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PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes

MEETING 44

ADVISORY BOARD ON

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C O N T E N T S

Feb. 9, 2007

TRANSCRIPT LEGEND

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(By Group, in Alphabetical Order)

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PARLER, RICH, NUMEC
RAMSEY, ANN
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P R O C E E D I N G S

(8:30 a.m.)

WELCOME AND OPENING COMMENTS
DR. PAUL ZIEMER, CHAIR
DR. LEWIS WADE, DFO

DR. ZIEMER: Good morning, folks. I'm going to call the meeting to order. Welcome to the third day of the 43rd (sic) meeting of the Advisory Board on Radiation and Worker Health.

I'd like to remind you again to register your attendance, if you've not already done so, in the foyer.

Looking at today's agenda, also I'd like to remind you that the item that's listed for right after lunch now is -- has been deleted from the agenda, so that -- that will shorten our agenda somewhat. Particularly for those of you who may have plane arrangements to make or to rearrange, that may be of value knowing that the meeting will certainly be shortened somewhat from the stated agenda times.

All the members are here assembled with the exception of Mike Gibson. And Mike, are you on the line?

MR. GIBSON: Yes, Dr. Ziemer, I am.

DR. ZIEMER: Thank you. And Mark Griffon, who

had to leave early, so Mark is not with us, but we do have a quorum.

Let me call on Dr. Wade to make some opening remarks, as well.

DR. WADE: Only to welcome and to thank. I mean we've had a very productive meeting to this point and I look forward to this morning's deliberations. Thank you.

REPORT ON UPCOMING SEC PETITIONS
MR. LAVON RUTHERFORD, NIOSH/OCAS

DR. ZIEMER: Okay. We're going to begin this morning with an update on pretty much what's coming down the road, the outlook for SEC petitions. LaVon Rutherford from NIOSH is here. LaVon, you -- welcome again, and we look forward to hearing what you have for us.

MR. RUTHERFORD: Thank you, Dr. Ziemer, and the rest of the Board. As Dr. Ziemer said, I will be providing some information on upcoming SEC petitions. The purpose of this presentation is to provide the Advisory Board and -- and the public -- the number -- current number of SEC petitions we're working on, ones that are under evaluations, and the ones that were looking at 83.14s for. Hopefully this will provide information to the Advisory Board for

preparation of upcoming working group sessions and Board meetings.

As of January 29th we had 83 submi-- SEC petition submissions. We actually got another one in yesterday from -- for NTS, which makes 84. We have nine that are in the qualification process, 34 petitions that have qualified. Of those, 11 are in the evaluation process and NIOSH has completed evaluations on 23. We have 34 petitions that did not qualify.

Currently there are four SEC petitions that have completed evaluation and are with the Board for recommendation. We have Rocky Flats, Rocky was -- we completed our evaluation report in early April and presented the evaluation at the April Board meeting in 2006. The Advisory Board recommended a working group review that petition evaluation, and that review is still ongoing.

Chapman Valve, we completed our evaluation on August 31st of 2006. We presented that evaluation to the Board at the September 2006 Board meeting. The Board established a working group, as Dr. Poston mentioned yesterday, and the review is ongoing.

Feed Materials Production Center, Mark Rolfes presented that evaluation yesterday. We actually approved that on Novem-- on November 3rd, and the Board established a working group and the working group is now reviewing that petition -- that evaluation report.

Our most recently completed evaluation is with Los Alamos National Lab. We actually sent the -- or completed -- approved the evaluation and sent the evaluation report out to the petitioners and the Board on the 7th of this month. NIOSH plans to present our evaluation at the May Board meeting.

Now let's talk about the SEC petitions that -- that are currently in the evaluation process. We have Bethlehem Steel -- Bethlehem Steel qualified on August 29th of 2006. We have actually done our initial internal review of that evaluation report. We can expect that that evaluation report will be issued sometime this month.

The Hanford evaluation -- the Hanford evaluation is a -- a very large class. If you look at that 1942 to 1990, that evaluation is a very big evaluation and we're working hard to

meet that 180-day, you know, criteria. There is a chance that -- that we won't make that. I just want to let you know that there's -- there's so much information to review for that evaluation, there's a chance that we will not make that 180 days.

Blockson Chemical, we actually issued an evaluation report on Blockson Chemical. But after recognizing the -- it was misunderstanding on what exposures we actually had to prove feasibility and actually had to calculate for dose reconstruction. Once we determine, with the Department of Labor, what was expected, we pulled back that evaluation and we pulled back the Technical Basis Document and -- and we're in the process of revising both. We -- we plan to present that evaluation or to complete that evaluation update and Technical Basis Document for the May Board meeting.

Dow Chemical, I think -- if you were here yesterday you heard the update on Dow Chemical. We are doing some additional data capture. We -- we -- if you weren't here yesterday, there were -- we had initially planned to present Dow

at this Board meeting, but some new documents came up in early January and, based on those new documents, we recognized that we needed to do a little more work. So we plan to present at the May Board meeting, but the report should be complete sometime in April.

We have a Y-12 petition. This Y-12 petition was actually a petition that we received we had initially not qualified for statisticians from '51 to '59. It is actually a -- when you -- when you see that the petition is more for an incident than it is in -- so it's actually for '58 and '59, but the petitioner petitioned for '51 to '59. We did not qualify it initially. The Administrative Review Panel came back and recommended that we do qualify it based on the medical evidence provided, and I will talk about -- I'll give you a little more detail on that in that the -- the Administrative Review Panel did not actually disagree totally with our decision. They disagreed with the fact that we did not provide them or the petitioner enough information for everyone to understand what the feasibility determin-- or -- determination was. Therefore they recommended,

based on that, that we should -- we should qualify the petition and evaluate it.

And there are actually a couple more of those, and I had talked to Dr. Lockey, who's in charge of that working group that's looked at the ones we did not qualify, and we are providing the letters from -- from the actual Administrative Review Panel to Dr. Howard, we're providing those letters to Dr. Lockey's workgroup so he can understand, you know, what the decision -- the reasons they changed -- or they recommended that we qualify a couple of these. And then we're also going to provide Dr. Lockey what we're going to do in -- in the SEC group at OCAS to ensure that we don't have this problem in the future.

We have a NUMEC petition and we actually have our NUMEC petitioner here. We have a NUMEC petition that was under the same situation. It was initially not recommended for qualification by us and the Admin Review Panel -- again, it was based on our -- or the amount of information we provided to the petitioner and the understanding that they could derive from our own information, they felt that there was

not enough information to actually -- for the petitioner and to the -- and for the Admin Review Panel to understand how we came up with our position, so they recommended we qualify that petition, which we have.

Those both we plan to present at -- or plan to be -- complete the evaluations in July of this year.

We have an Ames Lab petition that was for some maintenance workers that worked on some thorium duct-work during the years. We plan to present that -- or complete that evaluation in July.

We have a 83.14 for W. R. Grace, and we -- that one should be completed and presented at July. We'll actually complete that earlier, but I don't think there'll be enough time for the working group to look over that evaluation to actually present in May. If -- if we get it in earlier, you know, I'll let Dr. Melius's working group -- make them aware of that and -- and we'll work to -- to get it presented at the May -- at the May Board meeting.

I presented at the December Board meeting -- we have 11 sites that we are looking -- working through the 83.14 process. Those -- the -- we

are still working on those through the 83.14 process. However, based on lessons learned -- and I will talk about those in a few moments -- we -- we have pulled back in -- in that we are verifying that we have done all the appropriate searches for data for information in support of determining feasibility for dose reconstruction. So we've pulled back a little bit. We've set up a time line. We've actually put it in our -- worked it out in our project plan, and all 11 of those sites -- we'll complete that portion of -- of review for data by March. Once we've completed that, we will -- I'll jump here. Once we've completed that review and look for additional data in March, we will -- our contractor will provide us with a professional judgment and class proposal, which we will review and hopefully approve and we'll move forward with those 83.14s.

I mentioned some lessons learned. I think there's some lessons learned that -- that we picked up at the December Board meeting and -- based on our presentations that were given, and -- and we also discussed them further at the working group session in January.

The General Atomics, we -- we had identified a class and worked -- presented our evaluation. However, it -- the information we provided to the Board -- it wasn't clear enough and not descriptive enough for the Board to, you know, come up with a conclusion and understanding of the class definition and -- and all the issues. General Atomics had -- there were numerous issues associated with that petition. However, we presented one, so what we -- what we talked about at the working group session and, you know, just lessons learned from that Board meeting, that you know, we could provide additional tables that could be put into the evaluation report that could -- could lay out all the issues that we had actually -- the -- all the issues we found in our evaluation process for that facility that'll actually help the Board and help people that are reviewing pull this string and understand where we came up with our class definition.

Another lesson learned that we've actually talked about, I think you've probably heard us mention it, we -- we've typically done this in the past for 83.13 SEC petitions. 83.13 SEC

petitions are the standard petitions that are submitted by a petitioner. We -- we actually put together a folder with all the supporting information, example dose reconstructions if necessary, reference documents and -- and everything that -- that we used to make our determination for feasibility and -- and to -- to help the Board and the Board's working groups understand how we got where, you know, we ended up with our evaluation. We haven't done that in the past with 83.13s -- or 83.14s. The 83.14s we had taken the position that well, we're recommending adding a class based on an issue that we found. However, to do everything justice, we need to provide that information to the -- to the Board and -- and the Board's working groups as well. So what we've done is we've set up folders that the Board and the Board working group have access to. Dow Chemical has a folder right now with reference documentation and -- and all the documents that we actually used to make our determination, we have -- have that set up. If you in our -- W. R. Grace should be there. We will do the same thing. So we will do the same thing that we do

for 83.13s, we will do that for 83.14s from this point forward.

Hopefully this will -- it'll make the Board meetings easier for the Board to understand. You know, they can review the documentation ahead of time, look at that information and maybe make it a little easier.

Another concern, and I think this concern was identified by Dr. Roessler, that -- that, you know, worry about inconsistencies, inconsistencies in how we determine feasibility. It was -- and it was discussed by Dr. Melius at the working group session as well that we -- you know, we want to make sure that, you know, as we go through this process and we're adding classes, we're evaluating numerous sites, some of these issues are going to be similar. You know, some of the issues that are associated with sites -- thorium exposure, for example -- are similar. What we need to do is we need to make sure that we are not inconsistent in our determination of feasibility. So what -- what we've done is we've discussed internally things that we can do to -- to help our evaluation team, to help

the Board be sure that we're not coming up with inconsistencies.

One of the things that we are doing is we're developing a matrix. This matrix is actually already in internal review one as -- as I speak. It's a matrix that lays out every evaluation we've completed to date. It puts out the feasibility determination for each -- you know, whether we said we can or can't do dose reconstruction for internal, external, all the way through. It also lays out the HHS recommendation, how it compares to that feasibility determination and -- and it has, you know, a couple of other items. This will hopefully allow future teams that are doing evaluation to look back through this matrix and say okay, do I have a similar issue, do I have an issue that -- that's similar to something that we've looked at before and -- and then we can -- they can go back, as the evaluation team, can go back and see how that determination was made and -- and -- and make sure that we're not going to be incon-- not only inconsistent, but look at, you know, similarities and make sure that they've

addressed everything.
Another issue that actually came out of the December Board meeting -- Board meeting and was -- a good point by Dr. Lockey. Dr. Lockey asked the question about data captures, and we had -- you know, in our 83.13 evaluations we lay out all sources of information where -- all sources we went for information. We lay that out in the evaluation report. We haven't done that for the 83.14s. In the future we will because what we want to do is we want to make sure that we have looked at all of the possible sources for information and we've actually pulled that string to -- to make sure we come up with the right determination.
That's it.
DR. ZIEMER: Thank you, LaVon. Let me begin the questions by asking about the legal implications of not meeting the 180-day requirement. You suggested in the case of Hanford that the agency may not be able to complete that evaluation report, so --
MR. RUTHERFORD: I -- I --
DR. ZIEMER: -- we may have been told, but I don't recall, you know, who slaps whose hand or

what happens.

MR. ELLIOTT: The amended language of the law requires us to provide a report to Congress, so various committees at -- on the --

DR. ZIEMER: So the report could say that you have not been able to complete or --

MR. ELLIOTT: I -- I conceive this as a -- on a yearly basis we would report to Congress on how many times --

DR. ZIEMER: Oh, I see. Okay.

MR. ELLIOTT: -- we missed the 180-day mark.

DR. ZIEMER: Okay.

MR. ELLIOTT: We hopefully would be able to explain, you know, what happened in those -- each individual set of circumstances, and I guess we'll take our lumps as they come then.

DR. ZIEMER: Okay. Yeah. So the law doesn't say that if -- if for some reason you can't meet the 180 days, you can get a reprieve in some way. It just says 180 -- 180 days, there's no --

MR. ELLIOTT: Says we are to strive to meet the 180-day mark. It may not use that word, strive, but that's the time frame that --

DR. ZIEMER: Yeah.

MR. ELLIOTT: -- Congress is desirous of us completing our evaluations.

DR. ZIEMER: Okay. I just didn't recall if there was some kind of penalty involved -- dismiss the Board or something.

DR. MELIUS: Send the contractor to jail.

DR. ZIEMER: Okay, other questions. Dr. Melius.

DR. MELIUS: Yeah, just one follow-up, LaVon, and I have a -- actually a question for the Board here. But the one -- one thing I would add is -- it's a very good report. I really appreciate the effort that NIOSH is making with -- with -- on this SEC issues and think it'll make it a lot easier 'cause there are a lot of sites that -- that we're going to have to deal with -- with -- through this process, and I think the way you're laying it out is -- it will be very helpful and hopefully really will facilitate our work.

The one thing I would add to it is -- is -- I think that it would be helpful -- believe I mentioned this yesterday, also -- where possible and appropriate, for you to also reach out and -- to some of the claimants or

potential claimants, people that worked at some of these facilities, particularly some of the -- the older facilities and larger facilities where there are multiple buildings and dif-- different types of activity on site 'cause I think it's very important that we have -- also capture the right definition of the class and -- and make sure we get everybody included and -- and I think that's also very difficult at these sites 'cause how people were classified and so forth and then you're going to be going through this process of having people applying, putting down wording and having to interpret that, and the more information we could get into that process early on, I -- I -- I think the better. It'll never be perfect, given the age and how long ago a lot of this happened, but -- but I -- I think it would be -- be useful.

The second comment I have is actually for the Board members. I -- I -- I think we need to sort of get moving on some of the sites. LANL we don't have a workgroup yet, I don't believe. I don't -- Sandia's coming up, I don't think we've done anything with that yet. I -- I

don't know about NUMEC and some of the others that -- got a little bit more time on, but -- but I think we really need to get set up and be ready to be able to move ahead on -- on addressing the SEC evaluations. We haven't really even started to deal with the -- the site profiles yet on -- on some of these, and I can't remember where SC&A is with some of the reviews here, but you know, some of them they have completed and we -- we just need to get to the resolution process. So I hope we could, as part of our actions today or the near future, get some of those workgroups set up.

DR. ZIEMER: In fact if you look in the front pocket of your -- your booklet, you have the big book from -- okay. I prepared a chart so that we have that information about the site profiles. This indicates in fact what SC&A has completed, and those cases where we have in fact begun and where we have essentially workgroups and a matrix underway and where we don't, with the -- and then we -- we need to in essence I think look side by side with the SEC chart here and we can in a sense prioritize which ones we need to move on.

We have already committed to do, and it's not on -- not on the SEC list, but we have committed to establish a workgroup at this meeting for Linde. You recall at our -- our meeting -- our phone meeting last time that we made that commitment, so we need to do that yet today. And then we would look at the other sites, particular where -- where the report from SC&A is in place and -- and aging. Many of these -- a few of these go back more than six months and some are since July of -- of last year and -- and we can pick out those, but your point is well made that we -- we need to be moving both on the SEC upcoming petitions as well as on the reviews of the site profiles. And we'll need a -- certainly several more working groups right away.

Okay, good. Other comments or questions? Yeah, Lew.

DR. WADE: Before we -- we leave this topic, we're very pleased this morning to -- to have in our presence Michele Jacquez-Ortiz, who's the district director for Representative Tom Udall from New Mexico. The fact that Michele

is here is evidence of the -- the great commitment that both the Congressman and Michele personally has to the workers of New Mexico, and she wanted to be here this morning even for the brief discussion that touched on the Los Alamos workers. So we're -- we're pleased to have you here and welcome, and if you'd like to address the Board, please.

MS. JACQUEZ-ORTIZ: Thank you so much, Lew. Dr. Ziemer and members of the Advisory Board, thank you for allowing me a quick moment to speak.

First I want to just dovetail a little bit on Dr. Melius's comments about clarifying that class definition. Harriet Ruiz -- as you know, she's the 83.13 claimant for Los Alamos and we sat together when Jason Broehm sent us the -- the report on her SEC, and this was just a couple of days ago, but there were some questions that came up. Clearly we are very pleased and I want to just get it on the record that we're very pleased with regard to the preliminary report, and we want to thank Larry Elliott and the staff at NIOSH for all of the work that went into this and -- and what's

stated in here. We look forward to a meeting with the NIOSH staff to answer our questions. That meeting's coming up next week with the Congressional delegation and I'll clarify a couple of points.

One of them was on the class definition. We -- we feel that the clarity is really important, and it looks like they tried to make it as broad as possible, so for that we are very appreciative. I just -- I had some questions on -- and I think that Jason -- excuse me, a couple members of the staff also had some questions.

I also -- I wasn't here yesterday, I was on a plane stuck in Chicago, but wanted to thank the Advisory Board for your support also with regard to the Los Alamos medical records issue. And we have been working very closely with the DOE and also NIOSH to make sure that all of those records are preserved for the claimants. And I understand that there was a comment maybe in the last couple of days from the Advisory Board in support of that, and on behalf of Congressman Udall, thank you very much for -- for lending that support to that important

effort.

