from the --
5 from the labor reps. We have received
6 information from claimants that -- you know,
7 they may have -- they may have reports in their
8 files, or -- or friends or coworkers of
9 claimants where we've gotten official reports,
10 and -- and tho-- if they're peer-reviewed, it's
11 pretty much accepted. But we haven't gone
12 through a thorough evaluation or validation of
13 let's say raw data that's come up. It's almost
14 like any of the data we come up with. I mean
15 if we find that information in a box somewhere
16 in the middle of Kansas, you -- it's almost
17 what -- what -- you get what you -- you get
18 what you get, and you look for consistency.
19 You can compare it to what you already have.
20 If it -- if it's a much higher level, we would
21 go through another step in terms of trying to
22 validate it, perhaps with some other workers
23 that were on site at the same time. You know,
24 if they could -- if they could -- they could
25 say that yes, that's -- that is indeed the

1 situation as it was, but -- very difficult.

2 **MR. OWENS:** I just have a follow-up. I think
3 that there's a concern, and I'm aware of a
4 meeting -- outreach meeting tomorrow in
5 Paducah, Kentucky --

6 **MR. KENOYER:** Uh-huh.

7 **MR. OWENS:** -- and the concern is that the
8 reliance on some of the Department of Energy
9 records -- as we know, it's shoddy, at best --

10 **MR. KENOYER:** Uh-huh.

11 **MR. OWENS:** -- but I believe that there's some
12 workers who do have information that is very
13 valuable, and I did not know that if this
14 information is presented, if -- if there would
15 be the team that actually worked on the
16 profile, if they would then go back in and --
17 and do another review.

18 **MR. KENOYER:** They could -- they -- they would
19 very well compare it to what they've already
20 looked at. But many times we -- we get -- we
21 get verbal stories, and that -- you know, that
22 helps us understand the workplace situation,
23 but we really would like --

24 **DR. ANDERSON:** (Via telephone) Yes?

25 **MR. KENOYER:** -- dat-- the hard data --

1 **DR. ANDERSON:** I can't hear whoever's talking
2 very well.

3 **DR. ZIEMER:** Henry's -- is -- Henry Anderson is
4 on the line. Henry, we'll try to -- Judson,
5 speak into the mike so Henry can hear you
6 there.

7 **DR. ANDERSON:** One half of the room I've been
8 hearing, but I was able to hear the
9 presentation pretty well, but not...

10 **DR. ZIEMER:** Thank you. Go ahead, Judson.

11 **MR. KENOYER:** Okay. Well, I basically was
12 saying that we -- there has not been a thorough
13 evaluation of each and every -- every dataset,
14 but we haven't received that much hard data
15 from our interactions with the site -- the site
16 personnel. A lot of it has been stories, and
17 we -- we've documented those. We understand
18 those. But we ask for written -- you know,
19 written comments or -- or written information.
20 It's much more valuable.

21 **DR. WADE:** Henry, can you hear me?

22 **DR. ANDERSON:** Yeah.

23 **DR. WADE:** This is Lew Wade. How long will you
24 be available this morning?

25 **DR. ZIEMER:** Hang on just a minute, Robert --

1 **DR. ANDERSON:** Another 45 minutes.

2 **DR. WADE:** Thank you.

3 **DR. ZIEMER:** -- we're just clarifying Henry's
4 availability time here this morning.

5 **MR. KENOYER:** Any other questions or comments?

6 **DR. ZIEMER:** Okay.

7 **MR. PRESLEY:** I would caution you -- you
8 mentioned Teamsters.

9 **MR. KENOYER:** Yes.

10 **MR. PRESLEY:** From experience, our Teamsters in
11 Oak Ridge, you had Teamsters that drove heavy
12 equipment and you also had Teamsters that drove
13 the trucks that delivered the material and
14 everything else throughout the plant. Those
15 people were in the buildings -- process
16 buildings as much as the rest of us were.

17 **MR. KENOYER:** Okay.

18 **MR. PRESLEY:** And a lot of times they were in
19 the -- some of the worst areas because of where
20 they've had to pick the material up and
21 actually take it and put it on the forklifts,
22 put it on the trucks theirselves (sic).

23 **MR. KENOYER:** Okay.

24 **MR. PRESLEY:** That's one point on Teamsters.

25 **MR. KENOYER:** I'll note that. Thank you very

1 much. The comment that I stated was
2 specifically with the people -- the trade
3 workers that we talked to at Savannah River,
4 but we -- we look at -- and each site would be
5 different.

6 **DR. ZIEMER:** Thank you. Mark?

7 **MR. GRIFFON:** Yeah, I -- I -- I just had a
8 follow-up on -- on Leon. Your response to
9 Leon's question --

10 **MR. KENOYER:** Yes.

11 **MR. GRIFFON:** -- sparked a question in my mind.

12 **MR. KENOYER:** Okay.

13 **MR. GRIFFON:** You -- you said that hopefully
14 the data that you get from people is -- is in
15 the form of peer-reviewed reports or published
16 reports --

17 **MR. KENOYER:** Yes.

18 **MR. GRIFFON:** -- which I appreciate. The
19 question I have is in -- in doing these site
20 profiles, I wonder to what extent ORAU teams
21 have been able to validate or verify some
22 summary type reports or database data from the
23 sites against raw records, because this has
24 been one of the concerns from the inception --

25 **MR. KENOYER:** Yes.

1 **MR. GRIFFON:** -- of this program is that we're
2 not just here to redo work that's already sort
3 of been done --

4 **MR. KENOYER:** Sure.

5 **MR. GRIFFON:** -- in previous reports by DOE.
6 In fact, there's a lot of concern about the
7 previous DOE reports, so I think --

8 **MR. KENOYER:** Yes.

9 **MR. GRIFFON:** -- to some extent you -- your job
10 is to validate, verify against raw records, and
11 I wonder to what extent to the site profiles
12 take that into account.

13 **MR. KENOYER:** The first -- the first round of
14 site profiles basically took data as we found
15 it, and verified it as we could. We realize
16 the importance of looking at the validity of
17 the data. I mean we can tell if it -- you
18 know, comparing it to other site data, whether
19 it's out of line or if it's high, if it's low.
20 More recently we -- you know, we continue to
21 dig deeper as we interface with people on the
22 site. Again, remember a comment I made --
23 seems like it was about an hour ago, probably
24 only 45 minutes, that sometimes you have to
25 make a decision, do you have enough information

1 and is it -- is it good enough. And it might
2 be a mix of DOE data. It might -- or -- or it
3 could also include just information that we got
4 from the site and pulled -- pulled together.
5 We have an ongoing activity at Los Alamos.
6 We're trying to pull together bioassay data, in
7 vivo and in vitro data, where we have been able
8 to go back to log books and we're going through
9 a V and V of a fairly large percentage of that
10 data.

11 **DR. ZIEMER:** Thank you very much, Judson. We
12 might want to come back to you a little later.
13 The Chair would like to take advantage of the
14 fact that Henry Anderson is able to be with us
15 for a while this morning. And with the Board's
16 permission, we'll proceed to begin some of our
17 work session in order to allow Henry the chance
18 to participate.

19 **MR. KENOYER:** Thank you very much.

20 **DR. ZIEMER:** So thank you very much.

21 (Whereupon, discussion of the Mallinckrodt SEC
22 Petition ensued. This is contained in a
23 separate volume.)

24 **DR. ZIEMER:** We -- I think we will move on to
25 one other item that we have before lunch, and

1 that is update and status of our contractor's
2 task orders. Lew, are you prepared to
3 summarize that for us this morning?

4 **STATUS OF SC&A TASK ORDERS AND COSTS**

5 **DR. WADE:** Take a deep breath and we'll move on
6 to this item now.

7 What I'd like to do is address it by going
8 through three categories of items. I'd like to
9 start by making an overall statement as to my
10 views of the contract, its role and its
11 performance. I'd then like to talk about the
12 status of individual tasks and give you a
13 report on that. I'd like to talk about overall
14 funding of the contract and give you an
15 overview of that.

16 And then I'd like to raise two outstanding
17 issues that I think I'd like to hear the Board
18 comment upon. As we continue building our
19 relationship with -- with the contractor, those
20 issues are exactly where we draw the line in
21 terms of discussions on clarification of fact
22 between NIOSH and the contractor. I think it's
23 important that we hear from the Board on that.
24 And then I'd like to hear from the Board as to
25 how they would like us to proceed with the task

1 three report. That's a report that we now have
2 in hand. Task three deals with the
3 contractor's review of NIOSH procedures.
4 So that's the outline of the comments that I
5 would like to make for you.
6 Let me begin with my general comments, and let
7 me start by saying that NIOSH holds as a core
8 value the independent and transparent peer
9 review of its work. Dr. Melius spoke to that
10 very eloquently this morning.
11 NIOSH holds that as a -- as a core value, and
12 we see this review contract very much
13 reinforcing that value. We applaud the
14 elements of peer review that the contractor
15 brings to NIOSH work, be it in terms of
16 individual dose reconstructions or site
17 profiles. And I think that's terribly
18 important.
19 I think if we pause at this moment in time and
20 look at what the contract has brought about, I
21 think we see many positive additions. I think
22 the quality of the work in this area has been
23 enhanced by the work of the Board and its
24 contractor. I only need to point to some of
25 the comments made this morning by the ORAU

1 representative, as well as the very positive
2 evolution of the Bethlehem site profile and how
3 that's been enhanced by the work of the
4 contractor. So I think we can begin to look at
5 a positive track record and a significant
6 contribution that has been made by the
7 contractor.