DR. ZIEMER: Thank you very much for those comments and for taking the time to be with us here today.

Okay, other comments or questions for LaVon?

MR. GIBSON: Dr. Ziemer?

DR. ZIEMER: Yes, Mike.

MR. GIBSON: I don't know if this is exactly the appropriate time, but it seems to me that it is, concerning looking into other issues and everything else.

I would like to, if it would be an appropriate time, make a motion.

DR. ZIEMER: Yeah, I'm -- what I'm -- what I'm wondering is if we can do that in the context of during the Board working time when we -- when we look at the total list of -- of the sites. You're talking about your suggestion from last night that we have a working group that would, in some manner or another, be involved in getting worker input relating to, number one, I would say the site profiles and perhaps also as it relates to the SECs, but I think -- I think it would be appropriate if we did that during our working session when we

will be reviewing this list of the site profiles and which ones we haven't addressed yet and so on, if -- if you're okay with that, Mike. We'll just postpone that briefly till we get to that point in the agenda.

MR. GIBSON: Yeah, I'm okay with it. I just -- I just -- you know --

DR. ZIEMER: We haven't forgotten you.

MR. GIBSON: No, I've heard -- I just heard that, you know, people are looking -- different organizations are looking at different ways to do the site profiles, the SECs and everything else, and I just -- I just thought this might be the appropriate time. But if you feel it would be later, that's fine.

DR. ZIEMER: Yeah, I think -- I think we can do it so that we have the full picture of both the site profiles and the SEC information. So at the moment I think, if -- if -- if there's no objection, we'll proceed with the other items that are on the regular schedule here.

CONFLICT OR BIAS MANAGEMENT POLICY IMPLEMENTATION STATUS UPDATES
NIOSH, MR. LARRY ELLIOTT, NIOSH/OCAS
ORAU, MS. KATE KIMPAN, ORAU

We have a -- we have a scheduled presentation from NIOSH and from ORAU on the conflict of --

of interest, and kind of an update on where they are on what they call the bias management policy. We're going to hear from Larry Elliott and then -- did -- oh, Kate has arrived. I was just asking someone earlier if Kate was going to be here and there she is.

So first we'll hear from Larry Elliott, and then we'll hear from Kate Kimpan from ORAU.

MR. ELLIOTT: Well, good morning again. Last day of three long days, and we hope to get you on the road and get you back to your home ports safe and sound, weather allowing and all of that.

I'm here to give you an update on the implementation of NIOSH's policy statement on conflict or bias, and this is a slightly different title than we had given the policy that the Board had reviewed. We -- Dr. Howard is engaged in a refinement to that policy statement that has been presented to the Board as we implement it.

However, the purpose of the policy as it has been put in place is to prevent individuals -- I've given talking points to the Board on -- I've given copies of talking points to the

Board. They're also available on the back table. I do not have slides. So from these talking points that you have, the purpose as stated in this policy on conflict or bias is to prevent individuals with either apparent or perceived conflicts from being the primary document owner on any key program function document. The policy lists these documents, and you should review them and make yourself aware of what is a key document versus a non-key document. There's also a purpose here in this policy to promote and provide transparency in the dose reconstruction process, and in the creation of these key program documents.

Now there've been many policies over the course of the six years of the program. We started out with a -- requiring a policy, internal, where no one had a prior affiliation with a DOE site on -- on the OCAS staff or the NIOSH staff could work on a given dose reconstruction or a tool that was used for that dose reconstruction, and we've adhered to that.

When we awarded a contract for technical support on dose reconstruction, the competitive process, requests for proposals, called for a

outline of a conflict of interest policy. And upon award, that was further developed. After the award it -- at several points in time the policy was modified, as this Board is well aware of, based upon concerns that have been raised regarding site profiles and Technical Basis Document development.

The first policy that was put in place under the ORAU contract, as specified by that contract, dealt only with dose reconstructionists and doing a dose reconstruction for an individual claimant and how that would be managed and controlled. And so we have -- we have matured and we have progressed beyond just that to dealing with the various tools and methods that are employed in this program.

One of the other major changes of the -- this current conflict or bias policy is the establishment of an office of a conflict or bias officer. This is a person not involved in the dose reconstruction program. Currently it is the chief of staff to Dr. Howard, Mr. Frank Hearl. This individual is responsible for ensuring that any key program function document

disseminated by NIOSH conform substantially and procedurally to all the provisions contained in the conflict or bias policy statement.

There's more specifically-defined roles in this conflict or bias policy than in previous policies, and the -- the policy itself defines seven key program functions. And in Section 6 of the policy it defines five program support functions, and you should make yourselves aware of those. Defining these functions in the policy provides complete understanding of what roles are performed in the construction of key program documents and where conflicts should always be avoided.

Now we're in the process of implementing this policy and disclosure by every individual at NIOSH is required. I'm only speaking at this point, in my presentation, about the NIOSH actions to implement this policy. You'll hear later, in a moment, from Kate Kimpan about ORAU's efforts and what they are doing in implementing the policy. Each one of our contractors is required to implement this policy as a floor. That means that they can go -- they can be more rigid and more rugged in

their -- their interpretation of the policy, but they cannot go below this as a floor. So there are various ways that some of these contractors are implementing this -- this policy.

Our disclosures at NIOSH, for all NIOSH staff -- that includes not only the health physicists, my communications specialist in the Office of Compensation Analysis and Support, the public health advisors you see here at these meetings consulting with claimants, the IT computer specialist that we have, secretaries, special assistants, everybody has to provide a disclosure. It also includes Dr. Howard. It also includes Frank Hearl, the conflict of -- or policy -- conflict or bias policy officer. It includes our legal team and what -- whoever else is associated with this pro-- this program.

So on our web site you will soon see disclosure forms. If an individual is conflicted at a site or -- during any period, he or she cannot perform any program function for that site, as defined in the policy. This is a -- we -- we base -- at NIOSH/OCAS we are basing and

interpreting the policy in a little more higher level than just the floor. We're going by site rather than by individuals solely, so you should -- if you have any questions about that in that regard, let us know. We feel that this ensures a more restrictive approach in implementing the policy.

As I said, all NIOSH and all OCAS employees who work in the program are required to complete a disclosure form, regardless of their job title or function. All of those disclosure forms will be soon posted on the NIOSH/OCAS web site. And if you don't know how to navigate to that, I'll provide it to you; just ask me, rather than read -- well, I guess I should read this into the record. It's -- it's located at www.cdc.gov/niosh/ocas/defaulthtml*. You'll find those disclosure forms there very soon. We're -- we're pulling them together as I speak.

There will -- you will see in those multiple sites that are listed where conflict exists. For those sites where conflict exists, the individual is required to complete that form and to explain in some level of detail how --

what the conflict or bias is. There will be a one-page summary that will front this set of disclosures for an individual that will provide you as a reader a -- a straightforward understanding without having to go through each set of disclosure forms for a site. This summary statement will show where the individual -- which site the individual has a conflict or bias.

We are doing this at NIOSH/OCAS. It is not required of the contractors. They will implement this as they see best for their situation. We are not allowed to place contractor disclosure forms on our web site. We will have a link on our web site that will take you to our contractor's web site so that you can find them there -- find their disclosures there.

Sites where there's no conflict of interest for an individual in NIOSH, but for which additional explanation is required, will be listed separately on the multiple site disclosure forms. In other words, in my in-- in my case, when I went through this disclosure process I found myself not to be conflicted at

any site. However, I supervise individuals who are. I am supervised by an individual who could be. So I provide an explanation at the end of this document, of my disclosure, explaining all of that, that I supervise individuals who have a potential for a conflict or bias because of a prior affiliation at a site. Every action or decision that I take on that -- on be-- in regards to that individual set of circumstances is reviewed by my supervisor and by the COB, the conflict or bias officer, and at Dr. Howard's choice, perhaps others. So you may find that kind of explanation at the end of each individual site disclosure form. Make sure you go through all of that to see how people have responded. And that's the end of my talking points. We are proceeding as -- as quickly as we can. This is -- and we want to make sure we put this up right the first time, and so I would ask you to look and you'll -- if you're on our distribution list, you'll -- as the Board is, you'll have a notice coming very shortly that these are posted on the web site.

DR. ZIEMER: Okay, while -- while you're still

at the podium, Larry, let's take a moment and see if there's any questions from the Board on this update and the -- the new nuances for conflict of interest and the COB officer.

Any comments or questions?

(No responses)

Okay, then let us proceed. Kate Kimpan now will give us the update with respect to ORAU. Good morning, Kate.

MS. KIMPAN: Good morning, Dr. Ziemer, members of the Board -- shorter than Larry -- and others. It's a pleasure to be here. I've been the last couple of days listening by phone and it just doesn't do justice, so it's a pleasure to see you all in person.

You heard Larry describe what NIOSH has been doing, what's occurred to the policy, with the policy, and I wanted to update you on some things I've talked about with you before, and some things that I haven't yet spoken with you about.

As NIOSH has worked to finalize this policy in recent months, the ORAU team has been managing the project, as you all have been informed by me at prior meetings. We've been managing the

project so that no dose reconstructions or other key program functions are performed or developed by individuals with inappropriate conflicts of interest, as defined by the NIOSH policy.

You recall when these discussions were just emerging a long while ago in early 2006, I immediately replaced -- we as a team replaced any document owner who, under the policy that NIOSH had released at that point, would have been conflicted at the time the document was prepared or contributed to.

Now let me explain for those of you that haven't been to one of these before, it's an unusual way to proceed. Many, many, many documents were written before the conflict of interest policy that was on the books had specific requirements like those right now. Since the beginning of this program the ORAU team has endeavored to assure, and we believe we have accomplished, no dose reconstruction or peer review of a dose reconstruction has ever been performed by a conflicted individual on our team. So I want folks to be clear since we're four and a half years into this project

talking about a COB policy, COI policy. Since day one the ORAU team had a system, computerized system to assure that a dose reconstructor couldn't be assigned to a dose reconstruction where there was a conflict. And I just want clarity for folks listening because it's so important. We've performed tens of thousands of these dose reconstructions. There is a way for a worker to say I don't want Kate Kimpan working on my claim, and I wouldn't work on it. So there's a way, irrespective of actual bias or conflict, for a worker to say -- a claimant to say I don't want that person touching my work. And we've abided by that in the very rare instances it occurred, but I just wanted to -- before we talk about this 'cause it's mostly about the documents rather than the DRs. I wanted to make a slight distinction.

What we're going to be doing with our documents and what we began implementing about a year ago was that we're going to apply the same conflict of interest at the time policy to all the documents that we develop. And this isn't just a going-forward exercise. Our team, with -- in

close work with NIOSH, has submitted to them hundreds of documents that have been approved for use in this program. The documents are rigorously reviewed. And what we're doing now, which is quite unusual for those of you with legal backgrounds or government backgrounds, is we're going to take a new policy -- the one that isn't quite yet in force yet -- as soon as it's finalized we're going to look through the lens of that policy back at work that we did years before when the policy was not in force. That's on purpose because of the important nature of assuring that the scientific findings, conclusions and contributions are appropriate, are scientifically sound and are free of the influence that a paper conflict or bias concern might elicit.

Since 19-- early 2006, all document owners who, under the definition of the policy that NIOSH has had in force, had -- any of those that have had a conflict of interest under the lens of this policy have been replaced with a not-conflicted document owner. In some ways the conflicted individuals -- and you've heard some of these names bandied about, sometimes

accurately, sometimes not -- sometimes those individuals have remained involved in appropriate, non-key roles as subject expert or site expert.

For those of you that have already fallen asleep, sort of in the weeds of the lengthy policy, there are site experts, there are subject experts, there are document owners. The document owner is ultimately responsible for assuring that every conclusion in that document rises to the proper scientific, defensible level that's required by the outstanding science that this program has been using. We're going to assure that the owner is assuring that all those facts are well used, well cited, and in the right place.

We've developed and are now finalizing -- we're awaiting the revision to the NIOSH policy to be signed into effectiveness so that we aren't taking actions that -- lest there be another change, we've developed and are now finalizing procedures to implement the NIOSH COB policy.

Do reduce our burden associated with paperwork -- we have many employees -- we've developed a system where employees will fill out their

disclosure forms on line through a password-protected system, and a PDF version of their disclosure form will be posted on our web site. Once the revision to the policy, which is currently in process and we -- I believe, Larry, we expect this to be signed into policy soon -- we don't know. As soon as that policy is signed with this revision that's underway right now, we'll be able to have all ORAU team forms completed within one week of the effective date. Okay? We have programmed -- our computer programmers have been working on this, have been changing it as the policy has changed and morphed. This is a significant effort but it's an important effort.

I want you to know that we've done everything we can -- that's appropriate, in terms of taking action, spending hard-earned taxpayer dollars -- we've done everything we believe we can do appropriately until the policy is in effect. So we're ready to go. Assuming there are no more changes to the -- the basic queries and questions on the policy, we're ready to go. We, the ORAU team, established -- via analyzing the NIOSH policy in earlier versions -- a more

restrictive method of assuring our workers and contributors were free of conflict or bias than was initially required. You heard Larry refer to it. We initially, and have been all along, restricting individuals by site. If you have a conflict at a site, you don't work on that site and you're taken off for our DRs. There's no discussion of what you did at the site, how you did it, if you've got a conflict. So we have been using individual site-based throughout -- I think this policy certainly would -- would encourage that or allow that. You can see NIOSH's new policy is drifting toward a site-based. It's more restrictive, but it is cleaner for us and it is easier to manage. We have a computer system in place that actually prevents assignment of someone with a conflict, and our new system will feed into that same system. It's coordinated to work with our dose reconstruction and other key function assignments. So if somebody -- one of my managers wanted to assign a dose reconstruction or a document review to a conflicted individual, we have an elaborate computer and document control system, the system would say

no, you must not do that. It's a -- you may not do that, not must not.
It's another reason for us to use a computer-based system rather than paper. If there's paper, that's all well and good, but that's showing what an individual wrote on the paper, you post the paper. There's nothing wrong with that. At 160 dose reconstructions a week and nearly 400 employees, we can't be looking at a piece of paper every time we go to do our work, so we need our computer system talking to our conflict of interest or bias system to help us do our work well, prevent these concerns and assure you, the Board, the government and the public, that we're doing this the right way.
We've talked at other times through the months about annotation and attribution, and I know I've spoken to this Board, and it was an emergent topic early on in this. A year ago when I assigned new owners to areas where document owners might would have been conflicted under a new emergent policy, we looked at what we might do to assure the scientific community, to assure this Board and -- and the interested members, to assure the

public, the claimants, that we're handling this the right way. We have, and it is now in the policy. We talked about it before it was, what we as the ORAU team were going to do to assure the fine scientific quality of our documents. It's now in the policy and we're very pleased to see that. We've been working closely with OCAS to assure we're going to implement this the way that they'd like to see to assure credibility for all of us on this program for what we've been referring to, and now it's an actual in-the-policy word, annotation and attribution.

Our documents are written by scientists who write for professional journals as part of the rest of their livings, and as such they use proper citations, footnotes, references, et cetera. These are all done to a scientific, peer-review level. That's how the writing that our team has done and the OCAS team has done has -- has been emerging. You'll see that in our system documents go through many, many, many reviews. And if you've ever met a group of health physicists, you couldn't get them to agree it's cold today, I suspect. Some people

would say it's warmer than Minnesota. So we have many, many, many reviews of different health physicists on our team. Then it goes over to OCAS where an additional group of professionals and health physicists and other experts review it. For many of our documents we've had SC&A, yet another group of health physicists with opinions about how these were developed, review and -- and challenge and -- and work with us about our conclusions and our findings.

I'm going to say, before I tell you what we're going to do for annotation and attribution again, we believe that these documents are absolutely high scientific quality that are honoring the contributions of these workers, because these -- these documents are used to process claims and that's why we're all here is to take care of workers and their families. That's the intent. That's what the program does, and we believe that's what the documents do. We believe they're thorough. We believe they're professional, and we believe they're free of conflict or bias based on the experiences of any individual contributor.

In terms of assuring that that is -- thank you. (Unintelligible) stop long enough to drink. Sorry, Ray. I should always start off with sorry, Ray.

In order to assure that we're doing this a way that has not only satisfaction for scientists, for the government and for the Board, but also to make sure that the public, that the claimants, that everybody who's involved in this program sees the amount of sunshine on these documents, we believe that we are going to make certain that folks can see where every contribution was from. And we're going to make even more certain when there's a potential conflict or bias among the contributors. So we're going to be doing a retrospective annotation and attribution. We're going to do that on every document where the -- the existing policy would have created a conflict for an owner or contributor to that document. And they're going to be th-- and we're going to prioritize this retrospective work. These are documents that are already out there, in -- in some cases already in force. We're prioritizing this based on the type of conflict

that was either found or alleged.
And I want to tell you a little bit in detail about the three types of annotation and attribution we're going to do under this policy. This is an ORAU team construct. The policy does not call this out at all. We're acting, we believe, in an abundance of caution, again, to assure the credibility of these documents and this group of individuals. Retrospective annotation and attribution is first being conducted on six sites, and they're slightly different sites. The first situation is where there was actually a conflicted document owner. That occurred at only two places. You've heard a lot of things said about a lot of people in recent weeks and months. There are two sites, the Idaho National Laboratory and Pantex Texas site are the only sites where the ORAU team document owner had a conflict. New owners were immediately assigned a year ago, and these documents are going to receive the most thorough and complete level of annotation and attribution, which is appropriate. The person who was the decision authority for those

documents had an employment status at one point in life which, under this new policy, would conflict them or -- or facilitate the possibility of a bias. So we're going to make sure that every scientific conclusion, every finding, every premise, every table and every exhibit in that document will be identified, referenced and fully explained.

As promised, we gave to OCAS last year -- I can say that now, being January -- a fully annotated and attributed TBD for Rocky Flats, which is actually in the next category, never had a conflicted document owner, but it received a great deal of attention and it was the right thing to do. Our documentation in that -- our annotation and attribution in that document we believe was very thorough. If and when OCAS and NIOSH see fit, they -- they will share that with the Board or ultimately that document will become public and it will show this level of annotation and attribution.

We've shown it to a lot of people, including the COB officer and the attorneys and the government and we've gotten no feedback to suggest that this annotation/attribution is

anything less than totally thorough.
For places where the document owner was never conflicted, but we had a conflicted site expert who wrote or substantially authored part of the document in a way that would now be inconsistent with the NIOSH policy -- okay, no conflicted document owner, so there was an arbiter that owned the document, but one of the contributors, somebody writing important, substantive scientific portions of the document has a conflict under what we believe will be the NIOSH policy. Those two sites are Rocky Flats and Hanford. This annotation and attribution is completed for Rocky. It's in process for Hanford.
Again, I want to be very clear. On those documents where, although there was never a conflicted owner, there was a conflicted contributor, we're going to again make sure that every contribution by the individual with a conflict is called out, clearly identified, clearly sourced and clearly explained.
There's another situation where -- at Los Alamos and Paducah where there was not a conflicted owner or a conflicted expert

contributing in an inappropriate way, but it has become part of the vernacular. Stuff has been alleged at Boards and there's been discussion. There's been discomfort from members of -- of -- well, public is strong. There's been discussion from -- from different folks about whether or not people's contributions was appropriate. The actual analysis for both Los Alamos and Paducah was that nothing inappropriate occurred in terms of who contributed. But because these have received a great deal of attention, a great deal of critical attention, for those two sites as well we're going to apply this level of annotation and attribution. Again, we're very proud of this work. We're very proud of our conclusions and our contributors.

We believe they've been well vetted, well justified and we're just going to make certain that you all know where that information is from so everyone has the same comfort level, not only with the findings our team has ended up with but as important to everyone, especially the public, we want to make certain you're comfortable with our process. It isn't

just the answer that comes out of all of this work. But I listened to the -- the discussions last night and the concerns that people have as they read these reports. It's a very, very complex program, and anything we can do in the service of these workers and this program to assure that people know how we've made our decisions and that those decisions have credibility, credibility with the folks whose lives they're affecting -- and with the Board and government -- is very, very important to us.

For the six sites mentioned above -- those are Idaho National Lab, Pantex, Rocky Flats, Hanford, Los Alamos and Paducah Gaseous Diffusion Plants -- the current document owner, the newly non-conflicted owner, will conduct an additional technical review of these documents. Anyplace where there were questions raised, legitimate questions raised, one of the things we've committed to do -- which is not required by the policy, but it's the right way to handle this -- is that our non-conflicted document owner, in concert with other experts on our team and experts within the government, will

conduct a technical review of every finding in that document to assure they're right, they're satisfactory and the document owner is comfortable with their use. When that's completed, we again subject these documents, every one of them, to a rigorous review by our colleagues in the government, who ultimately actually approve these documents. We merely provide work to them.

We're very pleased to be moving forward on these important aspects, and we're very pleased that it looks as though the policy will be finalized. For those of you that -- that surf our web site all the time, we've left it up, although it is an artifact of a policy which is no longer in effect, and it includes workers who no longer work for me. So we're very anxious to get the new policy signed so that we can make our web site proper and right, with the people we currently have working on the team.

Obviously there's a great deal of historical information on the current web site and I want to assure you, as we revise this, as the policy's finalized and we revise our exhibits

on that web site, we will maintain -- the ORAU team will maintain, for your availability and others, all the information that we take down. The information that's up there was a proper snapshot at a certain time. COB, these forms, are a snapshot of who works for you at the time. With this new policy, we'll require new forms. The old ones will be obsolete.

So the -- the web site will in coming weeks be changed and you'll see this new policy, once it's effective, reflected on the web site. Larry and others will be made aware when we're going to change that so you, the Board, will know. This isn't something that should be a surprise. Once the new policy's in effect, about a week after it's in effect, we have all of our current employees' information up and ready to go, we'll replace the current web site with the current, proper information under the policy. And I just wanted folks to know.

If there's anybody who has interest in making sure you preserve what's on it now, feel free to print away or, as I said, we'll be retaining that in our computer memory. We will not get rid of it. It will no longer be available to

the public. We certainly have before provided elements of -- of things that have been taken down for the Board and to others. We have no problem doing that. It's just not the right thing to have information up there that's four years old, obsolete and an old policy. So I wanted folks to know -- we're not trying to hide anything or take anything away. We're just going to put the current, correct information up as soon as that's available. And I can't give you an exact time frame on how this is going, but there are six documents on what we consider our tier one, must do right now. Paducah's -- I'm sorry, Rocky is completely done. Three of the others are in process, and there are two others that we have planned and are beginning to do. Again, this, like so many other things, is very important work, prioritized among a lot of very important work, so what we've been doing is as much prep work as we can until such time as the policy is effective. As soon as the policy is effective, there'll be an internal flurry of activity to get us dress right dress in compliance with the requirements, including posting, and we should

be then pleased to stand for any questions in the future and now.

DR. ZIEMER: Thank you -- thank you, Kate -- or -- yeah, Kate, for that update. I'd like to pose a question that perhaps goes to the issue of bias. There are clearly concerns that folks have that there's a sort of an inherent bias in this process that relates to the fact that the documents, with all the protections that you've described, nonetheless are pretty much authored by scientists, health physicists and management types of folks who may see things, or not see things even, in a different way than the folks out there doing the work.

MS. KIMPAN: Uh-huh.

DR. ZIEMER: And in -- in the abstract, at least, one could argue that -- that a kind of bias could in fact be present because of that. How do we and how does ORAU assure that those concerns that -- we might call them worker concerns -- are not only made visible but impact on the final product? I think for the most part, and you talked about the authors, the scientists who are used to writing papers and so on, and we recognize that many of the

workers are not normally in that capacity for -- that's not what they do normally, and maybe we have overlooked how they might contribute to the product. So can you give us a feel for what efforts ORAU uses to get that input into the document, how do we know it's there, how does it show up, how does it change what I think is going on as a health physicist versus the worker who says well, you're only here now and then; here's what really happens.

MS. KIMPAN: Right. Sure. Let me start with sort of what -- part of what I've learned from my team in -- in the time that I've been here in this part of the project.

A lot of the folks on our team were folks that were workers. Some of them were workers in the rad protection program. The story I get from them is it was their job to assure that workers voices were heard and that management heard the concerns of workers. So I don't know that it's as easy for me as for some to distinguish what somebody's bias might be. I'm not -- I -- you can say but I'm not accepting that everybody that worked for a contractor at one of these facilities was anti-worker. My team certainly

doesn't talk that way to me about what their contributions were.

We have among our team some very large-brained, well-degreed, big scientists. And those folks were, without question, some of them at the helm of the radiation protection programs and I think in the position that you described, Dr. Ziemer. But it isn't as -- as simple for me to say that the folks we have contributing to documents were all in some DOE ivory tower and not in touch with the workers. These were the guys that suited up with the line workers and walked up and down the lines in the same protection equipment, making sure that workers' concerns were heard, as I understand -- and I'm sure I'm going to get a whole lot of comment based on that.

That said, we endeavor -- and it could be improved upon, there's no question. We endeavor to assure -- these documents take a long time to develop. They take a long time to gather the data. You'll recall the first couple of years of the program some would say too long. And part of what takes so long is -- if we could just sit in Cincinnati, or

electronically wherever we are, and rely on one expert, I'd have finished these documents a long time ago. So there is a great deal of input that is gathered. There's a great deal of input that is sought through our document development program. We work closely with -- I see Libby came in -- with the Department of Energy to make sure we're getting to the right people. Our teams go in, they look for the data, they start interviewing. If someone comes forward that has contributions, I believe we accept that information. We validate and verify it.

There has been through this project a thing called the worker outreach portion of the -- the ORAU team. The original intent of that shop was much more limited than it has been in recent days and weeks and months. The original intent was to go to a facility in advance of one of these documents being completed and have a public meeting where workers were asked to come in please and see what they thought of this document. So the process of the ORAU team, through the development of all these documents, was to conduct one of these worker

outreach meetings, and we did so. And in conducting those, we worked closely through -- folks that had organized labor, through organized labor at the facility. If they didn't have organized labor, through whatever group of -- of people identified themselves as advocates, like Dr. McKeel and others in places where there wasn't organized labor. And in those places, with due respect, it's not clear what the voice of a worker was.

So we've endeavored to get to the workers, whoever they are, the retirees -- as you know, oftentimes the family members don't know great detail. You've heard the testimony as recently as last night, folks worked for years in these facilities and were unable to share with their loved ones what they were subjected to. So although we certainly value that input, it's the workers, the former workers, the folks who had boots on the ground, that we've endeavored to hear the voice of.

So what we've done is, I believe in both formal and informal ways, tried to assure that those voices were heard as we developed those documents. And I apologize, I don't have the

list in front of me now, but there is a lengthy list -- and folks on my team do have it -- of places where input at a meeting actually affected immediately the Technical Basis Document under development. I don't think we did a particularly good job -- the only time you're going to hear me say this this way. I don't think we did a great job in the first couple of years of letting folks know we had heard them. We did do a great job of listening.

We had -- at these meetings that were conducted for every document prior to release, we had our document owner and we had OCAS on the ground in those meetings. And if a question was raised that had a substantive effect on the document, it was immediately put into the ORAU deliberations about the document in formation, immediately explained and discussed with OCAS what the effect of that change should be, and we actually have identified and know where those changes have occurred. We didn't communicate back to those communities particularly well or promptly. We didn't go back and do a second meeting. At the time

there was a flurry of activity, trying to get to the next document. But there've been very great -- in magnitude terms -- effects from these meetings.

One of the things you hear about, and I have heard it as recently as during this Board meeting, and I will speak to it in a -- in a way that will not be satisfactory to some. Oftentimes what we hear from individuals is something that was an individual experience. That's a very, very important thing for that individual's dose reconstruction. But there are many, many, many stories that an individual might tell about what happened to them that absolutely do not affect -- affect the TBD. And there's a little bit of a disconnect in some of the testimony I've heard at different times. Because an individual worker said this happened to me and I don't see it in the TBD, that has nothing to do with the quality of the TBD.

The TBD is one document among many that are used. We have health physicists that are well trained, well trained on this program, and there are many, many, many aspects of what's

called professional judgment. And that is, the health physicist who is the dose reconstructor must review all the documentation with a particular case, including the interview conducted with the worker. We conduct very thorough interviews with workers. If somebody wants to talk longer than they have, notwithstanding some of what I heard, we listen. We continue to listen. We continue to take notes on everything the worker says. The dose reconstructor then, in concert with the interview from the worker, the Technical Basis Document, and a number of other technical tools to determine what a worker's dose might have been. They see evidence in my interview I worked in a glovebox. It sends them down one direction for determining my base -- my -- my dose differently than if I didn't. They -- they listen to all of that on the individual workers.

And so these individual testimonials that people give at meetings is extremely important to their individual case. But you can well imagine it isn't necessarily something that would change how the overall process at a

gaseous diffusion plant operated. When a worker says on this date a hole in my glove occurred and the following happened to me, that's very important information for that individual, extremely important information. It can make the difference between a claim being compensable or not. That's considered in their dose reconstruction. And keep in mind that if -- if -- what the worker's recalling occurred that way may very well show up in an incident report. I know that if you get 40, 50 years ago, there's some concerns about whether the incidence reports were made and -- but for many workers who worked in recent years, when they say a thing happened and they know the date, they know the location, they know the time, we have additional evidence to say absolutely true.

The guys who were in the Rocky fire know where they were. They know what the date was. That's very, very important information for the individual dose reconstruction. Every bit of that information is considered in the dose reconstruction. We've got Dr. Maher, the head of our dose reconstruction team, here. If I'm

an individual saying what happened to me, his team will consider that for my DR. It is unlikely -- unless Dr. Maher, Mr. Siebert and his team says so, it's unlikely that that individual's information is going to affect the TBD. And so there's been a bit of a disconnect that is sort of very important to us in terms of how we feel about the process.

DR. ZIEMER: Kate, also let me ask you this and then Larry can speak. In those cases where your input in fact somehow showed up in the TBD --

MS. KIMPAN: Yes.

DR. ZIEMER: -- do you annotate that as well, or --

MS. KIMPAN: You know, we haven't captured --

DR. ZIEMER: -- have you thought about that?

MS. KIMPAN: -- it that way, Dr. Ziemer, although I'm -- we're --

DR. ZIEMER: In other words, the --

MS. KIMPAN: -- gathering that information now --

DR. ZIEMER: -- here's this and the source is -- you know.

MS. KIMPAN: You know what we've been doing is

we've been gathering it in terms of making certain we're communicating back with that group, often an organized labor group. And one of the things that my worker outreach team has been working on is we've got this WISPR* database that you folks are -- are going to have access to that -- that shows all these comments made at these public meetings. And one of the categories in there is what do we do in response, so we capture that information and have it.

I can absolutely at the next Board meeting bring an exhibit of places where this has occurred, if that would be of interest to the Board. But there are many, many places and specific numbers, functions, findings in these documents that were immediately and substantially affected by input, as you say, sort of from the rank and file --

DR. ZIEMER: Yeah.

MS. KIMPAN: -- from the folks who show up at these meetings, at our behest, to help us make a better document. That's the entire purpose of these meetings, by the way, was to make certain that we were hearing that voice. We

understand, as a government, that we listen to voices that worked with and for DOE. We're aware of that. We want as much of all voices about what went on in these facilities as we can get --

DR. ZIEMER: Yeah.

MS. KIMPAN: -- so we're very anxious for those. We -- we do look for them in a lot of ways, but --

DR. ZIEMER: Yeah.

MS. KIMPAN: -- we can absolutely identify the changes.

DR. ZIEMER: One of the -- the reason I asked this question, some of us chatting last evening -- not a quorum, by the way, but a couple of us chatting about Mike Gibson's concern about worker input into the -- the process, is the question of how do we know if -- if the Board went back and looked, how would we be able to tell that it made a difference, you know --

MS. KIMPAN: I guess the way you'd be able to -- yeah.

DR. ZIEMER: -- and so that's why I asked the annotation --

MS. KIMPAN: Sure.

DR. ZIEMER: -- question, is there --
MS. KIMPAN: We -- we can find --
DR. ZIEMER: -- some way --
MS. KIMPAN: Yeah.
DR. ZIEMER: -- that someone could audit that and say ah, here's a case where yes, something was changed or -- or was added or whatever it may be that reflected some input that's not just from --
MS. KIMPAN: To be honest, I can do that --
DR. ZIEMER: I'm not asking you to do it. I'm asking if it --
MS. KIMPAN: It -- my -- my gut is --
DR. ZIEMER: -- if it's doable.
MS. KIMPAN: -- in the way you're asking, it will not show up in annotation and attribution --
DR. ZIEMER: Right now it doesn't show up.
MS. KIMPAN: -- but it will show up on the WISPR database, the -- a lot of times that input was before --
DR. ZIEMER: Yeah.
MS. KIMPAN: -- a draft was completed and -- and of course the annotation and attribution, even if it were a worker that brought it to our

attention, would not likely be the source -- the source wouldn't be that worker. I -- I'm not accepting from my scientists Fred said so, so --

DR. ZIEMER: Yeah, yeah.

MS. KIMPAN: -- even if the worker identified something we didn't know, a document we didn't know, records we didn't know, that's something we could best capture for you out of this WISPR database. And the changes that were made -- a lot of times, to the annotation and attribution viewers of the document -- the -- the consumers, these changes would have occurred substantially before, and the changes would have already been made and vetted through our team and through OCAS. But I can get that answer for you.

DR. ZIEMER: Yeah, thank you. Larry, uh-huh.

MR. ELLIOTT: Well, I was just going to remark upon what you just asked about. As we're looking at Rocky Flats and yes, the -- that serves as a model of attribution and annotation, has been delivered by Kate to us. General Counsel's looked at it, found it to be over the top even in that regard. But -- but

what I want to do today is set a very clear expectation that I don't believe has gotten through to everybody yet. Let me just phrase it that way. I, too, am displeased, not happy with how worker outreach, worker input has been garnered. I think we could have done a better job and I intend and have -- I'm scheduling meetings with organized labor representatives to talk about how to go about doing worker outreach better than we have in the past. Here's what I want to set in place as the expectation. We consider at NIOSH all workers site experts. And in some ways, subject experts. And if we don't start from that premise, we're missing the bet. We're missing the big component here. At the early days when we implemented -- started drafting our -- our rules and our regulations for this program, we put in place this interview process. That was one step to get a site expert's commentary, a person who was a chemical operator who worked on the floor, who was a millwright, who was -- whatever their job title was, to me, they are a site expert. And that's where we need to start from. I want the worker's voice heard.

It's not carried through yet. I think a worker's voice should be annotated and attributed. If a person in their interview says, like we heard last night from the gentleman I talked to afterward, if he wore gloves and if the gloves were contaminated and he, unbeknownst, touched his -- his forehead, scratched his jaw, you know, rubbed his neck, picked his ear, whatever, what kind of contamination, external dose, did he acquire that way? Dose reconstructors should pick that up, attribute that in the dose reconstruction report, and explain what they've done to account for that kind of dose. Have we done that in all regards? No. Have we done it in some regards? Yes. Can we do a better job? Absolutely.

So my expectation and what I'm looking for and asking my people to make sure in Rocky Flats as a model, is there anything that changed in that model based upon worker input, worker outreach, that we need to take up. We don't have to put the person's name in there, but we can say this has come from a site expert worker. Or we can say this came from an actual millwright who --

who told us this -- this information, and we should be doing that.