8 Thirdly, I'd like to speak to the flexibility
9 and professionalism that has been shown by the
10 contractor, particularly John Mauro, and the
11 leadership on that contract. I think since our
12 last Board meeting particularly they've
13 demonstrated the highest levels of flexibility
14 and professionalism in the way they go about
15 the conduct of their work. And I think that
16 behavior reinforces my -- my previous two
17 points. I think that behavior has allowed for
18 improvements to be made in the conduct of all
19 of our work, and I think it goes to this value
20 of independent and transparent peer review. So
21 I personally thank the contractor for its work
22 and I thank the Board for engaging that
23 contractor.

24 Let me move on to my second point, which is the
25 overall status of tasks on the contract. If

1 you remember, there are four. The first task
2 deals with site profile review. Based upon
3 your recommendations the last time, we have
4 moved money into the contract to cover the
5 first of those eight reviews. Let me reserve
6 the right to speak a little bit more to that in
7 a minute when I talk about overall funding.
8 But as you know, Bethlehem and Mallinckrodt are
9 on our plate right now. The contractor is very
10 close to completing its site profile reviews on
11 Savannah River and Hanford. Next in the queue
12 comes Nevada and INEL, and then last, the two
13 that require the Q clearances, are Rocky Flats
14 and Y-12. So again, there is money in the
15 contract to -- to proceed on eight of those
16 site profiles.

17 With regard to task two, that is the issue of
18 case tracking software, it's a relatively small
19 task but the contract is adequately funded with
20 an adequate time frame for the contractor not
21 only to complete its initial work, but to do
22 the follow-up work necessary there.

23 With regard to task three, the review of NIOSH
24 procedures, we have, I hope, now approved a mod
25 to the contract that extends the performance

1 period on that to the end of January. NIOSH
2 did and the Board did receive the contractor's
3 product on that in mid-January. You have it in
4 your possession. It was my decision not to
5 include that discussion on this agenda, for
6 obvious reasons that there was not time for the
7 Board to review it and there were many more
8 pressing items, as evidenced by this morning
9 and I think this afternoon's discussion. But
10 that was my decision. But there is money in
11 the contract to -- to complete that task, and
12 hopefully we've modified the period of
13 performance.

14 And then lastly to task four, which is the
15 review of the individual dose reconstructions.
16 We have money in the contract to cover those
17 first 62. Those are the 20, the 20, the 20 and
18 the two blinds. There is money in the contract
19 to do that.

20 Overall, those tasks amount to about \$2
21 million. Remember, we have a \$3 million cap in
22 the current cap on the contract.

23 What I need to go to immediately, though, after
24 saying that is that by the work of this Board
25 we have extended not the scope of the contract

1 but the degree of work that falls to the
2 contractor in -- in accomplishing each of those
3 tasks. It is my considered opinion that we
4 will be able to fund the work that we have
5 asked the contractor to do on that scope that
6 I've just defined -- that is the eight site
7 profiles, completion of task two and three and
8 the 62 dose reconstructions -- within the \$3
9 million. I spoke to Dr. Mauro this morning and
10 he is prepared, at our next meeting, to be able
11 to make a much more complete report to us as to
12 the cost that the contractor has legitimately
13 incurred in undertaking not an increase in
14 scope, but the tasks with more breadth than we
15 had originally defined.

16 I think you know what I mean. We're asking the
17 contractor to go through repeated iterations
18 and expanded reviews of new revs of documents.
19 All that is within the scope, but it will take
20 money. I do believe that there's money in the
21 contract to cover all of that. How much of
22 that free board between the \$2 million and the
23 \$3 million that will be expended to do that
24 remains to be seen. And I, along with you,
25 look forward to Dr. Mauro's report at the next

1 meeting as to his finances.

2 Again, though, the contractor has done what we
3 have asked, and there is no question that NIOSH
4 has instructed the contractor to undertake that
5 work and we will certainly pay for that work.
6 There was also an ongoing discussion between
7 the contractor and the contract officer --
8 that's David Staudt, who you met last time --
9 on the introduction of a project management
10 task. Again, I look forward -- hopefully -- to
11 a report by -- by Dr. Mauro on that issue when
12 the Board next meets.

13 So that's my view of -- of the issues of
14 overall funding. Again, of the \$3 million
15 available, I think there is more than enough to
16 complete the work that I've identified to you,
17 within the new breadth that we've brought to
18 the tasks. Again, we'll know just how much
19 free board is left after we hear from Dr. Mauro
20 at the next meeting.

21 Then to the two remaining issues, there are
22 many references I could make to the fact that
23 the Board has asked the contractor to interact
24 with NIOSH on clarifying issues of fact. I
25 refer you to the minutes of the last Board

1 meeting when you were discussing the Bethlehem
2 site profile and how we would evolve toward the
3 continuation of that, and I quote, With no
4 further discussion, a motion that the Board
5 receives the report as the findings of SC&A and
6 asks that both NIOSH and SC&A respond to each
7 other's views of the report.

8 We have put in motion a discussion that takes
9 place between NIOSH and the contractor. In our
10 -- in your six-step process that goes to the
11 individual dose reconstructions, the second
12 point is that SC&A and NIOSH resolve and
13 clarify issues in the report where there appear
14 to be factual disagreement on the facts of the
15 case or cases.

16 What we've done is we've caused there to be a
17 dialogue. And the way we've responded to this
18 -- on the guidance of the Chair and in
19 deliberations with the leadership at SC&A -- is
20 that if there ever is an interaction between
21 NIOSH and the contractor that goes clearly
22 beyond clarifying issues of fact, we will try
23 and do that at either a working group meeting
24 or a subcommittee meeting of the Board, minutes
25 and transcript will be taken. If there is

1 simply discussion to clarify fact, then we have
2 asked Dr. Mauro to provide us -- that is the
3 Board -- with minutes of those discussions so
4 there will be a record of what was discussed.
5 And my question to the Board is, is that the
6 way you would like us to proceed?

7 Again, on issues clearly of clarification of
8 fact, Dr. Mauro will provide minutes of those
9 discussions. Anything that goes beyond that,
10 we will commit to do that at either a working
11 group meeting or a subcommittee meeting of the
12 Board. I await your advice on that, either now
13 or at a working group session that will -- will
14 happen tomorrow.

15 **DR. ZIEMER:** Okay. Does that complete your
16 report then, Lew?

17 **DR. WADE:** I have one more issue.

18 **DR. ZIEMER:** Why don't you address that issue
19 and then we can have a few minutes to...

20 **DR. WADE:** The second issue that I bring to the
21 Board is the task three report. You have it in
22 your possession. I would like some guidance as
23 how you would like us to proceed. I don't
24 think it would be very difficult to modify the
25 six-step process to deal with that report and

1 to have that engendered prior to the next Board
2 meeting, but I would like to hear from the
3 Board on that. And that, sir, concludes my
4 report.

5 **DR. ZIEMER:** Right. The task three report
6 actually was delivered to us a couple of weeks
7 ago -- I forget exactly when. Everyone has
8 that. That's a deliverable. And the issue
9 would be whether or not we should, as a matter
10 of course, simply ask that NIOSH have a chance
11 to review that and respond, and then see if
12 there are factual errors and so on. Should we
13 go through the iteration or -- or not, I think
14 is the -- in essence the question Lew is
15 asking.

16 The other issues, with respect to how the
17 interactions occur, what Lew has described is
18 what is being done, and I think you're looking
19 for, in essence, full Board endorsement of that
20 process where for straightforward, factual
21 checks, that a record be kept by our contractor
22 and provided to us. Where the interactions are
23 more detailed, such as working out differences
24 on those scientific issues, that that be done
25 in the form of either a working group or a

1 subcommittee meeting, with a transcript record
2 being kept and in many cases these would be
3 open meetings, as much as possible. That is
4 subcommittee format.

5 **DR. WADE:** Correct.

6 **DR. ZIEMER:** So those are --

7 **DR. WADE:** Dr. Melius.

8 **DR. ZIEMER:** One has to do with the
9 interactions, the other with that particular
10 document. Dr. Melius, please.

11 **DR. MELIUS:** Okay, I don't know where you want
12 to start. I've got several comments, but the
13 one on task three, I -- I suspect that going
14 through the six-step process approv-- I don't
15 know if NIOSH has had a chance to look at the
16 review -- not that you've had anything else to
17 do recently, but I think in general we'd say
18 yes, if it's a short meeting, fine. If it --
19 there -- requires longer discussions, that's
20 fine, also, but I think we should -- at least
21 in principle -- say let's go ahead and -- and
22 do that for task three. And then --

23 **DR. ZIEMER:** Let me hear from other Board
24 members on this so we can get a quick
25 consensus, then we'll come back to you, Jim.