So that's what we're looking at right now. That's the expectation I'm setting before all the contractors. And Kate, I want to -- I want to say that -- just so everybody's clear here -- there is a policy in place. The floor of the policy is there. Kate is working with that understanding and that intent. However, as I mentioned in my comments, Dr. Howard is refining that right now as we implement it. And we can't -- we need to see that signed off and that refinement -- those refinements made so that we can put everything up on the web sites and show disclosure and make sure we've done it according to the letter of the refinement. We're close on that, so it's -- it's imminent.

MS. KIMPAN: And Larry, you're right and I said at the beginning but then I talked a whole lot, there is a policy in place to which we are adhering right now, and have been all along. We haven't been running around going "huzzah, huzzah, no policy" for recent months. The policy that's in force for us is the most

recent one that was signed, which was many months ago. For our work, it sets the same floor, to be perfectly frank. It affects the annotation/attribution, but there are no changes, in our view, to how we've been conducting the dose reconstruction.

I can offer, most especially 'cause my document folks aren't in the room, for the annotation/attribution sites, as an appendix or as part of the A&A, we can certainly add in -- and for all other things we can associate with that -- the changes that occurred to that document because of -- and that can be a document that's with the TBD and follows it around, even if it isn't something that -- in the text. So we can add an exhibit to our documents for the sole purpose of saying -- where there are changes because of information garnered through the public meeting process, through rank and file workers, through individuals who -- who believe they -- they know something about that facility, we can add that as a separate addendum to our documents in a going-forward way. I'm not going to say the ones that go over this week are going to have

that 'cause it's going to take me a little bit of time to make sure. But based on what Larry's saying, the interest of the Board, Mr. Gibson's comments yesterday and throughout these meetings, certainly is something that our team can offer to do.

DR. ZIEMER: I'm not suggesting how that should be done, but I can certainly anticipate that as we go forward there will be some level of expectation from the Board that -- that we will need to be able to assure ourselves that in fact the input from the public meetings and so on somehow is in -- you know, it's not just we had the public meeting and there's a transcript and everybody's happy, but it didn't have any effect on anything, but --

MS. KIMPAN: Well, that's --

DR. ZIEMER: -- but we're going to want to, I think, have some way of sort of auditing that and say what difference did it make, in a site profile or --

MS. KIMPAN: Absolutely.

DR. ZIEMER: -- whatever it may be.

MS. KIMPAN: It's certainly the raise-on debt for this database --

DR. ZIEMER: Yeah.
MS. KIMPAN: -- for worker comments that --
DR. ZIEMER: Right.
MS. KIMPAN: -- developed and what we need to do --
DR. ZIEMER: And if there is some attribution method --
MS. KIMPAN: Yeah, we could excerpt --
DR. ZIEMER: -- maybe that's a first step, but -- yeah.
MS. KIMPAN: Well, we could excerpt the database for individual documents and associate that with the document so somebody has -- doesn't have to go left hand and right hand. We can take all the comments from the Rocky meetings --
DR. ZIEMER: Yeah.
MS. KIMPAN: -- put it on with Rocky, and you'll see the comment, who made it, the ORAU team and/or OCAS response and any resulting change to --
DR. ZIEMER: Uh-huh.
MS. KIMPAN: -- the document process or product --

DR. ZIEMER: Yeah.
MS. KIMPAN: -- based on that comment. We can just extract that out of our other data source, associate it with the documents. It'll answer all of these questions in a real-time way.
DR. ZIEMER: Yeah, and again, I'm not suggesting how one would do this, but just conceptually to think about --
MS. KIMPAN: Absolutely.
DR. ZIEMER: -- think about how we go forward. Jim Melius --
DR. MELIUS: Yeah --
MS. KIMPAN: We'll do so.
DR. ZIEMER: -- and then Brad.
DR. MELIUS: Getting back to conflict of interest, my first question is -- for Larry or Lew is when is Dr. Howard going to sign off on this? We've been waiting many months. I was called in -- I believe in November telling that my latest round of comments were going to be ignored because they were -- everybody was in a hurry to get them out and it would take too long to address one of the issues that -- that I raised, and now it's into February and we still don't have a -- a policy. And so I'm

trying to get a handle on when will this fin-- be finalized.

MR. ELLIOTT: The policy was signed I believe on November -- was it late November -- it's on our web site. It's signed by Dr. Howard. And post that signing, additional comments were received by Dr. Howard. I'm not sure whose comments those were or what extent they go to, but there are refinements that he's taking -- making in the current policy, and a new one will be issued as soon as he gets it developed.

MS. KIMPAN: And we are in compliance with the one that is signed, by the way. We are --

DR. MELIUS: And again --

MS. KIMPAN: -- currently compliant.

DR. MELIUS: -- do we have an estimate of when that will be? 'Cause apparently it appears to be holding up what ORAU is able to do in moving forward with some of the stuff. That's...

MR. ELLIOTT: I have -- I have no estimate to provide you today. I guess we'll have to get back to you with that. The -- Dr. Howard works with one of the legal team members on developing this and gets input from others as part of that process, and I just don't have

that information today to share with you.

MS. KIMPAN: And let me assure the lack of signature to a revised policy is not slowing our work in annotation/attribution. If the policy is as expected, it'll be a very prompt web site change that we'll be able to do. It of course wouldn't be prudent to do that change now, lest something else affect the forms. But we believe that the premise, the bases of who is and isn't conflicted, that's our only challenge on annotation/attribution. We're looking through the lens of this policy in identifying yes, Kate had a conflict on this document. That has the potential to change. The -- the places I identified the annotation and attribution, we know we're going to do it and the only -- who we have to annotate or attri-- for those, we're -- they're in process. They're going on. So the policy isn't holding us up, we don't believe, in that way. And we don't believe the new policy that's coming is going to change how we've been running dose reconstruction one iota. So just want you to under-- there is a policy in force. We adhere to it every day, and we've been adhering to it

for months and months and months, and we believe the result is we have never conducted a conflic-- a dose reconstruction or peer review of a DR with a conflicted or bias-potential individual.

DR. MELIUS: However, you have conducted many dose reconstructions based on conflicted site profiles, and that's always been the major concern. But in -- in terms of, you know, believe you that you're working on it, I would -- we would like to be able to see it and it's -- apparently you can't do that, and I think we understand that, until the NIOSH policy is finalized.

DR. WADE: What -- I'll carry back the Board's message to Dr. Howard that they -- they think it critical that this policy be finalized, and I'll e-mail you next week with the latest information that I have on that.

Also, included in that could well be a decision on the part of NIOSH to instruct ORAU to post their materials on their web site. That's the one thing that seems to be hanging in the balance. So let me talk to Dr. Howard about this and to communicate clearly to the Board

next week his time frames and how we will deal with the issue of ORAU's posting their information on their web site.

DR. MELIUS: My second question has to do with the new annotation approach, and in -- again, I'm not sure you're aware of this, Kate, but the Ro-- I believe that the Rocky Flats annotated document is up on the web site. Is that --

MS. KIMPAN: Oh, I sure wasn't. Okay.

DR. MELIUS: Okay, yeah, yeah.

MR. ELLIOTT: Parts are.

DR. MELIUS: Parts are.

MR. ELLIOTT: Parts are.

DR. MELIUS: Okay -- can -- can someone explain. I obviously went and looked for Roger Falk and there's -- in the introduction and I guess which -- I can't tell which parts are new and which parts aren't and so forth. Chapter 4 or 5, internal dose, which I believe he originally authored, now is up there with I believe 130 annotations in it, something on that order. It's about a -- 30 pages of text, about 15 pages of annotations, and all those annotations are Roger Falk, which seems a bit -

- a bit odd, but what mostly dis-- more disturbs me and maybe it's because the -- the document isn't -- you know, the complete document, new document isn't up there is there's no mention that Roger Falk is conflicted. So someone going in and looking at the Rocky Flats document would see something with a bunch of footnotes from Roger Falk -- or no idea that he has any conflict unless one somehow would trace this back through a few web sites and find it. So my question is, is there going to be some sort of -- part of the introduction or early in the document that would explain the annotation and explain the reasons for it, as well as at least alerting people that these -- attribution is someone who has a -- a conflict of interest on this particular site?

MS. KIMPAN: We'd be pleased to do that. We'd be pleased to describe -- for the in particular six documents I've named where either an owner or contributor has a conflict, even though their contribution under the new policy will be properly as a site or subject expert and not a key function, in those situations we're still

going to be very concerned because there is a bias potential at that site. So we'd be very pleased to identify up front, or as part of the -- you know, the part we're going to talk about what the contribution of the worker might have been, we'd be pleased to say who we're calling out and why --

DR. MELIUS: Yeah.

MS. KIMPAN: -- which conflicted contributors. That's --

DR. MELIUS: It can be done on a --

MS. KIMPAN: -- no problem for us at all.

DR. MELIUS: -- chapter basis or so -- but --

MS. KIMPAN: Absolutely.

DR. MELIUS: -- I think -- I think it would be -- be -- be helpful 'cause it's not clear why it's --

MS. KIMPAN: We'd be pleased to do that.

DR. MELIUS: -- why the attributions are and it certainly seems odd and some ways -- I mean -- again, I don't -- I didn't do a comparison -- side-by-side comparison (unintelligible) sorry, but it might be easier just to say the chapter's by Roger and was --

MS. KIMPAN: Yeah, and --

DR. MELIUS: -- reviewed by somebody else. It doesn't seem that 130 -- 15 pages of attributions really --

MS. KIMPAN: Well, you're right, Dr. Melius. I said in my comments and it's part of the premise, the reason we're doing that is everything Roger did we're going to make certain there's sunshine on. We just need to say that's why we're doing it and we can do so quite easily.

DR. MELIUS: And my next question has -- concerns the issue of getting a -- a -- documents owners in place. I mentioned this yesterday. The -- when we went to have a Hanford workgroup, I was told that that could not be scheduled for a couple of months because the key site expert, who was absolutely necessary for any meeting, Jack Fix, was out of the country and unable to be present to meet with us. And my understanding of the document owner process would be someone that could -- understood and could review the technical issues involved, and I don't see why a conflicted site expert is absolutely necessary in order to move forward on any resolution of

comments on a -- a site profile or an issue of that. And I would hope that we would get in place, and maybe this is an issue of timing and staffing and so forth, get in place document owners that can really own the document and understand them because, as I've said before, if we don't have good document owners that understand -- are technically proficient on the document and understand the sites and so forth, then this whole policy I believe will be a failure and we don't need someone that's an editor of a document. We need someone that really will take charge of the document as an owner and I hope we could get that in place for Hanford and some of these other sites that are poten-- site profiles that are potentially problematic, particularly as we have SEC evaluations or petitions to be considered at these sites where will be a great deal of public scrutiny and so forth on these issues.

MS. KIMPAN: I absolutely agree with the premise of what you're saying, Dr. Melius. The ORAU team has endeavored to make certain that the best expertise was at the table. At times some experts in particular fields, and they can

be broad-reaching across the complex, are people that have conflicts at certain sites. Two points that you made I'd like to address. One is you're absolutely right, a -- document owners need to know everything about their document and need to be able to defend, discuss and contemplate whether those contributions from potentially biased individuals was right. We've been endeavoring to provide to OCAS the right experts -- some of their choosing, some of our fronting -- for certain things. I apologize for how that went and I -- I'll tell you, the ORAU team will never again in a public arena have anyone with a potential conflict or bias representing our team. I think that we all understand that somebody can have a great deal of specific technical knowledge, and that's a great resource for the author, at times for the Board, at times for the government, but both the importance of this policy, the substance of what you're bringing up and the appearance say that'll never happen again. Our owners, and it is a lengthy process, it has been challenging for us -- I'm sure it has for OCAS as well. Our owners need

to know everything about a very complex body of literature and work, and we believe they're there. So my apologies for it appearing any way else or affecting a meeting. That won't happen again and we are absolutely endeavoring to assure that our document owners are actual document owners so they can discuss, describe, analyze and defend every finding, conclusion and fact in that document, without having to look over their shoulder or ask somebody else. That's the place we're going and we believe we're there.

DR. ZIEMER: Larry.

MR. ELLIOTT: I -- I support your point, Dr. Melius. I embrace it. I think a document owner needs to take the ownership of the document. We're -- we're interested right now in what has been left out of a document. That's where we also ought to be focusing our attention. What was left out of a document, like the chapter of the Rocky Flats site profile you're talking about, what else may -- may -- or should have been considered. Was there anything else to be considered. So I -- I fully embrace your point. I take it home. I

take it to heart.
I do have to take a little exception with the example, though. Mr. Fix, Jack Fix, was -- was felt to be necessary for some technical issues and questions being raised at that particular point. It wasn't that he has to be at all meetings. At this example that you raise I think is being portrayed, appropriately, as a problem. But it is not -- it was not our intention in that example that Mr. Fix had to be at every one of these working group meetings. It was this particular meeting where certain questions of a technical nature were being raised about Mr. Fix's work, and we wanted to avail the working group of his explanation.
DR. ZIEMER: They were trying to fix the problem, so to speak. Okay --
DR. MELIUS: Can I just respond? And again --
DR. ZIEMER: Do you have a follow-up or we have some other questions.
DR. MELIUS: Can I just ask one --
DR. ZIEMER: Yeah, go ahead.
DR. MELIUS: -- one -- one, just briefly. And again, not to be-- belabor it and so forth, I -

- I think it would have been as well to -- Mr. Fix could have been made available later. The information involved -- there were some written reports that could have been addressed and I -- I -- again, it wasn't -- this -- you know, just delays us more and I think it's -- it's a -- a significant problem, but ho-- hopefully we'll be beyond that and it won't happen again and let's just move on with it.

DR. ZIEMER: Okay. Brad I think is next, Brad Clawson.

MR. CLAWSON: Kate, we're going to talk a little bit about Idaho, and I'm conflicted on it so I'll tell you that right now. But part of the issue is, and we hear this time and time again, is these site profiles, these TDBs (sic) are like flying over the site at 30,000 feet. Now granted, we are using truly professionals, and I have the utmost respect for many of them, but I just wanted to pull up this one. We've got one little blurb here, level of airborne activity around 603 unlined storage pools was a chronic problem, da da da da da. You know what? I -- I deal with that place quite a bit. We had an inch and a half of lead on the

basins. It doesn't even really address the conditions that were there. I had the opportunity, it's been over a month ago, to take our health physicist that is writing -- keeping the site profile up to date, for the first time in his life, into N-Tech* -- by the way, he forgot his TLD; I had to explain that to him -- and take him down into these areas. These -- there's so many things that are missing, and this is the frustration of the people. And I applaud Larry, and I know you guys have got a difficult job. It -- it -- it's hard to get all this in here, but you've got to understand what the people are seeing, too, because I'm looking here -- it just told me that my basins got emptied in 1984. Well, Kate, I did three-fourths of that. We finished in '94. There's ten years difference in this. And -- and this is a frustration for them. And when I look down and the man -- I -- I have a great deal of respect for, I.C. Rich, well, you know there's an issue there. He was there for years. Now am I questioning -- and everything he's put in there, but it's been generali-- it's a generalized system.

There's another incidence in here when we cut into a fuel element. Now that one's very dear and near to me because it's in one of my facilities, but it said that we had a release, it actually boiled the lid off the cask, but no release to the outside public. 603 was a respirator zone for six and a half months. Two and a half years we were in zone one clothing de-conning it down. This changed the whole structure of it. So these -- these are the frustrations that people have. And I'll be right honest with you, I -- I know that we're striving to make better outreaches, but until I came onto this Board I didn't even know that we'd had a TBD done for the site. And it's been quite interesting for me to read, but I see so many gaps. It is -- it is a generalized statement. And everything they say is true, but it's -- it's like from a very high altitude. And this is the frustration of the workforce. Well, I was down there and I realize this.

I had -- I had the individual come down -- and the reason he came down was because I'd just filled the basins full of concrete and he

wanted to actually see it. He'd never been in the facility, but he'd read basically this information. And he asked what one large portion of it was. It was a cutting facility. And he says oh, that doesn't matter; that was D&D'd years ago. No, I just pulled four fuel elements out of it, by hand, that we cut, by hand, two years ago.

But -- but see, as they go through, when they take a facility -- the site profile is to give a generalized issue, but if you were to take this TBD and put it against what our site profile is out there that is being written, it's pretty much the same, just little bits and pieces. So what I would express to you is in these outreach programs be able to take in some of this because these TBDs have been -- become so general, and when I go to every one of these meetings, it's the same thing that I hear. Well, yeah, it's not really wrong, but it's not really correct, either.

So I -- I -- I hope that we can strive to do that. Plus you also expressed that you were going to re-look into Idaho's technical databa- - the TDB (sic) and review it.

MS. KIMPAN: Yes.
MR. CLAWSON: If there are any changes in it --
MS. KIMPAN: Yes.
MR. CLAWSON: -- how are we going to be able to know that? Because this is real wonderful reading, but --
MS. KIMPAN: If there -- let me address the last point first and then the --
MR. CLAWSON: Okay.
MS. KIMPAN: -- first point and then Larry can jump in as I see -- on the last point, we will capture any changes that have been made, Brad, particularly for a report to this Board because this is such an important issue. So if any of these reviews inspires a change, especially -- my gosh, if it's a change because our information was potentially biased or conflicted, if that were the reason, we will call it out as such. I can report to the Board on any changes we find to every document that's going through this process. It'll be a good day if all of our conclusions stand. It'll be a great day if we improve our document by learning something through this process. Secondly, and I don't know the appropriacy

(sic) of this -- well, I know the appropriacy. You're a guy -- you're a -- a person, not just a Board member. I'd like to invite you, as a conflicted site expert, and anybody else at INEEL that you have reason to believe has information that may have been omitted, neglected or treated wrong in our document, I'd like to invite you formally to let us know when you want us out there for a meeting with these people to capture every concern you have about our document. And we will be out there with bells on to capture this, and welcome you to participate, as the document's developed, as a conflicted site expert. We have to call out your contribution because you work there --

MR. CLAWSON: Right.

MS. KIMPAN: -- and anybody else you bring to the -- to bear, but I'd like to offer right now, please, help us make the document better. If you know things we've omitted, it may show us what we're not asking in other places. In particular, this document had a conflicted owner. It's of particular import on this document and I'll have my worker outreach folks contact you right after this, but let us know

when you'd like us there, who else you'd like contacted, how best to reach people that have these voices -- whether it's old labor pension rolls, whether it's newspapers, radio, I don't care what, you tell us how to get the right people in the room, you tell us who those are. Please help us.

MR. CLAWSON: Okay.

MR. ELLIOTT: Let -- let me also make sure that everybody understands -- I hope they recognize it, maybe they don't -- we welcome comments on our Technical Basis Documents, site profiles, Technical Information Bulletins. You can provide those comments to us. We'd like them in writing. You can send them by e-mail. You can go on the OCAS web site and hit the e-mail thing and send the comments that way. Those are then placed in a -- in a docket and we make sure that they're given to the team that's working on that particular document. Okay? So they're passed on.

The other -- the other way I would answer your question about how will you know if a -- if a document is changed and whether that change resulted from a worker outreach meeting or

resulted from technical comments that have been given in the review process, whatever stimulated the change. If you go to the second or third page of any of our documents that have experienced a revision, you're going to find a brief statement there. And I've asked for instances where, through this Board's actions or through worker outreach meetings or through input that we gained that resulted in a change in a document, it be so entered on that page. And so when you get a notice from Chris Ellison that a new document, a revised document has been placed on the web site, I encourage you to go to that third page -- second or third page, I don't recall which one; it's right after the cover page, there's usually a page left blank -- but check out what the revision was, why did it get changed, and you'll see it there. If you have questions, if it's not informative enough, let me know because that -- there's a purpose behind that statement. You know, we want people to understand why we made that change.

MR. CLAWSON: And -- and also, too, Ka-- I've -- I've got to make sure you realize, because I

talked with Mark.

MS. KIMPAN: Uh-huh.

MR. CLAWSON: Mark was trying to set up a little bit better outreach out there, but the people didn't understand what he was trying to do.

MS. KIMPAN: Okay.

MR. CLAWSON: They didn't understand well, why is OCAS coming in here. They felt like they were going to lose credibility and --

MS. KIMPAN: Right.

MR. CLAWSON: -- they thought OCAS was coming in to -- to deny all this stuff, and so we need some things to work on that. But I'll be right honest, as a Board member, it's very difficult for me to figure what I can and I can't do because of the position that I'm in.

MS. KIMPAN: You can definitely, from my view -- and somebody else is going to have to tell you if it's not appropriate -- in terms of the kind of knowledge that you have, Brad, I've known you for a long time, you know who some of the right people are to tap. If it would be better for us to invite you here, if it would be better for you to arrange the meeting and us

be your guests, I understand the discomfort, the difficult that was encountered in the last attempt to have a meeting there. We want to do better at that. Whatever you think is most comfortable, if you'd like us to bring you to Cincinnati, that would be fine. If you'd like to have the meeting in -- in your -- on your turf so it doesn't feel like the government coming in telling you what to do, that's also fine. We want the information. We want to interview you and others. You mentioned several specific items in a four-minute discussion, so we want to make sure we're listening to you and others. As Larry said, as -- as Mark Lewis on our team -- we've had -- we have room to improve in this arena, and in particular you've identified one way to help on this document. Let's get some of the -- some additional people. We have done outreach there. Let's do more.

MR. ELLIOTT: One premise of the policy that Dr. Howard has signed tells that we -- encourages us to hear people out, hear all voices. We want all sources of information that we can seek out. Yes, you're a Board

member, but I look at you as a -- as a site expert --

MS. KIMPAN: Absolutely.

MR. ELLIOTT: -- as a worker who knows what happened on the floor. You should feel free to come forward to us and talk to us about your concerns in our documents and in our approaches, even -- you could put on your Board member hat and talk to me that way or you can put on your citizen hat and talk to me that way. Okay? You should not feel restricted in talking one-on-one with me or Kate. Your conflict is --

MS. KIMPAN: Absolutely.

MR. ELLIOTT: -- is, you know --

MS. KIMPAN: Absolutely, you're a site expert, Brad, without question.

MR. CLAWSON: Okay, there -- there's one other thing because I've kind of been jabbed for this one because I keep talking about how all these sites are interacted and so forth like that because I have stuff from Paducah and Mound, I have stuff from probably every one of these sites. And -- and we brought up at Los Alamos -- we did an SEC petition because of lanthium

(sic), which came from Idaho. And I came to find out something very interesting about that because -- and this is what I'm trying -- the point I'm trying to bring forth is this trail that we go down, we've got to see where it came from and what it did because it -- it mentions it briefly in the TBD, but they had to reconstruct a complete facility to be able to handle that because it came out of the reactor so hot. So the-- this is -- this is why the -- the workforce, when they read something like this, they -- they get a little bit frustrated, and I appreciate your concerns, and -- and I'll work with you in --

MS. KIMPAN: Absolutely, we'll be --

MR. CLAWSON: -- what we can.

MS. KIMPAN: -- in touch -- in touch right after --

MR. CLAWSON: A lot of this is people's -- you know, we -- we that deal with this even have frustrations trying to get around through things, and then you get a -- some of these older people and so forth like that, and it's very difficult. So I -- I commend you on the outreach. I think that we can do better and --

and we'll do whatever we can to help.

MS. KIMPAN: Very good. We look forward to your help.

Dr. Ziemer, I'm informed by my sources that, (a), I need to talk louder, which is not usually a thing I -- I need, and (b), Board member Gibson would like to speak.

MR. GIBSON: Yeah.

DR. ZIEMER: I just wanted to caution Brad to be careful what he says about the older people, but other -- other than that, Mike Gib--

MS. KIMPAN: I resemble (sic) that remark.

DR. ZIEMER: Yeah, Mi-- Mike, go ahead.

MR. GIBSON: Yes, I just have a few comments relating to Ms. Kimpan's earlier statements I've been trying to get through. Number one, when she spoke of if an individual has an incident happen that may have a determination or a difference in their dose reconstruction, that is personal to them and it could change their dose reconstruction. I have never in 20-some years at a DOE site seen any one person individually working alone. So I don't see how -- yes, it may affect the individual's dose reconstruction, but it may also have a

significant impact on other individuals. And then for a -- you know these site experts, professionals or whatevers, just because they know of a project, an area or a -- some -- some situation going on at a site, that doesn't mean that they don't know what went on there every day. So there's -- there's kind of conflict that -- again, you know, I challenge the fact -- for anyone to tell me that a DOE site they've worked alone and it can only affect them and them only, and then for a site expert to be able to generalize that nothing has happened in a -- in a particular area or situation.

MS. KIMPAN: Mike, on the -- the part about the individual, I guess I used a bad example in the world of DOE work. The kind of thing that would affect an individual that wouldn't necessarily be generalized -- I want to say parenthetically, unless it was the norm at the facility -- we have testimony from individuals -- as you know, I've been taking testimony from DOE workers since 1999, folks who said they took off their badges, and there were all sorts of reasons and at times that was normative a bazillion years ago, according to some workers.

But that's the kind of example. If -- if I say the reason you don't have my dose right is because I only wore my badge for half a day, 'cause if I wore it all day my numbers were going to be too high for me to go to work the next week, that's the kind of thing that would affect that individual, would not be generalizable unless we found that the entire site encouraged, it was part of how the site operated. So I used a bad example potentially about the -- the glovebox with a hole in it for what would be individual. Obviously some of the things you're talking about, people working together, if there's some kind of a release or spill or a breakdown in equipment, in certainly recent times that would merit an incid-- an incident report. It would absolutely be part of the consideration of the overall document. Regarding your concern about conflicted site experts, I'm not sure I understood it. We've got a lot of site experts, including Brad who I think I just convinced to come on my team as a conflicted site expert. We get a lot of information from individuals that are conflicted. Everybody isn't necessarily

conflicted on the one side of the conflict. There are a whole lot of people that are claimants who are, by definition, conflicted because they have a claim against that facility. It doesn't mean we disregard what a claimant says. Every claimant is, by definition of claiming, a conflicted individual for that site. We don't not want that input. The entire purpose of this conflict or bias policy is to assure that we use the input from a conflicted individual in a proper way. When that's a worker giving testimonial, it's proper to listen to what the worker has said, knowing they're conflicted. When it's a site expert like Brad or Roger Falk, if they're a site expert or subject expert, we must look through that same lens to assure that their contribution is correct in spite of the conflicts that individual or group of individuals may carry. We're not ashamed of conflicted people. I think the people who've worked at DOL know darned well if there was a way to learn what DOE did that wasn't DOE, none of us would be here. The way that DOE did stuff was quite unique. Nobody else did that

the same way. DOD didn't, Navy nukes didn't, and by gosh, commercial nukes certainly didn't. So there is a need to know what went on in these facilities from guys like Brad and a whole bunch of other people, including all the workers. All the interviews that have been conducted with all those workers we consider hundreds and hundreds, tens of thousands of conflicted site expert interviews. That's all conflicted information. It doesn't mean it isn't factual. It means the person giving the information has a conflict under anybody's analysis of what a conflict is. So I'm not certain if you point was that we shouldn't use Brad or we shouldn't use our other experts, but I'll tell you right now, I will use properly site and subject experts to assure we are giving workers and the government the very best information we can get about what went on in these facilities. And we certainly welcome a group of conflicted experts we haven't had great access to, and that's the ones Brad's referring to, some of the folks who know exactly what went on, who we need to hear the voice of, and we need to declare they're a

conflicted person who we're still taking very seriously.

DR. WADE: Okay. Thank you.

MR. GIBSON: Okay. Dr. Ziemer, could I respond to that?

DR. ZIEMER: Sure, Mike.

MR. GIBSON: My response is, there are people who are paid -- all people were paid by the contractor they worked for under the Department of Energy contract. Some were paid to do a manual job, stick their hands in stuff, go fix things or whatever. Some were paid -- and most of those people were paid by the hour. Some people were paid to oversee and -- and control and, in my opinion, protect the interest of the company on a salaried basis, irregardless of the hours they were there, irregardless of what they did, and therein lies the difference between my interpre-- personal interpretation of site expert on this and workers' knowledge as site expert on that.

DR. ZIEMER: Okay. Thank you, Mike. Let me ask if there's any other comments or questions, Board members.

(No responses)

Okay, we're due for a break. Let's go ahead and take our break at this time and then we'll -- we'll resume about 11:00 o'clock.
(Whereupon, a recess was taken from 10:40 a.m. to 11:00 a.m.)
DR. ZIEMER: Okay, we're ready to resume. Before Dr. Neton makes his presentation, I'm going to call on Libby White from DOE. Libby has a very brief comment relating to the records issue that we were discussing yesterday, particularly with respect to those records at Los Alamos. So Libby, if you would address us, we'd appreciate it.
MS. WHITE: Sure, yeah, thanks so much. Andrew Evaskovich brought this issue up last night during the public comment period, and I just wanted to follow up really briefly.
The Los Alamos Medical Center records issue was brought to our attention by Congressman Udall's office about eight months ago, and we -- we, being Department of Energy, has been working with NIOSH and the Los Alamos Medical Center and the Lab and the site office and our Office of Legacy Management to try to come up with a plan for the review of these records.

They were owned by the Atomic Energy Commission until December 31st, 1963, and then later sold to a private entity. AEC was given six years to make copies of any of the records, but we don't know whether that was ever done, so we don't know what DOE or Los Alamos currently has and what is only in existence at the Medical Center in terms of worker records.

What we do know is that the Medical Center wants to destroy the records. They've already more than met their ten-year requirement -- State requirement to maintain the records. We also know the records are mixed with community member records and stored in a warehouse on county property.

There are about 2,500 to 3,500 cubic feet of records, and we also know that the records may be covered in Hantavirus-infected mouse droppings. So we're currently planning for the decontamination and review of these documents. We have a plan in draft. We hope to make this plan available to the Board and to NIOSH and to all parties involved, the Congressional delegation, sometime next week. And I just wanted everyone to know that it is the

Department of Energy's full intent to pay for this review and decontamination, and then ultimately the records will be sent to -- the worker records, that is, will be sent to the Federal -- Denver Federal Records Center so that they can be used for EEOICPA purposes. So more information to come.

DR. ZIEMER: Thank you very much, Libby. And as we go forward -- and we can discuss this during our work session, but if the Board can play a role in assisting in any way, well, we want to think about what we might do in that regard.

MS. WHITE: That would be great. That was one thing I just forgot to ask, and that is we would very much like to have some oversight by the Advisory Board, if possible -- one or more members to just sort of participate --

DR. ZIEMER: We may think about maybe having a workgroup that could at least participate in some way with NIOSH and DOE, but we'll talk about that during our work session.

UNIDENTIFIED: A question --

DR. ZIEMER: A question first.

MR. GIBSON: Dr. Ziemer?

DR. ZIEMER: Yes, Mike, hang on, we've got a comment from Mr. Presley and then you'll be next.

MR. GIBSON: All right.

MR. PRESLEY: Libby, do you know if those things have been -- are they catalogued by name or year or how are they catalogued or how are they stored? Do we know anything about the way they're stored?

MS. WHITE: We know that they're stored in boxes. The conditions are not good at all in this warehouse. We have pictures that we can share with DOL, and we believe that they're stored -- that each -- there's a file for each individual's medical record and I believe there's a name on the outside of that -- of that folder, file folder. But two members of our staff are actually in Los Alamos right now and can provide more detail. They went to the warehouse yesterday and they can provide more detail, certainly by next week.

DR. ZIEMER: Okay. Thank you. Mike Gibson?

MR. GIBSON: Yes. I'd just like to ask Ms. White and I hope all of you received the e-mail I sent yesterday and hopefully it was forwarded

to others about the burial of the Mound records. And I would just like an update on that.

MS. WHITE: The Mound records? We actually are till in the midst of collecting information. There was one document which was distributed to Board members in your materials that we had been searching for and just found the day before the Board meeting, and that was a letter written by Kathy Robertson-DeMers to her management in the mid-1990s. So we hope that'll be helpful, but we're also searching for additional documents, including some that we believe may be in classified section of OSTI* down in Oak Ridge. So once we're able to get that additional information, we will certainly share it with you and hopefully that will help us to make a collective decision as to how to proceed at that point.

DR. ZIEMER: Okay. Thank you.

MR. GIBSON: Okay. Dr. Ziemer?

DR. ZIEMER: Yes, go ahead, Mike.

MR. GIBSON: Is Ms. White in possession of the 40-some page PDF document that I believe was authored by Cheryl Kirkwood, records management

-- manager at Mound at that time?

DR. ZIEMER: Okay. A 40-page document from Cheryl --

MR. GIBSON: And because -- the reason I say that is because several pages of that document list on the -- the title, health physics records, incident records and et cetera, and I think that's very important to dose reconstructions from -- from this facility.

DR. ZIEMER: Libby, do you know if you have the document Mike is referring to?

MS. WHITE: I'm not sure if I've actually got a copy of that document or not. Do you, Larry, know if -- is that -- we've shared everything that we --

DR. ZIEMER: Who is the author of that one again, Mike?

MR. GIBSON: Cheryl Kirkwood.

MS. WHITE: We've seen several by Cheryl.

UNIDENTIFIED: (Off microphone) Yes, we (unintelligible) --

DR. ZIEMER: Yes -- yes, they --

MS. WHITE: Okay.

DR. ZIEMER: Larry has confirmed, and Kate has, that they have a copy of that as well.

MS. WHITE: Okay.

DR. ZIEMER: And you heard the commitment from Glen Podonsky (sic) earlier in the week regarding those particular records.

Okay, a comment from Phil Schofield.

MR. SCHOFIELD: A couple. One on the Mound's records, as I stated last night, that when they do go in there to retrieve those records, it may take longer than we would like just because of the nature of Area G. It is a waste dump and it has everything from chemicals to biologicals to every isotope just about you can dream of in that place and it is a very nasty environment to work in. So it may take them a little longer and a little more effort than a lot of people would like, but hopefully they are retrievable.

And on the Los Alamos records, I actually talked to someone who went in and got the physical view of those records, and they are just -- they were put in storage boxes and the boxes were just literally thrown into the storeroom, so there's been water damage, there's been mice, squirrels in there, chipmunks in there, so you have the biological

problems you have to worry about. At least one person has come forward at some point and said they suspect some of the records may have low level alpha contamination on them. So I mean there's a number of issues there and the records were stored -- most of them will be in a single file folder. That is the way Los Alamos Medical Center has historically always done their records. And each of those folders would have that person name -- in case of people have large medical file folders, it may be two or three of these. But like I says, in -- the way it was done historically, it was the day you moved there or the day you were born, the file was started on you and it did not matter what doctor you saw, who you saw, what you -- was done to you, what testing, it all went in that file, so there is -- a lot of those files are going to be a combination of personal medical records and things that are related to things that happened to people at work. So it's going to be a slow, tedious process going through those files.

DR. ZIEMER: Okay, thank you. Larry.

MR. GIBSON: Paul, could I make another

comment?

DR. ZIEMER: Yeah, okay, go ahead, Mike.

MR. GIBSON: If I'm not mistaken, it's the Department of Energy's policy to try to reduce waste as far as high level contamination, et cetera. And if these things had minimal contamination, why were they then put into a area that is much more toxic, according to my colleague, Phil.

DR. ZIEMER: Good question, Mike, and I don't think any of us know the answer to that particular one. We've asked it amongst ourselves, as well.