1 Yes, Leon, then Wanda.

2 **MR. OWENS:** I would like for NIOSH to have an
3 opportunity to review the task three report and
4 then respond in kind.

5 **DR. ZIEMER:** So you concur with the process
6 that --

7 **MR. OWENS:** Yes, sir.

8 **DR. ZIEMER:** -- Jim just described. Wanda?

9 **MS. MUNN:** Yes, and yes. The working group
10 seemed to operate very well in this function
11 earlier.

12 **DR. ZIEMER:** You are essentially endorsing both
13 --

14 **MS. MUNN:** Yes.

15 **DR. ZIEMER:** -- processes. Okay. And Rich,
16 did you have a comment?

17 **MR. ESPINOSA:** Yeah, I was in attendance at the
18 meeting on January 18th and I thought it went
19 real well and I'd like to see it continue to go
20 forward.

21 **DR. ZIEMER:** Thank you, so you're speaking in -
22 - relative to the interactions.

23 **MR. ESPINOSA:** Yes.

24 **DR. ZIEMER:** Can we -- can we come to consensus
25 on the task three, specifically? Any -- anyone

1 that feels that the task three should be
2 handled differently than what's been described
3 as to ask NIOSH to review it? I don't think
4 the urgency is there as we have on some of
5 these other issues, so we'd ask them to do that
6 in a timely fashion as they're able, and to
7 move forward with it, and then the opportunity
8 for the interactions, if necessary, between the
9 two. Is that agreeable? There appears to be
10 no objections and so we'll take that as the
11 consensus of the Board, Lew, on that issue.
12 How about the interactions? Wanda has
13 confirmed her support of that interaction
14 model. Rich has. Leon, would you like to
15 speak to that?

16 **MR. OWENS:** In regard to the communications
17 between the contractor and I guess the Chair, I
18 just had a question in regard to the Board's
19 availability of any information that might be
20 e-mailed or passed back and forth. I would
21 like to -- would like to ensure that -- that
22 the Board members have an opportunity to view
23 those communications.

24 **DR. ZIEMER:** Thank you. Other comments?

25 **DR. MELIUS:** I would both agree with Leon's

1 statement now, or request, and also concur with
2 this interaction process outlined by Lew. I
3 think it's going well.

4 **DR. ZIEMER:** Thank you. Mark?

5 **MR. GRIFFON:** Yeah, I -- I agree with Leon's
6 request, also, and I support the process. I
7 think we should maybe just keep an eye on that
8 process, as a Board and --

9 **DR. ZIEMER:** It may need to be modified, but --
10 yes.

11 **MR. GRIFFON:** Right, and modify -- I mean if we
12 find that the minutes involve scope further --
13 that we feel was beyond factual --

14 **DR. ZIEMER:** Yes.

15 **MR. GRIFFON:** -- checks that might have
16 involved the public, you know, but should have
17 been on transcript and with our presence, we
18 might want to let the contractor know that for
19 future endeavors -- 'cause there's a fine line
20 there, I think of where --

21 **DR. ZIEMER:** Yes.

22 **MR. GRIFFON:** Yeah.

23 **DR. ZIEMER:** Thank you.

24 **DR. WADE:** Thank you. So noted.

25 **DR. ZIEMER:** Any other comments? Lew, I think

1 it's fairly clear that the Board is comfortable
2 with the process as it's emerged and that we
3 encourage that it be continued.

4 I'd like to find out -- did Henry just come
5 back on line, or --

6 **MR. PRESLEY:** Henry?

7 **MS. MUNN:** I don't think so.

8 **MR. PRESLEY:** We've got the line open where if
9 he gets a chance he can call in.

10 **DR. ZIEMER:** Oh, okay. Thank you. I wasn't
11 sure whether he came on line. We were -- we
12 trying to reconnect with him once he gets to
13 the airport.

14 **DR. MELIUS:** I have two other issues if --

15 **DR. ZIEMER:** Yes, go ahead, Jim.

16 **DR. MELIUS:** -- you want. One is back to this
17 issue of the SEC evaluation reviews, and we --
18 we've discussed this before and I don't think
19 ever been able to resolve it and part of the
20 problem was we had never seen an evaluation.
21 Now we have. We have two of them. And I for
22 one certainly found that the -- having a review
23 of the Mallinckrodt site profile was very
24 helpful -- do that and I'm not sure that an
25 additional review of the evaluation by SC&A

1 would have added something to that. It may or
2 may not have, but I would be concerned going --
3 as we have with the situation with the Iowa
4 petition, a situation where we go in where this
5 -- we do not have a review of the site profile
6 and any input from our contractor. And I would
7 ask that we start to take steps to develop a
8 proposal -- a new task for -- for SC&A that
9 would involve the review of the evaluation
10 reports from NIOSH for the -- for the SEC. I
11 think it's sort of timely because we are going
12 to have sort of a scoping review on our -- our
13 contract at the -- at the next meeting that if
14 we, in parallel to that, could either have a
15 workgroup or through our subcommittee develop a
16 task and -- for -- for discussion by the Board,
17 and then we can make a decision whether we want
18 to add a task or not. We've been split on this
19 before, but I -- I think if we -- now that
20 we've seen some evaluation reports, if we had
21 an outline we could make a determination as to
22 whether that would be helpful or not.

23 **DR. WADE:** Right. In the existing contract,
24 under (c)(3), contract tasks, item (c), review
25 of SEC petitions, it states the contractor

1 shall be available to assist the Advisory Board
2 in reviewing SEC petition determinations. The
3 contractor may be requested to assist in some
4 or all of the SEC petition reviews.

5 New paragraph. The contractor shall review all
6 relevant methodologies and/or procedures
7 employed by NIOSH, evaluating and processing
8 the SEC petition consistent with the statute
9 and NIOSH regulations. So I have the language
10 there I need if it's the Board's wish to
11 initiate a task, and I can do that.

12 **DR. ZIEMER:** Yeah. We've not had a specific
13 task on this. And of course to date have
14 relied on their work on the site profiles as
15 the supporting material.

16 **DR. MELIUS:** But I'm afraid we're going to get
17 -- given that -- some of the timing of this,
18 we're going to reach a situation, which already
19 -- since we already have, that -- where we're
20 not going to have a site profile review and be
21 confronted with an evaluation petition and an
22 evaluation report, and so it's -- there may be
23 some way of doing a more focused review that
24 would -- might -- might be helpful and useful
25 to the process, and I think some people need to

1 think in -- about that and work on that.

2 **DR. ZIEMER:** Let me ask for other comments on
3 that so we can get kind of a sense of the Board
4 on this issue. I think it's very important.
5 Roy, did you wish to comment on --

6 **DR. DEHART:** (Off microphone) (Unintelligible)

7 **DR. ZIEMER:** Others?

8 **MR. GRIFFON:** I think --

9 **DR. ZIEMER:** Yes, Mark.

10 **MR. GRIFFON:** -- I would certainly speak in
11 support of that. I was going to raise the same
12 question, and I've raised it before. Right? I
13 think it's clear by the nature of the petition
14 that we -- we've got a lot to digest, a lot of
15 technical information to digest, and -- and we
16 could certainly -- and I agree, it was helpful
17 in this case that we had a site profile review
18 --

19 **DR. ZIEMER:** Yes.

20 **MR. GRIFFON:** -- but we may not.

21 **DR. ZIEMER:** Other comments? Yes, Leon.

22 **MR. OWENS:** Dr. Ziemer, I would agree with
23 that, too. I think it was very beneficial to
24 have the contractor do the review and then
25 provide the information.

1 **DR. ZIEMER:** It's certainly clear that the work
2 of the contractor's been helpful to us in -- in
3 that process. Do we need to take any action at
4 this time, or is something -- if we do need to
5 take action, can that be put in place fairly
6 rapidly on tasking?

7 **DR. WADE:** Yes, but I would, if it's the
8 Board's wish, begin to do the work necessary to
9 see that that can happen very quickly. That
10 would be to work with the contracting officer
11 in developing a task, but I mean I await the
12 instruction of the Board on that.

13 **MR. PRESLEY:** So moved.

14 **DR. ZIEMER:** You're making a motion, Robert,
15 that we ask Lew to begin work on a potential
16 task order --

17 **MR. PRESLEY:** Yes.

18 **DR. ZIEMER:** -- that might be put in place at
19 some later date? We don't need to define it
20 now, but perhaps have it ready to act on at
21 some point?

22 **MR. GRIFFON:** As described in section (c)(3) of
23 the original task contract, yeah.

24 **DR. ROESSLER:** I second.

25 **DR. ZIEMER:** And seconded. Is there discussion

1 on that?

2 **DR. MELIUS:** Perhaps that could be ready for
3 the subcommittee meeting that's --

4 **DR. WADE:** Indeed yes, it can.

5 **DR. MELIUS:** -- coming up?

6 **DR. ZIEMER:** As a preliminary review --

7 **DR. MELIUS:** Yeah, I think that falls within
8 the scope of the subcommittee, so --

9 **DR. ZIEMER:** Whatever the subcommittee does, it
10 would come back to the Board --

11 **DR. MELIUS:** Exactly, but that would give --

12 **DR. ZIEMER:** -- as a recommendation in any
13 event, so --

14 **DR. MELIUS:** -- sort of an interim...

15 **DR. ZIEMER:** Then we can vote on this motion.
16 The action before us then is to ask Lew to
17 proceed to develop a potential task order that
18 would deal with this issue.

19 All who favor that motion, say aye?

20 (Affirmative responses)

21 Opposed? Did Henry come on the line in the
22 meantime? Henry, are you there? Okay. We
23 don't really need Henry's vote on that
24 particular thing since it was pretty clear-cut,
25 but --

1 Okay. And Jim, did you have an additional
2 item?

3 **DR. MELIUS:** I have one -- one final issue.
4 That's the -- I believe our contractor sent us
5 a letter dated February 1st regarding continued
6 difficulties with access to the information
7 necessary for the site profile review for
8 Savannah River, and I'd like to get an update -
9 -

10 **DR. ZIEMER:** Yes, very good. I believe --

11 **DR. MELIUS:** -- since this is an ongoing
12 problem.

13 **DR. ZIEMER:** -- this is a letter that Joe
14 Fitzgerald sent. And Joe, the Board members
15 are aware of your letter. I do -- I did -- and
16 I know that you are working closely with NIOSH
17 to resolve those access issues, and part of the
18 problem of course is the DOE itself. DOE, on
19 rare occasions, is a problem. However, I -- I
20 know that earlier in the meeting a DOE
21 representative was here, but I don't know if
22 she is still here. But I did have an
23 opportunity to raise this issue with her and
24 she gave -- this was Dr. Michaels' former
25 assistant, actually, and --

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

2 **DR. ZIEMER:** -- I think, Joe, you -- you're
3 well --

4 **MR. FITZGERALD:** Right.

5 **DR. ZIEMER:** -- and she gave me assurance
6 personally that she would do her best to try to
7 help resolve these issues. I'm hopeful that we
8 don't have to use the method of going through
9 the Secretary of Health and Human Services and
10 back through the Secretary of Energy and a
11 long, delayed process, but that we can, you
12 know, get at this issue right where it's
13 occurring. So can -- Joe, can you give --

14 **MR. FITZGERALD:** Yeah, let me -- let me --

15 **DR. ZIEMER:** -- us an update on that?

16 **MR. FITZGERALD:** -- comment on that. First, I
17 certainly appreciate the work that Stu
18 Hinnefeld's been doing trying to track this
19 down, but I think part of the problem, and I
20 have talked to Kate Kempen*. Now she is --

21 **DR. ZIEMER:** Yes, that's the woman who's now I
22 think responsible --

23 **MR. FITZGERALD:** Right, and she --

24 **DR. ZIEMER:** -- at DOE.

25 **MR. FITZGERALD:** -- she took Tom Rollow's place

1 --

2 **DR. ZIEMER:** Right.

3 **MR. FITZGERALD:** -- but she was coming back off
4 the Hill on an assignment, so we had a
5 transition question at DOE. And for Savannah
6 River in particular it's one of these issues
7 where you just need all the help you can get.
8 So in a sense I think -- I feel reassured that
9 Kate is in that position. I've talked to her.
10 She's on top of this with Stu. And I think to
11 some extent there was a lot of different things
12 to parse out that were requested and I think
13 we've resolved that issue to our satisfaction,
14 but it's been a challenge. And I think this
15 sort of points out -- we will have issues at
16 certain sites and it is really helpful to have
17 DOE also take up the responsibility, and what I
18 heard was certainly Kate Kempen's going to
19 really handle that.

20 **DR. ZIEMER:** Thank you, Joe, and please keep us
21 apprised. We'll try to do our best to pry
22 things loose as we're able to.

23 **MR. FITZGERALD:** By the way, the context of
24 this issue is one where Savannah River, as you
25 noted, is drawing near in terms of development

1 of the final report on that to the Board, and a
2 concern was having this block of information
3 just not accessible.

4 **DR. ZIEMER:** Right.

5 **MR. FITZGERALD:** So there was a sense of
6 urgency to really resolve this issue quickly,
7 and I think it's being resolved.

8 **DR. ZIEMER:** Thank you very much. We need to
9 recess for lunch. I want to remind the Board
10 and others that we have another petition that's
11 going to come before us this afternoon, the
12 Iowa petition. We'll have an opportunity to
13 hear NIOSH's report. We want to hear from the
14 petitioners at 1:30, so I want to keep on
15 schedule, and that means you're going to have
16 to push your lunch and make sure you're back
17 here at 1:00.

18 Yes, Mark?

19 **MR. GRIFFON:** I just wanted to ask one thing
20 before lunch. Can we consider a subcommittee
21 schedule or -- or agenda? I mean I'm -- I'm
22 writing down right now -- this subcommittee
23 meeting coming up I could see covering
24 Bethlehem Steel, Mallinckrodt, the 20-case
25 review final report and task three.

1 **DR. ZIEMER:** Yes, and we have a Board working
2 session this afternoon, so --

3 **MR. GRIFFON:** Okay, so I can bring that up?

4 **DR. ZIEMER:** -- yeah, I think we need to allow
5 people time to grab their lunch so we can get -
6 - get to the petitions on schedule, so let's --
7 let's recess till 1:00 o'clock and then return.
8 (Whereupon a recess was taken from 12:00 p.m.
9 to 1:05 p.m.)

10 **DR. ZIEMER:** We'll reconvene for our afternoon
11 session.

12 (Whereupon, discussion of the IAAP SEC Petition
13 ensued and is contained in a separate volume.)

14 **GENERAL PUBLIC COMMENT**

15 **DR. ZIEMER:** As we begin the public comment
16 session --and it's -- it's possible that all
17 members of the public were not here during all
18 the deliberations in the past three days -- I
19 might reiterate what has already occurred, just
20 for your benefit.

21 Yesterday -- well, the last three days in
22 particular the Board has dealt with two
23 petitions, two SEC petitions, and I simply
24 address those, that in the case of Mallinckrodt
25 the Board is recommending SEC status for the --

1 the portion of the Mallinckrodt petitioners
2 from '42 through '45 and '45 through '48,
3 having combined those into one group; and also
4 that the Board indicated that it is reserving
5 judgment with respect to the workers during the
6 '49 to '57 time period, and that it's the
7 intent of the Board to make a final
8 determination on that cohort at the next
9 meeting.

10 In the case of the Iowa petition, the Board has
11 -- is recommending that the -- the period from
12 March '49 to '74 be designated as a part of the
13 Special Exposure Cohort; that the portion from
14 June '47 through May '48 not be included since
15 there was no radiological material on site at
16 that time; and that action on the May '48
17 through March '49 portion be deferred until
18 NIOSH has a chance to complete their analysis
19 of that portion.

20 So those are the actions that have been taken.
21 We have a number of --

22 **DR. WADE:** You have a gentleman who -- he said
23 --

24 **DR. ZIEMER:** Yes, we'll come to you just
25 shortly, sir. The official time period for

1 public comment is -- is -- was published as
2 being from 5:15. I am hope-- I hope I am safe
3 in assuming that the public is willing to start
4 a little early so that you can go home early,
5 and certainly those who are here and available
6 to make their comments, we'll be glad to hear
7 from them at this time. Sir, you have the
8 floor.

9 **MR. WINDISCH:** Okay. My name is Anthony
10 Windisch. I testified earlier as a worker at
11 Mallinckrodt. Now I testify as a certified
12 computing professional and subject matter
13 expert. I got my start working with computers
14 at Mallinckrodt in 1962. I wrote computer
15 programs to process IBM punch cards and produce
16 radiation exposure reports. I have analyzed
17 this latest report about the 1975 status of
18 health records. Throughout the report Mont
19 Mason questions the credibility of this
20 information, and appeals for uniformity of
21 method, format, recording and storage of health
22 information.

23 I guess I must explain because most of us today
24 are used to our personal computers, or even
25 laptops, that can do wonderful things. In 1962

1 and the period when these records were
2 concocted, IBM punch cards were the only method
3 for storing information and producing
4 information. This punch card was a column --
5 80-column card that could include 80 bits of
6 information. On these cards -- for example, at
7 Mallinckrodt we used a plant number of five
8 positions. We didn't use a Social Security
9 number of nine positions because that would
10 have taken up too much information and we would
11 not have gotten -- been able to get a name on
12 it. Okay?