A comment from Larry.

MR. GIBSON: Well, I would like to find that answer out.

DR. ZIEMER: Well, I think we all would.

MR. ELLIOTT: Are you talking about the Mound records?

DR. ZIEMER: Mound records.

MR. ELLIOTT: Mike, are you talking about the Mound records?

MR. GIBSON: Yes, Larry, I am.

MR. ELLIOTT: Okay, I don't have an answer for you, either, but I -- I would be interested to

know, as well.

My -- my comment goes to Phil here. When NIOSH was working with DOE and talking about how to go in and look at the hospital records, the medical records, we brought up the alpha -- possible alpha contamination. But if you could share with me and the audience, I'd appreciate if you have any idea about why there would be alpha contamination there because that would help go to the extent that potentially might be there. In our conversations we were talking about using a -- you know, a -- frisking the records to make sure the boxes, and then the records as they were being pulled out of the boxes, to make sure that they weren't heavily contaminated. Or if they -- if they were, they could be set aside and appropriately handled. But if you knew anything at all about why there might be alpha contamination in medical records, patient records in -- in a hospital setting, we'd like to understand that.

MR. SCHOFIELD: Historically, Los Alamos Medical Center was used for both employee injuries and for personal health care, so there was a number of incidents over the year where

people were injured, had some contamination on them, and because the Lab didn't really have a good medical facility for X-rays, things like that, surgery, they were sent to the Medical Center. And if they were a person who came to that medical center anyhow, their records would be pulled, their treatment was put in that file and then it was filed with the others. And this is where some of this contamination is ex- - suspected to have come from.

DR. ZIEMER: Okay, thank you. Well -- Wanda Munn, do you have a comment?

MS. MUNN: I had one question for Libby White with respect to the Los Alamos records and the jurisdictions there. The only two real players here are DOE and the contractor. Right? You don't have any problem with the county? There isn't any possibility that the county's going to get involved, I just want--

MS. WHITE: The county -- the county is involved because since the records are currently on county property in a warehouse, we'll have to get their permission and we've been given their permission to use county property for the decontamination process,

decontamination with regards to Hantavirus. The records will be moved from this county warehouse into transportainers, which will remain on county property for the 21-day period that the decontamination is taking place. So we did have to get approvals and permits from them.

The Medical Center is working with us as well. It sort of -- it's definitely more than just DOE and Los Alamos involved. We're working with NIOSH. NIOSH is going to provide people to help with the review, and they've provided the protocol for the decontamination of the records with regard to Hantavirus.

MS. MUNN: No real roadblocks there, everybody's going to --

MS. WHITE: No, no, I don't see any roadblocks in terms of --

MS. MUNN: Thank you.

MS. WHITE: -- any of the parties we're working with.

DR. ZIEMER: Thank you very much, Libby.

SCIENCE AND OVERARCHING TECHNICAL ISSUES UPDATES
DR. JAMES NETON, NIOSH/OCAS

We want to return to our regular agenda here for now, and we're going to ask Jim Neton if he

would come and make his presentation. Jim.

UNIDENTIFIED: Excuse me, Dr. Ziemer, may I make one comment about the Mound records?

DR. ZIEMER: Yes, a comment --

UNIDENTIFIED: Very briefly.

DR. ZIEMER: -- about the Mound records, and identify yourself. This gentleman has --

UNIDENTIFIED: Yes.

DR. ZIEMER: -- worked at Mound for a number of years.

MR. SHEEHAN: My name is Warren Sheehan. I was an employee at the Mound Center or Mound Lab for 33 years. The first 16 years was in health physics. I had responsibilities in survey. Most of the time, though, I was in dosimetry. And I am somewhat familiar with the records there, and I just want to make a firm statement that as far as I know -- now keep in mind, I left health physics in 1972, so what happened after that, I don't know. But from the practices that we had initially, there's no way I could understand that the records were ever contaminated -- health records. And if they were contaminated, they were contaminated after they left Mound --

DR. ZIEMER: Well --
MR. SHEEHAN: -- period.
DR. ZIEMER: Thank you. There's actually two sets of records. The ones which they're referring to that were contaminated are the Los Alamos ones. The Mound ones -- it's suspected that they've been buried in a contaminated site.
MR. SHEEHAN: Site, right.
DR. ZIEMER: So the records themselves may not have been contaminated, we don't -- I don't think we know that, do we?
MR. ELLIOTT: We do know that.
DR. ZIEMER: Oh, we do know that? Okay. Let me --
MR. GIBSON: Paul?
DR. ZIEMER: Yeah, hang on, Mike.
MR. ELLIOTT: We do know that they -- the Mound records -- some of the Mound records were contaminated. In fact, I believe Cheryl Kirkwood -- her name's been mentioned here already -- who worked at -- for Mound and DOE at the time as a records manager, was involved in -- she and several others, as we understand it, listening to her, were involved in scanning

radiation-contaminated records in some elevator vault that they sealed off for that purpose so that they could -- they could get it -- capture the images of those contaminated records and make a non-contaminated record. And the contaminated portion of that 450 boxes were moved and buried to -- in -- in Los Alamos.

DR. ZIEMER: So that -- that explains why they were buried then in a low level waste site, so apparently were -- somehow got contaminated.

MR. SHEEHAN: The records, in and of themselves, I can hardly believe were contaminated. Maybe the boxes -- in other words, after it was boxed up and stored in an area during all the demolition work -- you know, dust on them, somebody come along with an alpha meter and say, hey, these are contaminated.

DR. ZIEMER: Well, however --

MR. SHEEHAN: Who knows.

DR. ZIEMER: Yeah, thank you. Mike --

MR. GIBSON: Dr. Ziemer?

DR. ZIEMER: Yeah. Last comment on this and then we're going ahead. Go ahead.

MR. GIBSON: Yes, as far as -- as far as what

I've uncovered and read, some of the boxes were stored in T -- technical building and had some low level radiation. There were also several boxes stored in the records management area, which was a non-contaminated building, non-posted building as far as radiological reasons. Those boxes I personally witnessed being transported out of that building and put into the radioactive LSA boxes and onto a semi and shipped to Los Alamos. And a number of those boxes have health physics records, incident records and the records that were -- were contaminated were log-- health physics surveyor logbooks. So you know, one of my questions is how did a health physics surveyor's logbook get contaminated if in fact there were not poor radiological controls.

DR. ZIEMER: Okay. Well, right now we have to consider that as a rhetorical question which we can't answer --

MR. GIBSON: Absolutely.

DR. ZIEMER: -- but yeah. Thank you. We're going to move on now to the presentation on science and overarching technical issues, Dr. Neton. Glad to have Jim with us.

DR. NETON: Good morning. I'm really pleased to be here addressing the Board after a -- I think missing the last couple of meetings and it's my pleasure to be here and present the update on the science/technical issues. It's been -- sort of become a standard agenda item on -- on the Board's -- at the Board's meetings as of late.

I think at the -- at the last meeting that I missed -- it was held in Las Vegas -- a little bit of confusion arose in the presentation as to what we really consider to be the relevant scientific and technical issues that we are tracking within -- within NIOSH. And I -- I presented briefly on this at the Board's conference call -- the last conference call, but I'd just like to sort of go over this a little bit more in some additional detail.

The issues that we're tracking really now encompass two main topic areas. One is those that are evaluated -- that were originally determined by the Board's working group on IREP and scientific issues that -- I went back in the transcripts and figured out that that convened back in February, 2005, so it was

about two years ago we held that meeting. And if you recall, it was sort of a consolidation of the Board's -- what the Board considered to be relevant science issues and what NIOSH considered to be relevant science issues. The two -- the two were merged and consolidated into seven issues that were identified.
At that time SC&A was not real far into the dose reconstruction issue, so by the nature of the -- of the review, where -- where we were, almost all those issues were related to risk model calculations. That is, IREP and calculations associated with the risk models. Subsequent to that, and SC&A has been doing a lot of dose reconstruction reviews, site profile reviews, a number of overarching technical issues have been identified that are really relevant to dose reconstruction themselves. SC&A is not specifically going out and looking at the risk models. They were identified during the review process, and -- and again, those are dose reconstruction-related, so there's sort of a separate list, but they were identified at least at one site and determined to be relevant at multiple --

potentially multiple sites.
So I'm going to speak to both of these -- these lists and briefly go over the -- what I call the IREP and scientific issues, where we are with these seven issues, and then go into the overarching science issues and try to present at least some status -- an update on a couple of issues where we've made progress. I know a lot of these presentations have been here is -- we're working on these things, and it's my intent as we go forward with these presentations to at least provide some status report on where we've made some progress.
The seven issues that you see on the slide here, the IREP and scientific issues, are not new. They've been there for some time.
The incorporation of worker -- nuclear worker studies into the epidemiological analysis; that is how relevant are the Hiroshima and Nagasaki studies compared to some of the studies that have been done at DOE sites relevant to internal exposures, particularly for actinides, that sort of thing.
The smoking adjustment for lung cancer we'll talk about.

The Board also identified the grouping of rare and miscellaneous cancers as an issue.

The relevance of the age at exposure, there's been some studies that have shown that the risk model may be different depending upon what age you were exposed at in the workforce. That is, older workers may be more compromised by radiation exposures than younger workers.

Interaction with workplace exposures; that is are there synergistic interactions with chemicals and other agents in the workplace with radiation that would make the cancer more likely.

One that we've been working on quite a bit, the addition of the chronic lymphocytic leukemia to the covered cancers, at least the evaluation of that, should we add that.

And then finally the dose and dose rate effectiveness factor adjustment, and I'll briefly go over each of these issues.

The nuclear studies we've been working on for quite some time now, and you see identified on the slide here three phases that -- three phases of this work. Phase one, which is underway and is essentially complete actually

right now, is the collec-- the nuclear -- evaluate the quantity and quality of the data available. There are a lot of studies out there. Brant Ulsh took this on when he first joined the science staff in OCAS, and he has done an excellent job of assembling a little over 200 studies that specifically deal with radiation exposure and risk in the nuclear workforce.

The second phase is to -- is to move into the evaluation of the feasibility of some meta-analysis. Each study in and of itself might not be complete enough to come to some firm conclusions as to what the risk adjustments might be for the nuclear workers. But taken in -- in a conglomerated fashion with a meta-analysis, we may be able to make some more conclusive -- arrive at some more conclusive opinions.

I -- I would like to point out, we do have a new member on our staff, that's Dr. Maxia Dong, and she's -- this is one of the first projects that she's heading up for us. Maxia's standing at the back of the room there -- wave your hand so everybody can see you. Dr. Dong comes to us

by way of CDC in Atlanta, with over 20 years experience. She holds both an M.D. degree and a Ph.D. in epidemiology, and we're really looking forward to her contributions on this project. She's made a lot of -- lot of good inroads already. There are two -- two particular areas where Dr. Dong will be working. One is in this meta-analysis area and the other one we've tasked her with is -- is working on the chronic lymphocytic leukemia model that we'll talk about in a little bit. And the meta-analysis we're undertaking right now and Dr. Dong is working on that, and then phase three will be to compare any findings with the analysis of the IREP cancer risk model groupings, are they significantly different, have the meta-analyses, you know, revealed something that we need to take into consideration and modify IREP itself to be more of an occupational -- occupational data risk -- risk base.

The smoking adjustment/lung cancer issue we -- we vetted with the Board some time ago. In a sense we combined the lung cancer risk models from the NIH-IREP and the NIOSH-IREP in the

sense that the NIH-IREP calculated the adjustments for smoking somewhat differently, based on the Pearson* analysis. And based on solicitation of expert opinions and internal deliberation within NIOSH and SENES, our -- our risk assessment contractor, essentially, we had made the decision to use both models simultaneously, if you recall. Run both models, and the model that delivered a higher probability of causation calculation would be the one that would be used in the analysis. We've done that on -- we adopted that in February, 2006. We are now going through, as we will for any of these type of changes, going back and looking at previous cases that have been denied by the Department of Labor to make sure that the change in this model did not necessarily affect their outcome or their -- their decision. We've identified over 900 prior lung cancer cases that needed to be reworked. Fortunately this is a computerized setup. You run both models and compare the analyses. It's somewhat tedious, but not as bad as redoing an entire dose reconstruction because it only involves the risk model

calculation. And thus far -- we're almost finished with this; I think we're within a matter of a week or two away from completing this entire analysis -- and the -- the final result was there's minimal impact on any compensation outcomes. So there'll be a few, but out of 900 cases, we were actually somewhat surprised that the impact was as small as it was in this issue.

The Board did pass a motion at the time that we adopted these two lung models to instruct us that we should keep looking at these models to see if any new evidence warrants change in the future. That is, do we want to keep running these two models simultaneously or eventually would we feel comfortable in adopting a single approach, and we'll continue to look at that.

As far as the background cancer incident rates, we have -- we're going to review that in conjunction with the IREP cancer grouping adjustments that I'll talk about later.

And that is the next slide, grouping of rare and miscellaneous cancers. It was the sense of the Board, and NIOSH as well, that you know, some of these groupings might need to be re-

evaluated to see if they made sense to be put in different pots, so to speak. We -- we met with SENES, our contractor, several times on this issue in 2005/2006 to try to see what it makes sense to do. In addition to the general cancer groupings, we also reviewed our IREP's all male genitalia model, which includes prostate cancer. So you have -- the reason these are grouped is there was a decision made by those developing the risk models that we needed at least -- I think it's 50 cancers to have enough statistics to be able to come up with a risk model. So to get 50 cancers in certain groups, one needed to group types of cancers, essentially by biological endpoint, to get some statistical power on these -- these analyses.

We've looked at these. The question is if any grouped cancers could be separated out and modeled individually -- you know, can we do that; and then what would the effect be. And the end result is the effect would be somewhat variable -- some increase in PC, some decrease in PCs. We also need to look at where we are with the -- the groupings. The way these were

grouped, for example, prostate cancer is included in the all male genitalia group. If we were to pull it out, then that would seriously affect the risk model for all male genitalia, and now you have two models. Do you leave the prostate cancer in that total group and pull it out and model it separately -- you know, how do you handle that and -- and make it equitable for all parties, and we're wrestling with those types of ideas right now. The consensus at this point, though, is we're -- we're going to continue to review this and we're going to do this in conjunction with our evaluation of the BEIR VII findings that have come out fairly recently.

Okay, I've summarized the last four on one -- one slide here, the other IREP topics. The age at exposure, we have decided to review that in conjunction with our BEIR VII review, which is ongoing with SENES Oak Ridge at this time.

The interaction with other workplace exposures, we originally looked at this in some detail, and there's -- there's a real paucity of data out there to inform us on these synergistic risk models, just the interacti-- just modeling

the radiation alone is difficult enough. When you start entering synergistic interactions with chemicals such as benzene and asbestos and others, it -- it becomes a statistical morass, but we are looking at that at this time, though we are not actively pursuing this.

Chronic lymphocytic leukemia remains in a predecisional stage. We -- we -- I reported before that we have a prototype CLL risk model, we're reviewing it. Dr. Dong is looking through it at this point. One issue that we need to determine, though, is what is the appropriate target organ for dose reconstruction. It would seem intuit-- it would seem intuitive obvi-- intuitively obvious at the beginning that one would just pick the red bone marrow as the dose reconstruct-- organ to dose reconstruct for chronic lymphocytic leukemia. It's not necessarily the case. There is some lymphatic tissue involvement here. So then if one needs to reconstruct the lymphatic dose versus the red bone marrow dose, it can make huge differences in the end result for the claimant. We've asked Dr. Dong to work with scientists in this area to try to come to

some conclusion on this. It turns out it's not obvious. We've asked -- we've gone through a number of scientific publications. We've polled a few practitioners, a hematologist and such, and there does not seem to be a definitive answer that we can put our finger on at this time, but -- but we are working towards that.

Dose rate/dose rate effectiveness factor, SENES Oak Ridge has completed an extensive review of the IREP assumptions and distributions. That is, they brought their review of the literature up to the current date. We're going to review this pending looking at the new Radiation Effects Research Foundation data and the BEIR VII data.

But I will say that SENES has put together a fairly nice comprehensive overview of this DDREF issue that's been submitted for publication in *Health Physics* and should be coming out in the very near term. That's a shortened version; I think the *Health Physics* version may be 20 to 30 pages. We also have a 250-page document that summarizes it in quite a bit of detail.

I just summarized here on this slide the four changes that we've made to the NIOSH-IREP model since the inception of the program by year. You might recall in 2003 we modified the leukemia and thyroid models to confer some risk down to zero years post exposure. I think in the beginning we had a -- it was all or nothing. It was zero risk and then there was some risk conferred, and now this is more consistent I think with what we do with solid tumors where we have an S-shaped curve that ramps up over time. It's almost zero at -- at the exposure period, and then it kind of ramps up in an S-shaped fashion. That was added. We removed the risk reduction factor for thyroid cancer for exposures prior to age 20. That had to do with modeling of the -- of the risk related to medical exposures. If you recall, a lot of the thyroid cancers were modeled using medical exposure criteria and those involved X-rays. One has different quality factors for the X-rays versus high energy gammas. So we've gone back and looked at that and the risk reduction was taken out. I think all these have been discussed with the

Board in the past.
Again in 2005 we modified the latency adjustment for bone cancer to reflect a shorter latency. We -- it was our opinion that that latency period needed to be shortened somewhat.
And then as I talked -- I just discussed, we implemented the combined lung cancer risk model by adding the alternative NIH lung model in 2006.
Thus far for each of these four changes, they've all been claimant favorable in the sense that there's been no reduction in probability of causation for any possible set of inputs for any claimant, so they've all been to the benefit of the claimant so far.
Okay, that sums up the -- what I call the risk model changes.
The overarching issues list -- I think the last time I talked to the Board about this, we had eight issues. We're now up to ten. Most of these you've seen before. I've identified the issue, as well as I've tried to pick out where the issue was first identified and what reviews -- what prompted us to add this issue or to become aware of this issue. Most of these, as

you can see, were related to, you know, the Board's review process with SC&A.