13 This report tells us that every plant had
14 different IBM formats. While we at
15 Mallinckrodt used 5-position plant number, some
16 plants used Social Security number of nine
17 positions, that left 71 positions for
18 information. Others used even name. And with
19 these different formats -- I don't remember
20 what the Mallinckrodt format was. I can't tell
21 you whether the radiation exposure was in
22 column 79 and 80 or in 29 and 30 or how many
23 positions identified the radiation. Also with
24 -- with plant number, even if you had a name on
25 the card with plant number, at Mallinckrodt one

1 of my carpool buddies, Richard McNutt, R.
2 McNutt, he died of leukemia some years ago. At
3 the same time, his brother Robert McNutt was
4 working at Mallinckrodt. Now if that
5 information, which is contained in a number of
6 boxes of IBM cards, having miscellaneous
7 formats, and was considered to be faulty data
8 at best in 1975, now 40 years later that mess
9 of information has degenerated into a pound or
10 a mound of garbage. And there's an old adage
11 (sic) from day one with computers, GI/GO --
12 garbage in, garbage out.
13 I don't care what NIOS (sic) can do or will do
14 with this information, but it's garbage. No
15 one today knows how to interpret that
16 information. And a computer can't interpret it
17 by itself. Believe me, as good as computers
18 are, they need a computer analyst and a
19 specialist who knows how and when those cards
20 were generated back in '75 to be able to
21 reconstruct those records, which Mont Mason
22 says were questionable at best.
23 And I don't know how many people are left from
24 that era, and I think it's a shame that NIOS
25 (sic) would bring up this report in order to

1 stop the petition by our Senator Bond. It's
2 ridiculous. This should be a report which says
3 hey, guys, we got no other recourse. We got to
4 accord cohort status to the whole group.
5 Thank you for your attention and my time.

6 **DR. ZIEMER:** Thank you, Anthony, for that. I'm
7 going back here now and picking up a few others
8 who may have been overlooked, in case they are
9 here. Is Sharon Cordon or Cording -- Corde?
10 She -- Denise, I have you still on the list.
11 Were you wanting -- were you wanting to address
12 the assembly?

13 **MS. BROCK:** Denise Brock, for the record -- and
14 I'm still afraid I'm going to cough again
15 because of my bronchitis. I just -- I know not
16 everybody's here, but I just wanted to again
17 thank the Board and everybody for coming to St.
18 Louis. I thank you for listening to me and to
19 all of my wonderful workers and claimants.
20 You've been amazing. I know that you have been
21 given a huge task, and I thank Tony for what he
22 just said.

23 The only thing I'd like to add to that is we
24 don't even know, on those punch cards, if there
25 is dose -- dose data. I'm not even sure

1 there's a machine that can read that, so I hope
2 that the Board will take that into
3 consideration and maybe when there's a closer
4 look at that information that I just got that
5 it will show just how little it would actually
6 help with dose reconstruction.

7 The other thing I might like to say would be to
8 obviously Senator Bond and Senator Harkin and
9 Grassley and all the staff, thank you to all of
10 them, too, for their hard work, and for all of
11 the people that have shown up.

12 And I know that there were some comments made
13 during public comment time during the three
14 days that did not seem relevant to Special
15 Exposure Cohort. But you have to understand
16 that many workers within these areas have been
17 at different sites. We have Illinois workers
18 that are here. We have people with the new
19 legislation that may be affected with residual
20 radiation, so I know that there were some
21 people here speaking of that. And sometimes
22 people are very nervous when they get up and
23 talk and don't think to bring that up. So just
24 for your own knowledge, some of the people that
25 were talking were referencing to those things,

1 the residual rad, the possible additional years
2 that would cover some of these areas, and I
3 hope that that would happen.

4 The other thing I wanted just to state was Dr.
5 McKeel had made a comment -- I don't know if it
6 was yesterday or the day before, but I thought
7 it was -- was eloquent and it's a question that
8 I have, plus a statement. NIOSH -- some people
9 from NIOSH had came in maybe about a week ago
10 or so, very nice, just wonderful guys -- Mark
11 Lewis is just great. We had worked for
12 probably a couple of weeks or more trying to
13 get together site experts for the Weldon Spring
14 area, and I think that that's a wonderful thing
15 to do prior to a site profile being completed
16 because these workers are the absolute wealth
17 of information, the ones that are living. And
18 I'm just a bit curious why those aren't
19 publicized meetings. It seems to be such a
20 secret. I have to pick out a few, and maybe
21 many people are missed. And the
22 subcontractors, the painters, the iron workers,
23 the electricians, the truck drivers -- my
24 goodness, they were all affected, as well, and
25 I think it all needs to be documented

1 professionally so that when NIOSH does do dose
2 reconstructions, or ORAU, that they're able to
3 take a good close look at what everybody was
4 exposed to in their working conditions. And I
5 still think the best way to do that is to talk
6 to these living workers. And I don't know if
7 you can answer why those aren't publicized or
8 if there's not professional documentation of
9 that if that would not help with these site
10 profiles.

11 **DR. ZIEMER:** Thank you. Good point, and I
12 suspect that it's not the intent to keep them a
13 secret, and maybe they've not been publicized
14 well. Are these -- are we talking about the --
15 the data capture groups or -- I'm not sure
16 which groups those are. Larry, can you
17 enlighten us at all or...

18 **MR. ELLIOTT:** These are worker input meetings,
19 worker outreach, and so we target populations.
20 We have found in that experience that it's
21 better to talk to small groups than to have a
22 town hall type meeting. And so our direction
23 to those folks have been to identify people
24 that can bring information to bear on a site
25 profile, and if they need to make multiple

1 trips to do that, they do so.

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

3 **MS. BROCK:** (Off microphone) (Unintelligible)

4 **DR. ZIEMER:** Sure.

5 **MS. BROCK:** I apologize, I had forgotten to
6 mention SC&A. Just for the record, I would
7 like to mention how spectacular I think they
8 were with the workers. They did come in and I
9 videotaped -- I know I was told that that
10 wasn't really supposed to be done, but some of
11 the workers stood up and just basically
12 demanded that I videotape that and I was able
13 to do that, which is good because it documents
14 these workers, because as we all know, they can
15 die within days or a week, and so you have that
16 on record -- or I do. And SC&A were so
17 wonderful with listening to these workers, and
18 what we have noticed is that when you get a
19 group of workers together like that, they
20 trigger each other's memories. And I just
21 would like to state that they did a wonderful
22 job and we've had wonderful feedback from the
23 workers from that meeting, and would like to
24 see that continue.

25 **DR. ZIEMER:** Thank you very much.

1 **MR. GRIFFON:** Just -- Paul?

2 **DR. ZIEMER:** Yes, Mark.

3 **MR. GRIFFON:** Just a -- a -- an observation and
4 maybe -- may be a consideration for NIOSH on
5 the worker outreach meetings. I -- I -- was --
6 had the opportunity to attend a public meeting
7 at Chapman Valve in Massachusetts, and it -- it
8 was more of a presentation and a town hall
9 style meeting. I think the -- the net effect
10 of that was that, out of the larger meeting,
11 they identified some key workers and people
12 that were interested to have that smaller
13 meeting. So there may be -- it might be a good
14 way to approach it to have an initial outreach
15 town hall style meeting and then tar-- you
16 know, and that -- 'cause sometimes they'll --
17 they'll identify people you wouldn't have
18 thought of as site experts.

19 **DR. ZIEMER:** Thank you. Thank you for those
20 suggestions.

21 Let me check now on some of these others.

22 Doyle Reese? Is Doyle still here? George B-h-
23 u-e, is it Bhu-e, Bhue? Denise Brown? I think
24 these are all Mallinckrodt people.

25 **MR. BLUE:** (Off microphone) That's Blue. I

1 don't want to make a comment now.

2 **DR. ZIEMER:** Oh, okay. Thank you.

3 **MR. BROWN:** Yeah, my name is Dennis Brown --

4 **DR. ZIEMER:** Dennis.

5 **MR. BROWN:** -- and I worked at Mallinckrodt
6 Destrehan Street, and in December I received a
7 letter from the Department of Health and --
8 Services about my dose reconstruction, and they
9 referred to it -- they assumed a hypothetical
10 intake. And also it says they used the Fernald
11 site to do the dose reconstruction, which I
12 totally disagree with. I've never been there
13 and there's no way that they could do a dose
14 reconstruction for me when I've never been
15 there. And also they referred to my job
16 classification as a janitor, which I was not.
17 I was a operator, chemical operator. And then
18 I received another letter January 4 of this
19 year and then also another one January 31,
20 which was last week, stating that my claim had
21 -- they recommended denial of my claim. And
22 they want -- they sent a form in for me to sign
23 to agree to waive any objections. But my
24 question is, why do they use the Fernald site
25 to do all of this dose reconstruction? And my

1 father also worked at the Destrehan site. He
2 has passed away. And a lot of times he was my
3 lead man, you know, on the job.

4 **DR. ZIEMER:** Dr. Neton is -- are you
5 approaching the mike or -- I wasn't sure
6 whether you were going to answer -- some of the
7 NIOSH staff people can answer the specific
8 question on your case, I think, and if you get
9 together with Dr. Neton he will be able to
10 explain that to you.

11 **MR. BROWN:** Okay.

12 **DR. ZIEMER:** Yes.

13 **MR. BROWN:** Thank you.

14 **DR. ZIEMER:** Thank you. Patty Supinsky? Is
15 Patty here? Yes, did you wish to address the
16 group? No. Thank you.

17 I have learned over the past couple of days
18 that a number of people who thought they were
19 registering ended up signing the public comment
20 sheet and didn't realize it, so I'm not -- I'm
21 -- it's not my intent to spring this on people
22 and say okay, you're speaking, when they didn't
23 intend to -- and also had to -- and it was not
24 your intent, either.

25 How about Lee Strother?

1 **MR. STROTHER:** (Off microphone) No comment
2 at...

3 **DR. ZIEMER:** No comment, Lee? Okay. Louise --
4 Louise? Is this -- this is Louise. Are you --
5 did you ask to sign up to speak, Louise?

6 **MS. MCKEEL:** (Off microphone) I guess
7 (unintelligible) --

8 **DR. ZIEMER:** Use the mike.

9 **MS. MCKEEL:** (Off microphone) Oh,
10 (unintelligible)

11 For the record, I'm Louise McKeel. I think
12 most people have seen me up there videotaping
13 this. I wasn't sure whether to say anything.
14 A lot has gone on here. But I -- I do want to
15 say a couple of things. I've rarely videotaped
16 sessions within the last I guess about six
17 years I've been doing these things where
18 there's been such uniformity of testimony.
19 Almost always there is some few people who get
20 up and -- and say no, no, no, this was really a
21 basically good thing that was going on and they
22 were an exception, everything's wrong, but this
23 has been an extremely uniform set of testimony
24 of suffering, of death, of hardship, turmoil,
25 financial loss. I mean the -- the only things

1 that really happen to human beings that are
2 negative, and it's all happened right here.
3 But anyway, that's from a camera viewpoint.
4 I think I had another couple of things. Well,
5 this is going to be fuzzy, but I've listened to
6 some fuzzy things here, too. I'm unclear about
7 the total amount of damages that are forecast
8 in case every claimant was paid. And I guess
9 on my scratchings in the car and late at night,
10 stuff like that, I came up with a
11 \$3,000,900,000. But is it a well-known fact
12 how much we're talking about here if each
13 claimant that's either anticipated or that has
14 already made a claim, about how much money
15 would that be?

16 **DR. ZIEMER:** I don't personally know the answer
17 to that. There may be some who are familiar
18 with -- the U.S. Treasury has set aside funds,
19 the Congress has set aside funds for this. My
20 understanding is the fund that is set aside is
21 replenish able by Congress. I -- I've not
22 personally seen figures on what it would --
23 what it might total. I don't know if any of
24 the agencies -- and Mr. Miller is moving toward
25 the mike, which suggests he might have a

1 figure.

2 **MR. MILLER:** Subtitle -- subtitle B as in boy,
3 which would be the radiation/beryllium side of
4 the -- of the claims, Con-- CBO scored it at
5 about \$1.7 billion dollars over ten years.

6 **DR. ZIEMER:** That was just that one --

7 **MR. MILLER:** That's just for Subtitle B. That
8 was just for radiation and beryllium, and
9 includes the \$50,000 supplement for the RECA
10 plus-up that goes from \$100,000 to \$150,000.

11 **DR. ZIEMER:** Okay, so --

12 **MR. MILLER:** So that was the scoring, and then
13 under Subtitle E, which was just recently
14 enacted, the estimate was about \$1.1 billion,
15 which included making RECA mandatory spending.
16 About \$900 million was for the nuclear workers,
17 and then the rest was for RECA, so those --

18 **DR. ZIEMER:** It sounds like combined it's over
19 \$2 billion. Is that correct, Richard, from
20 what your understanding, \$2.5 billion, in that
21 range?

22 **MR. MILLER:** Yeah, I think about \$2.8 billion
23 total has been the score for over ten years.

24 **MS. MCKEEL:** Okay.

25 **DR. ZIEMER:** Thank you.

1 **MS. MCKEEL:** Well, the humble way that I
2 figured it was at \$150,000 cap for about 22 --
3 2,600 workers -- 2,600 workers -- no, I'm
4 saying that wrong, it's 26,000 workers.

5 **DR. ZIEMER:** Thousand would be --

6 **MS. MCKEEL:** And I'd just kind of like some of
7 the people here to -- to understand how that
8 number might be derived, just the parameters
9 here. A biased remark might be I think that
10 might be a bargain, considering some of the
11 things that might be coming forth in discovery
12 if there's ever any discovery of the 16 (sic)
13 boxes and so forth.

14 Let me see if I had any other comments. Yeah,
15 I guess I've been preoccupied with filing and
16 just titling different concepts that we all
17 have, and when I talk -- when we hear about the
18 dose reconstructions, it's certainly the big
19 topic here. A term that I just invented would
20 be selective reconstruction. It seems to me
21 that that has to do with transparency, and
22 probably most of the people on the Board know
23 exactly what I'm talking about, but I think
24 perhaps some of the visitors might not
25 understand that.

1 But what -- as a reporter and somebody who's
2 trying to sift through the facts here
3 independently, I guess it's possible that
4 what's in the boxes that haven't been looked at
5 yet -- which I'm going to say is incredible to
6 me, personally -- there could be -- or maybe I
7 can leave this as a question, but you can be
8 sure that I'll be personally looking into this.
9 Isn't there a possibility that what's in the
10 boxes, the reason that it's classified is it
11 would pertain to whether so many people were --
12 well, actually I guess whether the United
13 States government was vulnerable to paying this
14 -- these -- such rewards (sic) as this or not.
15 I just leave it at that.

16 One other thing, I could say that this is the
17 most colossal mistake I've ever seen in losing
18 records. I mean how could this not be the most
19 egregious way in which to lose records where
20 there's been so much death and so forth that's
21 come of that. And in that, you'd think that --
22 well, there's not any apology. Everybody kind
23 of accepts that oops, you know -- oops, I think
24 is what it is. Oops, we lost it. I still
25 can't tolerate that across so many different

1 sites, so many different situations, that all
2 that data seems to be lost. I can't get over
3 that, and that everyone's fairly tolerant of
4 that.

5 But let's just say that that was an oops.
6 Today there is a separate issue about depleted
7 uranium. It's another news story for me, where
8 I do believe that accurate records aren't being
9 kept today. And I just wonder if we don't
10 need, you know, Congressional investigation on
11 behalf of the citizens of this country who
12 serve in wars and who help with the wartime
13 efforts to tell the workers what they're
14 getting into. I'll leave it at that.

15 **DR. ZIEMER:** Thank you. Betty Jackson, is
16 Betty here and would she like to address the
17 group? Effie Wiley? Let's see, did I call for
18 Doyle Reese? Well, Charlotte --

19 **MS. BRADENSTEINER:** (Off microphone)
20 Bradensteiner.

21 **DR. ZIEMER:** Okay, if I have the right
22 Charlotte.

23 **MS. BRADENSTEINER:** (Off microphone) Yes, it's
24 Bradensteiner.

25 **DR. ZIEMER:** That is it, that's why I'm having

1 trouble with it. Thank you, Charlotte.

2 **MS. BRADENSTEINER:** Hi. Thank you guys for
3 everything, but I just want to say my husband
4 worked at Mallinckrodt Chemical and he died a
5 year ago this past January. And I know for a
6 fact that he was exposed to something horrible.
7 I never will forget right before Mallinckrodt
8 closed he came home with a nosebleed that was
9 absolutely unbelievable. We took him to three
10 different hospitals and they packed him and
11 they did everything, and it would not stop that
12 nosebleed. But he died of -- he started with
13 prostate cancer, and then it went to the
14 bladder cancer, and then from bladder it went
15 to bone, and from bone it went to everything,
16 so he was -- I know that he was definitely --
17 died because of those things.

18 Denise, would you like to say something?

19 **DR. ZIEMER:** Okay.

20 **MS. BROCK:** I think, for the record, Charlotte
21 wanted me to state that her husband had filed
22 that claim quite some time before he passed
23 away, and just for the record, he was actually
24 at dose reconstruction awaiting his dose when
25 he gave me a call and found out that he was

1 terminal. He was getting ready to go in
2 hospice, and asked me to please help his wife
3 because he knew he wasn't going to make it, and
4 I made that promise to him.
5 He called me a few days after that, laughing.
6 He sounded really happy and I said oh, my God,
7 Charlie, are you feeling that much better? He
8 was actually drinking a shake, I remember that.
9 And he said yeah, he said I just got the
10 funniest letter, and he was so tickled with it,
11 and it was a letter from the Department of
12 Labor stating that he had checked the wrong box
13 on his original claim form, and he just got the
14 biggest kick out of that. He said I marked
15 uranium instead of DOE, and said you know, I'm
16 never going to see this and can you do
17 something. And I called the Department of
18 Labor and they were amazing, they were
19 absolutely wonderful. Told me to type the
20 letter and have Charlie sign it, so I -- I did.
21 I typed the letter.
22 I then called Richard Toohey, who was just
23 amazing, and he said oh, Denise, yes,
24 absolutely I will push that phone interview up
25 for you -- because it had been sitting there

1 for quite some time. And on a Tuesday, right
2 after I typed it, I took the letter to Charlie.
3 We were able to get his signature, but he was
4 in very bad shape. I kissed him goodbye. The
5 next day I believe it was he had gotten a call
6 for his phone interview. By that time he had
7 slipped into a coma. Fifteen minutes later,
8 after they called for his phone interview,
9 Charlie passed away. And I hope this doesn't
10 embarrass you, but since that time Charlotte
11 has lost her house. This goes on and on and
12 on. And just for the record, I don't care
13 what's in boxes. This has gone on long enough
14 because this is what happens.