It's no surprise, I think, that the oro-nasal breathing and workplace ingestion came out of the Bethlehem Steel site profile review. Hot particles was identified in NTS.

Non-standard external exposures, that is exposures to different geometries, the badges worn on the chest. And as we heard yesterday, I think someone from Fernald was commenting if your head's inside a piece of equipment, how -- how accurate is that reading on the badge. At Mallinckrodt it -- it was brought up by SC&A and we've -- we've fixed this already, at least for Mallinckrodt, that if you're working in a contaminated area of a planar source, we now have corrections to adjust for the planar source to the effect it has on the badge.

I think these two, assumptions for unmonitored workers and cohort badging -- my original reaction was Ames, and then I -- the more I thought about it, it actually was Iowa, the Iowa Army Ammunition Plant is where these two issues first surfaced. I had Iowa on my mind, but got the wrong site.

Interpretation of unworn badges -- that is people who left their badges in the locker, that sort of thing -- was first brought up in our Hanford review.

Tracking of materials throughout the complex was something that Brad Clawson on the Board brought up in the deliberations -- I think it was the NTS site profi-- no -- yeah, it had to do with NTS and the RaLa, the radioactive lanthanum that was -- was present at Los Alamos but it was manufactured at -- at INEEL, and we are now tracking that -- we're now trying to put together a position so that we make sure that when we identify these unique sets of exposures, the material must have come from -- us-- typically came from some other source, whether it be Y-12 or Los Alamos or whatever. We want to make sure we close the loop on these unique exposure scenarios. This happened at Rocky Flats most recently where we had thorium surrogate parts shipped from Y-12 over to Rocky Flats for testing and we -- we need to go back and make sure that the Y-12 site profile talks about those thorium parts.

The two that I've added to the list since the

last time we talked are the internal dose from super -- super type S plutonium, which was originally brought up in the Rocky Flats profile. It's now become a complex-wide issue and I -- I will report briefly on the status of that, and I think we've got a good solution to this problem.

And this issue, thoriated welding rods, just emerged at the last Rocky Flats working group meeting -- that's a very productive working group; to add things to our list, anyways -- has to do with welding rods themselves. Not all of them, but many of them contain a certain amount of thorium, sometimes three to four percent thorium -- I assume by weight -- and consuming those welding rods doing your job, of course, you generate a -- some potential for exposure. So the workers -- this came out at the meeting. We agreed that this is not just a Rocky Flats issue. Welding occurred at -- throughout the complex. We're going to investigate this issue and -- and make -- see what we need to do, if anything, to amend our -- our treatment of exposures to particularly construction type workers or trades workers who

were involved in welding operations.
Thus far it's kind of a mixed bag on that. The -- turns out that the Nuclear Regulatory Commission exempts thoriated welding rods from regulation, which kind of leads you to believe that the potential exposure's probably pretty low, but it's certainly not going to be zero. So we need to -- we need to figure out how to meld this into our system somehow and deal with it.
Okay, I'm going to go over the two issues related to Bethlehem Steel, oro-nasal breathing and ingestion, and then talk about super S. These are three areas where I think we've made some progress and I'd just like to -- to throw out there for the Board's knowledge.
We've been working on this oro-nasal breathing issue for quite some time. I think you all know that we've asked -- tasked EG&G to work on this for us. They've completed a literature search as of last month. They've collected more than 80 publications that were identified, collected and reviewed. Interestingly, there -- there were some very good publications they gleaned from the literature, directly

applicable to steel mill environments. We did not have knowledge of these things when we were first doing the Bethlehem Steel site profile. And it also includes some very good estimates of work practices and ventilation rates. That is, they went through and actually measured steel workers doing different -- doing different operations.

As a result of that, we're not -- we're going to not only evaluate the oro-nasal breathing issue, which is what percentage of the worker breathe through their mouths and do they get higher exposures, but also the appropriateness of the default ventilation rates, particularly in a steel mill environment. As you may or may not know, the -- as the ventilation rate -- the breathing rate increases, the difference between oro-nasal breathing and regular breathing diminishes. In other words, the heavier you breathe, the more people breathe through their mouth anyways, so we need to look at that in context of how that plays out at a steel mill environment where people are breathing heavily anyways and look at the delta. There is no doubt in our mind that --

that breathing through the mouth definitely, in many circumstances, can deliver a higher dose per unit, you know, intake to the worker because you're not filtering out through the nasal passages.

We're getting very close on that. I think the last time I presented we were hoping to be done by the end of January. We're now projecting this will be done by the end of February.

Workplace ingestion is another one of those issues that we debated pretty -- pretty heavily with SC&A. There's many publications out there, particularly from the EPA, that talk about sort of ancillary ingestion from -- you know, in the -- in the home environment and thereabouts from fields -- you know, environmental kinds of ingestion as opposed to occupations. There are -- there are very few studies out there that deal specifically with occupational ingestion, so we're kind of pushing the envelope forward here in this area. EG&G was able to pull out 35 what we consider to be directly applicable references. We -- we've got a model structure in place now that we're going to use. It's going to be initially

applicable only to uranium because that's where we've got the most data. Uranium tends to be -- have been distributed the most -- the most contamination, just being the heavy metal that it is, as opposed to plutonium and those types of nuclides, so it's easier to model. And this model's going to be based on the coefficients and transfer factors that we found in this -- in this literature review. And of course we're going to do our best to incorporate the uncertainty in the model itself. And again, we predict this is hopefully going to be finished by the end of February as well.

I throw out here just a -- a starting point for the ingestion model. It's -- it's a fairly simplistic box model. You can go through it yourself, but it -- sort of a two-way, you know, intercompartmental transfer model that one can model if you've got the right coefficients and the surface areas and that sort of thing. One thing that might be missing here that we need to add, and this is something that we debated a long time with SC&A, is to what extent can you model airborne -- airborne concentrations in the plant depositing on the

surfaces. And we feel we can do that. We've got some data to incorporate that.

Our intent is to develop this model and then semi-- empirically validate it to the extent possible, relying on some bioassay results that we've -- we have from -- from places like Fernald and other uranium facilities where one can speculate how much did the person ingest, and you can look at the urine and see if that actually does bound your -- your analyses.

Okay, super S. I think this is a really interesting story. It's the last one I want to talk about today, but the original lung model, the ICRP-30 lung model, had clearance half-times which combined both solubility and mechanical clearance from the lung. There's only two ways you can get material out of the lung when you breathe it in. You either -- dissolves in your lung, gets in your bloodstream, or it's mechanically cleared and swallowed.

The new lung model separated those two, and now you have a solubility component and a clearance component that can be modeled separately. In the ICRP-66 model this type S, so-called slow -

- there's a F, M, S, fast, medium and slow, there's nothing tricky about those designations. Slow is the default model and it's the default for what we -- what's considered very sparingly soluble material. Well, it turns out that if you look across the complex, and Rocky Flats is a good poster child for this, there are forms of plutonium that dissolve much more slowly than anything super -- - anything type S would -- would predict. The reasons for that are really unclear. It's not -- it's not necessarily that the material is more soluble -- or less soluble. It may be that it's -- there's physiologic damage done to the lung. There may be that there's unique cases out there of people who have differential clearance that are different than the normal population. It's not really clear why this material stays where it does. Nonetheless, we have very good evidence of -- of this type of material being in existence. Those that were involved in the 1965 Rocky Flats fire are a good example. But it's not just rela-- not just confined to fire workers, which is originally what we thought. Now there's --

anyone working with plutonium in the oxide form has a potential to have inhaled this very insoluble plutonium.

We also have evidence from the U.S. Transuranium and Uranium Registries where they've looked at autopsy tissue and found more plutonium in the lungs than would have been predicted, based on the standard models.

There's also evidence out there -- as I mentioned, the USTUR, but the Mayak facility, which is the Russian equivalent to Hanford. There are a number of people there with large amounts of plutonium in their lungs, and this is where they speculate that it might be related to fibrotic lesions being created by the high specific activity of the plutonium irradiating the lung and just -- just causing physiologic tissue damage and making it less -- less capable of -- of removing the particulate.

Then again this just talks about how some -- some of these may be bound to the lung and are not cleared by physical means.

We took all these issues and -- and we said well, our current approach might not be as claimant favorable as we thought using super --

using S. So we developed this OTIB-49, which estimated -- which is titled "Estimated Lung Doses from Plutonium Strongly Retained in the Lung." That relied on cases from Rocky Flats and Hanford. There were I think nine cases from Rocky Flats and one from Hanford that were selected because they had exhibited this very long retention time in the lung and they were fairly well documented with bioassay. It turns out that there were two cases out of those ten design cases that really stood out among the other ones as being extremely insoluble compared to the others, and those were selected to develop the -- the new approach for -- for analyzing super S.

And essentially we're not developing a new model here because the models are the models. We have tried to develop a bounding scenario that we could use based on these very insoluble cases to bound what a person's exposure could be for any organ, not just the lung -- the lung, the systemic organs, the tracheal-bronchial lymphs nodes, the GI tract -- all those organs need to be -- be assessed in some way. It turns out that it's not just

solubility that drives this. It's kind of interesting. You can -- you can turn off -- you can make the insol-- make the chemical dissolution infinite in the sense it's not leaving the lungs by chemical means, and the mechanical transport portion of the ICRP model will still clear it faster than -- than what's -- what's your -- observed, so there's clearly something else going on besides just solubility.

Anyway, we took these ten design cases, took the two highest of the design cases -- that is the case from Hanford, Hanford -- so-called Hanford-1 and Rocky Flats-874 -- and used those to model -- to predict what the exposures would be to workers if they were exposed to that type of plutonium. We have developed a series of factors and tables that are in this document. It's about a 50-page TIB that goes through and provides in some detail what the projected exposures were.

I just -- I give you a little bit of a -- a snapshot into how -- how this works. If one looks at the bottom curve here, the green curve I think it is, that's what would one predict if

it was just a normal -- this is excretion of the urine over time, days post-intake. The green curve is what you would predict coming out in the urine from zero to 18,000 days -- that's 50 years -- from -- if it was purely type S material.

The blue curve and the red curve represent the two most insoluble cases, HAN-1 and Rocky Flats-872. And if one takes the sup-- type S material and multiplies it times -- multiplies it times four, you get this upper curve, and that's what we believe is a bounding analysis to assign these workers as far as excretion goes. So we would take and analyze for type S and then multiply it times a factor of four and assume, over all time periods, we've bounded that person's excretion, even though in these later years we're over-predicting a little bit. We just don't know the model is that robust and that accurate to be able to just, you know, pick these differences over every time interval. It became somewhat cumbersome so we just adopted a factor of four, and this is for a chronic exposure scenario.

The next one represents what would be predicted

for an acute, and again a factor of four bounds the expected excretion at all times, except for this little blip in the beginning for an acute intake, which we feel we can handle in incident situations separately.

So that's pretty much what we have for the OTIB-49. That has been issued and it's -- it's being applied complex-wide. It's not just for Rocky Flats. It would be used at places like Savannah River, Los Alamos, Hanford -- Savannah River, I guess that's about it.

And this is a summary of one of the tables right out of there, which is how the adjustments are made. You see the factor of four for urine analysis, and these Table B adjustments are just adjustments for the lung, how much was in the lung. You do a normal type S calculation, and then the adjustment factor for the dose to the lung is provided in these tables out to 65 years post-intake.

We think it's a pretty -- a pretty interesting approach to this. I don't think anybody's ever done anything close to this before, and I think it's a very unique solution to a somewhat difficult problem.

And that's all I have to say.

DR. ZIEMER: Thank you, Jim, for that update. Could I ask about the ingestion model where it implies at least that the surfaces you're looking at are things like tables and so on. What about floors and resuspension from walking and subsequent inhalation as opposed to contaminated hands and so on? Is that a separate thing that --

DR. NETON: That's a separate issue. That would -- the resuspension would contribute to the surface contamination itself --

DR. ZIEMER: Right.

DR. NETON: -- and then you eat it, but there's also a -- an inhalation component of the resuspension model that -- that we --

DR. ZIEMER: Right, that's --

DR. NETON: -- we're working on.

DR. ZIEMER: -- that -- so --

DR. NETON: That would be separate and apart from this one.

DR. ZIEMER: This is on-- you're only looking at the --

DR. NETON: Contamination transfer from --

DR. ZIEMER: -- tabletop and --

DR. NETON: -- the hands to the mouth.
DR. ZIEMER: -- hands and so on in this particular one. Right?
DR. NETON: Right. It turns out that in most of these actinide exposure scenarios the dose from the ingestion pathway is fairly small, but it's not zero so we need to definitely address it. This is one of the main omissions we had when we first started doing this was we -- we assumed it was negligible and it's -- it's not exactly negligible, but it's not huge, either.
DR. ZIEMER: Dr. Roessler and then Dr. Melius.
DR. ROESSLER: I have a couple of comments and a couple of questions. My first comment is on your slide that talks about the grouping of cancers, and I think it was the very first meeting of this Board where this topic came up, and I think there was some concern at that time as to whether the groupings were correct or not, so that's a long time. And I think also at that meeting the emphasis was given on using the very best science in this project. And we talk about so many other things, all very important things, but I'm glad to see that NIOSH is still continuing to -- to address the

best science. So I -- I think that's a -- a good thing to be following.

I do have a question on that one, though, and what is -- and I haven't read BEIR VII, I have to admit that. Does BEIR VII group -- or do they have groupings that will shed some light on this?

DR. NETON: Not necessarily groupings, but individual comments on certain risk models that we might be able to look at and pull them out separately. I -- I've forgotten the exact -- they didn't model all that many organs, but there -- there's a number that we can go in and look at and see how they might -- they might play out, but I haven't looked at that in a while myself, either, to be honest.

DR. ROESSLER: The other area that I wanted to comment on or ask a question about is with regard to chronic lymphocytic leukemia. And again there, I think this is using the best science possible and I'm a bit out of date on that, but I don't know of any reference to or relationship between CLL and radiation. I'm pleased to see you have an MD/PhD on board and she's smiling; apparently she knows of some

more recent information. I -- what I've read is that there is a relationship between CLL and insecticides and herbicides and there may be a family disposition toward it, but is there new information that there is some relationship with radiation exposure?

DR. ZIEMER: Jim, do you have a --

DR. NETON: Well, I don't know if Maxia wants to speak to this or not, she's fairly new on the staff --

DR. ZIEMER: Well, (unintelligible) --

DR. NETON: -- but there are -- there are a few studies that -- that make some linkage. Of course one -- one study in itself doesn't necessarily become conclusive.

DR. MCKEEL: (Off microphone) (Unintelligible)

DR. NETON: Steve Wayne*, but that was a review -- essentially the -- the opinion -- it comes down on the side of -- it's not that you can't -- not that CLL is not related to radiation, you can't prove it isn't. Okay? And then -- then you have -- you get in the position of saying is there a different mechanism that radiation would work on CLL that's different than all other radiation-induced cancers. And

we solicited expert opinions on this, five different expert opinions, and the cons-- the consensus among those was that you can't. You can't say that the biological damage done by ionizing radiation that caused CLL could be any different than any other radiogenic cancer. It's just the power in these statistical tests. CLL is such a -- it's so hard to pick up in the population, partly because the diagnosis was pretty poor early on, but the statistical -- statistically you can't show an association, but biologically it's hard to come up with a reason why it's not plausible, let's put it that way.

DR. ZIEMER: Maxia, do you have any other comments on that?

DR. DONG: (Off microphone) (Unintelligible) --

DR. ZIEMER: You need to come to the mike.

DR. DONG: I think the experts -- the review on the CLL and radiation exposure come out also differently. One review I think said we can't exclude CLL as -- by review of European -- the category of CLL is -- belongs to the classification or the group (unintelligible) is the same as lymphoma, which is included. So if

we exclude CLL won't be fair if we include lymphoma but exclude CLL same time so because same (unintelligible) -- or same (unintelligible). Try to think about other things -- so I -- I think -- yeah, that's --

DR. NETON: I think that's pretty much where we're at.

DR. ZIEMER: Okay, thank you. Gen, did that complete your question?

Okay, Dr. Melius.

DR. MELIUS: Yeah, couple of questions. One, I would -- glad to see you're making progress and really do ap-- appreciate the report and the up-- the update and it -- the -- the last set of slides -- I missed that part of the meeting and you -- you were absent from the meeting and we were -- actually had a -- got a slide that actually said that BEIR VII wasn't out yet and had me very confused -- like waiting on BEIR VII, so -- but I thought, you know, I'd missed something or whatever -- a year of my life had gone or something, but -- but anyway, by that. I think one of the issues that I certainly urge you to keep moving along, it appears to be getting some priority, is this whole issue of

the occupational studies. That was actually a mandate that was in original -- in the original legislation and I -- I think it's a -- you know, a concern we all have and it -- would like to be able to say one way or the other is are -- is the basic approach we're using properly taking into account the fact that these are workplace exposures and could -- could affect this one -- one way or the other -- that.

My other question is with the -- in OTIB-49, the last part of your presentation is -- in that -- is that something that SC&A is reviewing? Is that one of the procedures they're --

DR. NETON: Yes.

DR. MELIUS: -- looking at? Okay.

DR. NETON: Yeah.

DR. MELIUS: 'Cause I -- just thing on that -- I think it's helpful for all of us to have peer review, and I'd also urge you to get that -- I think that as a scientific publication. It sounds like --

DR. NETON: I agree, I think it's --

DR. MELIUS: -- interesting work and ought to

be getting out into the scientific literature also.