15 **MS. BRADENSTEINER:** (Off microphone) Thank you.
16 Thank you.

17 **DR. ZIEMER:** Thank you for sharing with us.
18 Also -- I do have one item I need to read into
19 the record. This was from Ed Walker. Ed was -
20 - Ed was here the first two days of the
21 meeting. He drove here from Buffalo. He's one
22 of the Bethlehem Steel people. He -- he had
23 wanted to speak last night, but he sort of
24 waived that speaking part so that the local
25 folks could speak, but he left this note. I'll

1 read his note.

2 It says (reading) From the Bethlehem Steel
3 Group, we want to rebut page 5, the last
4 paragraph.

5 This is of the NIOSH document on Bethlehem
6 Steel, and I've already -- I'll pass this along
7 to Jim Neton.

8 (Reading) We believe it was taken out of
9 context. We will e-mail the rebuttal formally,
10 but we do want it to be on the record today.

11 And that's from Ed Walker from Bethlehem Steel,
12 and Jim Neton, we'll pass this on to you.

13 Don Lambkin, is Don still here? Marilyn
14 Schneider? Charles Yakos or Barbara Smiddy?

15 **MS. SMIDDY:** (Off microphone) Present.

16 **DR. ZIEMER:** Okay, Barbara.

17 **MS. SMIDDY:** (Off microphone) Yes, sir. When I
18 came in this afternoon I told the young lady I
19 had an envelope for NIOSH and one for --
20 addressed to -- well, I guess I should give it
21 to the Chair -- to ABRWH, Advisory Board of
22 Radioactive and Worker Health.

23 **DR. ZIEMER:** Okay. Sure, we'll take those.

24 **MS. SMIDDY:** (Off microphone) It's nice to see
25 you again. I was here in October of 2003 and

1 you listened to my story.

2 (On microphone) My father, Albert R. Smiddy --

3 I don't belong to Mallinckrodt. He didn't

4 belong to Mallinckrodt, but he worked at Weldon

5 Springs from 1943 to '47. He actually worked

6 there before I was born.

7 And he went from making \$10 a week and driving

8 from Merrimac and Dewey in south St. Lewis to

9 \$100 a week during the second World War.

10 Well, the notice came on television -- I'm

11 going to make it short because most of it is in

12 that envelope that I gave you. The notice came

13 on television. I'm sitting there having a cup

14 of coffee. I'm retired from Monsanto. I spent

15 31 years as a number cruncher for a chemical

16 company and God blessed me. When I lost my dad

17 at 20, Monsanto picked me up. And I'm sitting

18 there having a cup of coffee and the news said

19 there are only 12 survivors showed up at the

20 Adam's Mark in July of 2001, 12 survivors from

21 Weldon Springs. I thought well, I guess so.

22 My dad was born in 1908. The year 2001 they'd

23 be 93. If they're alive they'd be non compos

24 mentis, more than likely.

25 Okay. So they gave a telephone number and I

1 called it, and I get this guy on the phone and
2 he says how did you get this number? And I
3 said it was on the TV. So that proceeded me
4 along this very, very crooked, windey road that
5 started in September of 2001 with the EEOIC
6 until I guess October of 2003 when you all were
7 here. It took that long for me to find out,
8 through all of my communications, that it did
9 not include the folks at Weldon Springs, the
10 Army ammunition DNT, TNT, small arms people,
11 that Mr. Gephart* -- excuse me, Senator Gephart
12 set in action, and I want to go on Federal
13 record right now that he did not include -- it
14 was strictly all Mallinckrodt people. That --
15 what looks like a concentration camp out there,
16 I've got copies and pictures of what that place
17 looked like in the '40's -- was not included in
18 Senator Gephart's legislation of 2000/2001.
19 It's strictly Mallinckrodt.
20 Now over my -- over my little journey -- until
21 last spring I attended one of Denise's -- she's
22 included me in the mailing, and I attended one
23 of her meetings out in St. Charles, and the
24 young lady from Mr. Talent's office was there,
25 and they had various representatives from Kit

1 Bond's office, and I truly expected -- my
2 nickname's Blabbara. I truly expected to get
3 up and say something, but Denise asked me to
4 join the table at the end of the meetings, and
5 actually two people came up to me that worked
6 out there the same time my father worked out
7 there.

8 And my father died in '65. I graduated from
9 high school in '62 -- '65. He worked from '43
10 to '47. In '57 he came up with a lesion on his
11 shoulder that was cancerous. And I listened to
12 a lady earlier -- she's gone, the one that had
13 the sister that died so young with the two
14 babies. Back in the '60's we were not so --
15 what is the word I'm searching for --
16 sophisticated in record-keeping. Being a
17 number cruncher for 31 years, I can appreciate
18 that gentleman talking about the keypunch
19 because I went to school in Grand and Lyndale*
20 and keypunched records at night school when I
21 first got my job at Monsanto.

22 I guess my biggest thing right now, I know I
23 don't belong here. I have letters. I've sent
24 e-mails to the President. I've received
25 correspondence back. His personal

1 representative has told me to address the
2 Department of Defense. Well, I sent this
3 package to a Lieutenant Colonel Thomas Ray.
4 He's a very gracious person. I sat -- Xeroxed
5 everything I had, practically, in May of last
6 year. Within three weeks -- he is the adjutant
7 of litigation for the Department of the Army.
8 Well, he bounced the ball back to me, and in
9 your package there's a copy of his letter
10 stating that if I -- basically I need to get
11 these officials to go to bat for us.
12 Now I find that I'm a little perplexed, because
13 you've got the Iowa Ammunition -- unless it's
14 their Senator or their political people that
15 are going to bat for them. I don't have that,
16 and I don't feel like I even got that with
17 Senator Gephardt, definitely. And I can't -- I
18 don't think I can expect it from Kit Bond
19 'cause I think his plate's a little full,
20 although I'd like to put just another piece on
21 his plate.
22 Last December I had gotten ahold -- well, when
23 I was here in October of '003, you had another
24 gentleman here, white-haired -- not you,
25 another gentleman, and when I told him about

1 this -- my dad's story about going out to
2 Weldon Springs, driving 50 miles one way -- you
3 know, 50 years ago, the roads -- we didn't have
4 Highway 70 and we didn't have 270 or 40 -- we
5 might have had 40. I said I thought those
6 people really deserved -- and their survivors -
7 - to be reimbursed. I lost my dad when I was
8 20, and I'm 60 now. I started this crusade in
9 what, in 2001. I even marked on one of these
10 that you've got in that envelope, if I don't
11 get it by the time I hit my box, it's going to
12 the -- it's going to the Humane Society, 'cause
13 that's about the truest friend you've actually
14 got. Okay?

15 Well, this gentleman -- he looked at me and he
16 says well, you know, the people from the '40's,
17 they didn't handle the hot stuff. And if he
18 was here today, I was going to tell him hey,
19 tune me out, because I've had a lot of fun with
20 this story. He said they didn't handle the hot
21 stuff that the people from the '50's and the
22 Mallinckrodt people, the nuclear people,
23 handled. And I looked at that gentleman and I
24 said you know what, do you remember Hiroshima?
25 He had as much gray hair as I do, and I figured

1 he's working with the same history book that I
2 worked with. So there's --
3 This Lieutenant Colonel Ray in his letter
4 intimated to get my political push behind me.
5 Okay? Well, I'm pushing. And I want to know
6 who I can push, because you guys have done a
7 great job. I've watched you. What I couldn't
8 cover, my family -- my brother, the only person
9 I've got left -- and my -- whoever knows that
10 I've been spending 10 and 12-hour days working
11 with him since I retired from Monsanto. They
12 know what my quest is. They've been keeping me
13 abreast of the articles and the great things
14 you're doing for the Mallinckrodt people.
15 But you know, I'd invested almost three years
16 to find out hey, you've got to keep your nose
17 pressed against the glass, and I don't like
18 that. Because these people from the '40's,
19 those are the silent warriors. Those are the
20 folks that helped keep our -- you know, our
21 freedom, just like you all did. And it's great
22 that they have you to fight for them. Right
23 now, I'm a lioness roaring by herself. Okay?
24 And thank you for helping them. Okay?
25 **DR. ZIEMER:** Thank you. Well, Tom Horgan is

1 still here from Senator --

2 **UNIDENTIFIED:** (Off microphone)

3 (Unintelligible)

4 **DR. ZIEMER:** Yes, from the Senator's staff and
5 Tom, pleased to hear from you again.

6 **MR. HORGAN:** First of all, I just want to say
7 it's been a long three days and -- it's been a
8 long three days and I want to say a special
9 thanks to the Advisory Board, every member.
10 You sat through long hours of technical
11 presentations, testimony, heart-wrenching
12 stories and have laid a lot of complex issues
13 at you and you deserve a good round of
14 applause. And all I can say is, you know, this
15 is not their full-time jobs, you know. They
16 have to do this and it takes a lot of time and
17 effort and you deserve to be commended. And I
18 also want to say on behalf of Senator Bond, I
19 wholeheartedly thank you for recognizing the
20 plight of the older Mallinckrodt workers who
21 worked from '42 to '48. And by including them
22 in the special cohort you have brought long-
23 awaited justice to some patriotic Cold Warriors
24 who made heroic and costly sacrifices in
25 helping keep America safe, and I think you

1 deserve to be commended for that and I know
2 that a lot of these claimants are grateful.
3 Now we still have the issue surrounding '49 to
4 '57. Senator Bond's wishes on that are -- or
5 certainly he believes everybody should be
6 included, and when we get this handle on the
7 new information in the boxes and the new letter
8 that appears to actually to, you know, maybe
9 strengthen the case for a cohort, but I'll
10 leave that to the experts. But I just want to
11 say thanks so much for coming into St. Louis
12 and taking time. And I also want to say thanks
13 to NIOSH, particularly Dr. Howard, Director of
14 NIOSH, and Diane, Deputy Director, for coming
15 in and watching this process carefully and make
16 -- you know, trying to provide input into how
17 to best proceed with these tough issues. Thank
18 Lew Wade, the Designated Federal Official and
19 Anstice Brand from Congressional Affairs. I
20 hope you all have a safe trip back and -- and
21 God bless you.

22 **DR. ZIEMER:** Thank you, Tom, for those kind
23 words.

24 I actually have a couple more names here I want
25 to make sure I haven't overlooked. Jane Stoyer

1 -- looks like S-t-o-n--

2 **UNIDENTIFIED:** (Off microphone) It's Stalker.

3 **DR. ZIEMER:** Okay.

4 **UNIDENTIFIED:** (Off microphone) But I don't
5 have any questions.

6 **DR. ZIEMER:** Okay. Thank you, Jane. How about
7 Brian Hill? Brian Hill -- Brian, please.

8 **MR. HILL:** My name's Brian Hill and I'm from
9 Burlington, Iowa and I'm here on behalf of my
10 mother, who wasn't able to attend. Our father
11 worked at the Iowa Ordnance Plant from 1967 to
12 1969 as an electrician, and his dosage
13 reconstruction was denied. This will maybe
14 give Mom hope for something in the future. He
15 passed away of leukemia in April of 2003, and
16 we're -- we thank you for your action you've
17 taken today and look forward to see what
18 happens in the future. Thank you.

19 **DR. ZIEMER:** Thank you. And Gina Carlson?
20 Gina still here? Okay. As I look back over
21 the list I'm seeing Dr. McKeel's name. Did I
22 overlook you, sir? Yes.

23 **DR. MCKEEL:** I'll try to make it brief, but I
24 did have a couple of comments to make about the
25 Mallinckrodt petition. I have had a chance to

1 look over this letter that we got today and I
2 do have a comment, which is that I hope that in
3 your assessment of this letter, the very first
4 thing you'll do is to verify that it's actually
5 from and written by Mont Mason.
6 And I'd just like to point out for the record,
7 it is not signed by Mont Mason. It's signed
8 for him. And the way I look at it, there is
9 typing. It's clearly quite different from the
10 date at the end of the letter, which is in
11 darker type and said 9/2/75, and it looks to me
12 like that date was added sometime -- at a
13 different time, let's put it that way.
14 I actually got a chance to talk to Dr. Mancuso
15 before he died, about a year before that, and I
16 do know more about his story, and I do know the
17 events surrounding his 1972 letter that was
18 used in the petition. And I know that he took,
19 in addition to that, some extraordinary steps
20 to protect the Mallinckrodt data because he was
21 afraid that it not only would be destroyed by
22 the Department of Energy, but he was worried
23 about that data. So I think it's a precious
24 commodity and it needs to be interpreted
25 correctly.

1 I do agree with Tom Horgan. I think this --
2 and previous commenters. I think this letter
3 actually supports and should enhance your
4 doubts about the credibility of that data, just
5 from a scientific computing point of view that
6 it was hard to match up names with Social
7 Security numbers and so forth. So even if
8 there's data right now in NIOSH, there needs to
9 be some serious validity checking of that data.
10 The other thing I'd like to comment on is --
11 you know, everybody has apologized from NIOSH
12 about the boxes of data and about Rev. 1 not
13 being ready, but I guess from my point of view,
14 Rev. 00 was ready in October of 2003. It's
15 been 15 months to work on that document. It is
16 very clear that at the January the 18th meeting
17 everybody there was quite concerned about what
18 was in those boxes and about Rev. 1. And Janet
19 Westbrook, who's the lady who wrote the site
20 profile for Weldon Spring, or a lot of it, she
21 was very concerned about what was in those
22 boxes. And she asked, with some urgency, to
23 please let her know what was in those boxes.
24 And it's absolutely appalling to me, given the
25 knowledge that this was the first SEC that you

1 all would have to make a decision about --
2 tough job, but this was a precedent-setting
3 SEC. It seems amazing to me that in the time
4 between that January 18th meeting -- and the
5 boxes were known about before that -- and in
6 the two months since NIOSH got this letter, and
7 then the imperative to have Rev. 1 ready by the
8 time of this meeting, it just seems to me that
9 everybody's been done a mis-service (sic) by
10 not having those documents here ready -- and
11 done you, the Board, a disservice.
12 Now it has to be postponed. There could be no
13 action taken until late April on the '49 to '57
14 cohort, and the same thing repeated again for
15 the Iowa application. One part of that, the
16 evaluation of class two, wasn't even ready.
17 So I don't know, I would say in the future one
18 of the Board's decisions to consider might be
19 that every document -- and in thinking about
20 what Wanda Munn had to say, maybe it'd be
21 better to just insist that you have a complete
22 set of documentation upon which to make a
23 decision. And just like any dataset in any
24 research study, there's got to be a point where
25 you say this is it; we're going to make a

1 decision. And I think that everybody, all
2 interests, would be better served. I think
3 that Denise Brock and the petitioners were not
4 well served by this process. I think they were
5 at a decided, distinct disadvantage in this --
6 in this process.

7 So I'm extremely happy about the Board's
8 decision about the earlier workers, very happy
9 about the Iowa decision, not very happy about
10 having it put off again for several months
11 when, with some increased sense of urgency,
12 those documents should have either been here
13 today ready to be considered -- or yesterday --
14 or this petition should have been considered at
15 the next Board meeting when everything was
16 ready. Just my comment.

17 So I thank y'all a lot for your hard work.
18 Nobody gets paid very much for this, and we all
19 appreciate what you've done. Thanks.

20 **DR. ZIEMER:** Thank you. This now concludes our
21 public comment period. I do thank all of you,
22 particularly those who stayed throughout the
23 sessions and perhaps who have a final --

24 **MR. MILLER:** I don't -- I don't want the final
25 --

1 **DR. ZIEMER:** Richard, you always -- do you want
2 to have the last word?

3 **MR. MILLER:** No, I don't want the last word.
4 Dr. Ziemer, I just wanted to ask if it would be
5 possible to get on the record, since this has
6 been an 18-month standing issue, has there been
7 any resolution to the question of whether radon
8 dose and what kind of radon dose will be
9 counted in Blockson Chemical? In other words,
10 has that whole Blockson Chemical policy ever
11 been resolved? And if there's anyone from
12 NIOSH that can answer that, if not --

13 **DR. ZIEMER:** My understanding, it's still
14 ongoing and -- maybe Jim Neton will give you a
15 partial answer at the moment.

16 **DR. NETON:** I can give a partial answer, at
17 least. The radon dose issue has been resolved
18 and we are working on a model to include radon
19 dose from the radium that was present in the
20 facility from the manufacture of uranium from
21 the phosphate ore.

22 **DR. ZIEMER:** Thank you very much. Again, thank
23 you, everyone, for participating in the
24 session. I now declare the meeting adjourned.
25 Good night. Drive safely.

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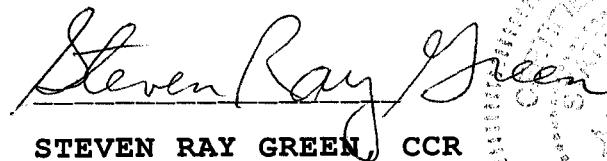
(Whereupon, the meeting adjourned at 5:30 p.m.)

C E R T I F I C A T E O F C O U R T R E P O R T E R**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of February 9, 2005; and it is a true and accurate transcript of the testimony captioned herein.

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

WITNESS my hand and official seal this the 2nd day of March, 2005.


STEVEN RAY GREEN, CCR

CERTIFIED MERIT COURT REPORTER"; ;

CERTIFICATE NUMBER: A-210'