DR. NETON: I definitely agree with you. SC&A is -- they're essentially complete with their review of TIB-49. I mean it's -- there's only one little piece left, which is are these bounding cases truly bounding. We made a decision to release it because if anything would change it would be some of these coefficients a little bit, but the general approach -- I think they -- they are okay with.

DR. ZIEMER: Thank you. John Poston?

DR. POSTON: Jim, good to see you back again.

DR. NETON: Thank you.

DR. POSTON: I wanted to clarify a couple of things that -- hopefully you misspoke, but if you didn't, then I need to be educated.

On the oro-nasal breathing, you indicated that this would indica-- this would increase the dose per unit intake, and I don't think that's correct. It would increase the dose, but I don't think it would --

DR. NETON: Not the unit intake. It would increase the intake itself --

DR. POSTON: Yes.

DR. NETON: -- per -- per --
DR. POSTON: It would increase --
DR. NETON: -- (unintelligible), actually.
DR. POSTON: Yeah, and so that would increase the dose.
DR. NETON: Yeah.
DR. POSTON: But per unit intake, the dose is going to be roughly the same.
DR. NETON: Well, it depends on what per unit -- if it's per breath, I guess it would go -- but you're -- you're right --
DR. POSTON: I'm just trying to understand because --
DR. NETON: You essentially don't have the filtration of the nasal passages and it would go directly to deposition --
DR. POSTON: Right.
DR. NETON: -- in the deep lung.
DR. POSTON: Right. One other question about your ingestion model. I don't know if you can get it back up there, but I was a little confused about one of the -- one of the pathways, and I just -- a five-second explanation will make me very happy.
(Pause)

In the lower right-hand corner where it says oral --

DR. NETON: Uh-huh.

DR. POSTON: -- there happens to be an arrow going back to surfaces. Is that for expectoration or something or what is that? How does it go past the intake boundary back out to the surfaces?

DR. NETON: I think that's what it says, spitting out of saliva is -- is next to the arrow there.

DR. POSTON: Well, I wasn't sure whether that was associated with that particular line or not, that's why I'm asking for a clarification.

DR. NETON: I think so. I think --

DR. POSTON: Okay, I'm happy. I just wanted to understand the model.

DR. NETON: Expectoration does happen.

DR. POSTON: Oh, yes, I know.

DR. ZIEMER: Sneezing.

DR. NETON: Sneezing.

DR. ZIEMER: Or whatever.

DR. POSTON: Yeah.

DR. ZIEMER: Okay. Thank you.

DR. POSTON: Thank you.

DR. ZIEMER: Yes, Phillip.

MR. SCHOFIELD: (Off microphone) (Unintelligible) a few questions (unintelligible) (on microphone) actually loom large in Los Alamos's SEC. One is the issue of secondhand smoke, how it affects the lung and the modeling of these people who were not smokers but they were -- coworkers were always issued cigarettes, as many as they wanted, and they were confined to small areas during these times during these lunch breaks, and they -- not only would there be a lot of smokers, but they also would drink coffee, eat donuts, eat sandwiches, all at this time. How is that going to affect the lung models for the non-smokers? It has definitely got to be an issue there, secondhand smoke and how it's going to affect their intakes.

DR. NETON: Well, there's a couple of things. One is it -- secondhand smoke would definitely af-- should affect their chance of developing cancer, if that's what you're saying. But you're talking about the -- the impairment of the mechan-- the clearance of the lungs from breathing in secondhand smoke --

MR. SCHOFIELD: What I'm talking --
DR. NETON: -- or something like that?
MR. SCHOFIELD: -- is the impact of their inhaling any radionucleides (sic) into their lungs, and then this effect of the secondhand smoke come in where, you know, you modeled where this -- what effect it has with the smokers.
DR. NETON: There -- there --
MR. SCHOFIELD: What about the people who are receiving all this smoke second hand? Are you going to look at that?
DR. NETON: We have not looked at that to this point. I'm not sure there's a lot of literature on that itself, but it could be looked at. I think what you're suggesting is that the -- the traditional lung model would not apply to smokers. Now we apply a traditional lung model to smokers themselves. There is no smokers lung model. I mean it's -- it's a model that has certain uncertainty parameters associated with it, but we don't adjust for smoking as far as mechanical clearance goes or anything like that. So I'm not sure it's possible to do what you're

suggesting.

DR. ZIEMER: Let me insert here, Jim. If a person is a smoker and has lung cancer, in -- in effect the models attribute some of that -- the probability to the smoking.

DR. NETON: Right.

DR. ZIEMER: So if you -- even if a person had secondhand smoke, if you didn't take that into consideration, would it not be more claimant favorable --

DR. NETON: Yes, that's right.

DR. ZIEMER: -- to assume that they had no secondhand smoke? Their probability of causation would actually be higher than if you considered --

DR. NETON: That's true.

DR. ZIEMER: -- I believe.

DR. NETON: Yeah. I -- when I was speaking of the models, I was talking about the lung model itself.

DR. ZIEMER: Yeah.

DR. NETON: The risk model is another issue, but you're right, Dr. Ziemer, exactly.

MR. ELLIOTT: And that's what I heard in the question, what -- what is the risk --

DR. ZIEMER: Yeah, the --
MR. ELLIOTT: -- associated with secondhand smoke --
DR. ZIEMER: It actually --
MR. ELLIOTT: -- for a non-smoker, you know, what's the POC going to be if you only used the lung model --
DR. ZIEMER: It favors --
MR. ELLIOTT: -- with no smoking adjustment --
DR. ZIEMER: -- the claimant not to consider secondhand smoke.
DR. NETON: If a person was a non-smoker, they'd be considered a non-smoker for -- for calculation (unintelligible).
MR. SCHOFIELD: Okay, next question. How are you going to model for those particular people in different jobs who had to use lead aprons and were required to wear their film badge because obviously they're doing a job that is a higher level radiation than their coworkers around them or they would not be told to do this, so how are you going to account for that when the claimant --
DR. NETON: Yeah, that's a -- that's a good question, and this comes up from time to time.

The best scenario is if we know who wore lead aprons, and not only if they wore them, but where they wore the badge relative to the aprons is critical of course to know. Barring that, then we would have some conservative default factors that would be built into the calculations to account for that.

MR. SCHOFIELD: Okay, on to my third question now. You're talking about cancers to the male genitalia, and this would actually apply to a lot of the female is because of the common practice of the way they did, quote, bag-outs as removal of materials or equipment from gloveboxes. I know some people at Rocky did this. I know -- I've been told at Hanford this has been the common practice. I know Los Alamos has been standard practice. Regardless of the level of the radiation of that material, they -- it is actually held between their knees. So when you go to do this modeling, if they did -- were in a particular process where they used a lot of -- you know, handled a lot of high exposure equip-- equipment or high exposure materials, how are you going to take this factor into -- for the claimant?

DR. NETON: Well, to -- to the extent we understand it and can deal with it, I mean we will account for it. That falls under this category here, fourth bullet on the list is non-standard external exposures. We've already made adjustments, as I mentioned, for planar sources of contamination. We have made adjustments for glovebox workers already because if you're wearing a badge and the exposure is to your GI area, it's likely going to be higher, so we've got -- we've modeled that already. The intent of this issue is to address these various types of non-standard exposures, and you raise a good point with the -- with the exposure scenario you brought up. And I've not heard this one before. I don't know if it's covered in any of our documents or not, but I appreciate that input. We might want to talk to you in more detail about that.

MR. SCHOFIELD: Okay.

DR. ZIEMER: Dr. Lockey?

DR. LOCKEY: I -- I really enjoyed your presentation. It was -- in relationship to prostate and testicular cancer, different age groups, different risk factors, one's an old

person disease, the other's a young person disease. I think there's a lot of misclassification if you lump those together.

DR. NETON: Yeah, I'm not an expert on the risk model so I'll have to beg off on the question. I know that there are age adjustments built into the -- but I'm not -- I'm not certain as to where -- how that is treated, specifically. So I -- I can't comment on that. I can certainly find out for you.

DR. ZIEMER: Larry, do you have a comment on that?

MR. ELLIOTT: No, I have a comment on Phil's second point about the lead aprons. When we -- when our folks go through the interview process and this comes up, you know, we want to make sure we understand was a lead apron worn, and then we want to understand was the badge on the outside, was it required to be worn on the outside or was it required to be worn underneath. And they're different -- during different time frames across different sites, that changed, you know, depending upon what they were trying to understand. And our interest is to make sure we understand how the

badge was worn, if it's -- if it's -- and I'm not going to offer where this goes, but I believe that we would like to reconstruct the dose recognizing if the badge is worn on the outside, we'd give that dose from that badge to the individual whether they wore the apron or not, you see. So it's important that we find that out when we talk to the claimants.

MR. SCHOFIELD: The reason I bring up this point because it was standard practice, at least at Los Alamos, that when you wore a lead apron you wore your badge under the lead apron so you did not record this higher rate of exposure.

DR. NETON: Of course that would be appropriate for modeling doses to things like the lung and the GI tract, but if you have a cancer of the area of the head or the extremities, then your -- the dose would be very underes-- very much underestimated.

DR. ZIEMER: Yeah. Let's see, John, did you have an additional question? Or Jim? Okay, any others?

If not, thank you very much for that update and we look forward to continued updates from time

to time.

Board members, let me ask you if you wish to continue moving ahead? We are at the lunch break time. However, I think we can probably conclude by 1:00 if we delay lunch, and I'm not guaranteeing anything, but what is your pleasure? Would you like to continue? Would you like a brief break?

MR. CLAWSON: (Off microphone) (Unintelligible)

DR. ZIEMER: Okay, we will take a Brad break and -- but not a lunch break. Well, let me -- let me make sure that's consensus. Is everyone else going to go to lunch and Brad and I'll come back? Okay, we'll take -- would you -- would you wish to continue? Yes, okay. Let's take about a -- make it quick, ten minutes if you can, and let's get back here and continue work.

(Whereupon, a recess was taken from 12:10 p.m. to 12:27 p.m.)

BOARD WORKING TIME:
STATUS OF SITE PROFILE REVIEWS
FUTURE MEETINGS
DR. PAUL ZIEMER, CHAIR

DR. ZIEMER: We have some action items that are left from earlier in the week. First of all, action on the subcommittee report.

(Pause)

Mark is not here, but we have -- we have a recommen-- recommended cases from the subcommittee. Lew, do you have those handy there?

DR. WADE: I do.

DR. ZIEMER: Board members, I think the case numbers were read to you earlier in the week. You have the opportunity to add or -- or -- or delete, if you wish. Lew, do you want to re-read those? There were 28 cases -- or do we need to read them even?

MS. MUNN: I don't think so.

DR. ZIEMER: I think everybody has the numbers, you have them all marked. Let -- let me ask if anyone wishes to add additional cases to the list of 28 that's been recommended by the subcommittee? Wanda --

MS. MUNN: No.

DR. ZIEMER: -- you don't. Okay. Or -- or deletions, any deletions?

If not, this is a motion that's before us. It comes as a recommendation from the subcommittee, does not require a second. Are -- are you ready to vote? Voting yes will add

these 28 cases. They will then go to SC&A for their roll, as well, and we will also need to assign teams to those cases. So all in favor of the motion or the subcommittee recommendation, say aye.

(Affirmative responses)

Any opposed?

(No responses)

Mike, are you on the phone?

(No response)

We've lost Mike, but we do have a quorum. And any abstentions?

(No responses)

I'll declare the motion has carried with-- without exception.

DR. WADE: Procedures, Task III.

DR. ZIEMER: Yeah. We -- we do need to -- I wonder if we should go ahead and assign the review teams. Do we need to do that today or --

DR. WADE: I don't think so.

DR. ZIEMER: Okay. Lew, maybe to save time, you and I can do those using the conflict of interest. We'll let Kathy know and let each of you know your assignments.

DR. WADE: I think this gives SC&A the ability to begin to assemble the cases that --

DR. ZIEMER: Right, we have plenty of time to make the assignments before --

DR. WADE: Correct.

DR. ZIEMER: -- the call will come, in any event. Okay.

Next we have the recommendation from the workgroup on procedures review. Ms. Munn, your recommendation was for six additional procedures.

MS. MUNN: That's correct, and to accept the asterisked procedures that we had identified at our previous Board meeting --

DR. ZIEMER: Right.

MS. WHITE: -- but had not, I believe, incorporated in our expectation of Task III items for SC&A for the fiscal year 2007.

DR. ZIEMER: Okay. The asterisked procedures are in Tables 2 and 3 of the materials that were distributed to you on the -- the list of procedures. And then the additional ones were --

MS. MUNN: Were highlighted on --

DR. ZIEMER: -- were highlighted --

MS. MUNN: -- that one.
DR. ZIEMER: Anyone need those additional six repeated? Apparently not. This is a formal motion. It comes as a recommendation from the workgroup. It does not require a second, so if you -- if you vote in favor, we will add this to the task of our contractor. Okay?
All in favor, aye?
(Affirmative responses)
Any opposed?
(No responses)
Any abstentions?
(No responses)
And there again let me see if Mike is on the line. Mike, are you on the line?
(No response)
Apparently not, but the motion carries then.
DR. WADE: One very quick item of business is our next meetings. If you look at the tab in your book headed "upcoming meetings", all those in blue we've talked about before and I would suggest we maintain. The two in red at the end I've asked for slight changes by Board members and would propose to change December 3rd to December 6th for a call. This is the end of

2007.

MS. MUNN: (Off microphone) (Unintelligible) Thursday (unintelligible).

DR. WADE: Correct. That's the only change, really. No change in the January 8 to 10 dates.

DR. ZIEMER: Give us that again, Lew, just --

DR. WADE: Changing the date of a call from December 3rd originally scheduled to December 6th.

UNIDENTIFIED: (Off microphone) (Unintelligible)

DR. WADE: That's a call.

UNIDENTIFIED: (Unintelligible) full Board meeting.

DR. ZIEMER: He's asking about the October meeting.

DR. WADE: October is 3, 4 and 5.

UNIDENTIFIED: (Off microphone) (Unintelligible)

DR. WADE: I'm sorry, for -- I'm sorry, should be three, sorry.

DR. ZIEMER: And then December again is -- sorry.

DR. WADE: The 6th.

DR. ZIEMER: December 6.
DR. WADE: I will send out -- I'm proposing a call in mid-February and a face-to-face meeting the end of March of 2008, and I'll send out tentative dates to you.
DR. ZIEMER: Okay.
DR. WADE: That's all I have.
DR. ZIEMER: Any questions on this -- on the meeting schedule?
MR. PRESLEY: (Off microphone) (Unintelligible) got a question (unintelligible) July.
DR. WADE: No.
MR. PRESLEY: (Off microphone) (Unintelligible)
DR. WADE: Yeah, Alaska's under consideration.
DR. ZIEMER: Okay, thank you.
DR. WADE: The Linde site profile.
MS. MUNN: Are we going to attempt to identify a time -- a place for July?
DR. WADE: I mean I -- I think -- the way we've done our business is we go to where the action is and where we need to be in front of the people, and I can't project at this point where that would be. So every time we've tried to forecast location well out, we always wind up changing to, you know, the SEC petition that is

hot at the moment. So I'm willing to take suggestions on July.

MS. MUNN: No, it's just -- it's helpful from a personal point of view if we have some concept of what part of the world we're going to be in at that time.

DR. ZIEMER: Well, I think the -- the issue perhaps is the earlier we know, the better for -- for many folks in planning their travel, but it -- it has become somewhat dependent on where we need to be in terms of SEC petitions and that sort of thing. Hopefully we'll know -- well, I don't know if we'll know by our phone time --

DR. WADE: Well, I'll define a location on the April call.

MS. MUNN: That would be helpful.

DR. WADE: Although I -- I'm al-- it's always subject to change. I mean I'm sorry about that, but we will on the April call tell you where we're planning to have the July meeting.

MR. PRESLEY: We had talked at one time about going and -- and hitting the smaller companies up north. That might be a good time.

MS. MUNN: It would be a good time.

DR. ZIEMER: Okay, another item of business we committed to last time was to establish a working group for the Linde plant. Linde plant is in New York. In connection with that, let -- we'll address that in just a moment, but if you would pull out the -- the document that was in the front folder or the front pocket of your folder, you'll have the list of status of Board actions on SC-- SC&A's site profile reviews. And I might add, just for completeness, you might jot Ames down there, too. Ames we did an SEC review, so although it wasn't a site profile, but there is -- we did have a sort of review on Ames in the nature of the SEC review, so you might add that to the list. That was a -- that's a completed item.

So you notice here the ones marked priority one through five we have tasked for this year to SC&A. The one marked priority six has not been tasked, but it was listed as our priority so I put it on the -- the chart. So those are all coming down the stream.

The ones that say response matrix developed or the words "No R," these are completed site profiles where we have not done anything as a

Board. In some cases we do have workgroups in place -- well, let's see. There -- there's some -- yes, we have -- we have a num-- I guess none of the no's, so we don't have workplaces on any of the no's here. We want to add Linde. We may want to identify at least one or two others on the list where we need to get underway. It's been suggested, for example, that Los Alamos may indeed be one of those. We need to be moving on that one certainly, and there may be others.

We'd like to have three or four people on a workgroup, if possible, and as you know, generally tried to get volunteers to help on these. And just for your thinking, in addition to Linde I'd like -- like to -- the Board to at least identify -- can you identify what you think would be the next two site profile reviews that we need to address?

I will suggest some if no one has any, but --

MS. MUNN: I certainly think Los Alamos ought to --

DR. ZIEMER: Wanda has suggested Los Alamos, I --

MS. MUNN: Absolutely.

DR. ZIEMER: -- wonder how others of you feel on that.

DR. POSTON: Well, since I've been sensitized to it, I notice that Chapman Valve's not on the list at all.

DR. ROESSLER: That's 'cause we have a workgroup on it.

DR. POSTON: But we haven't done the profile reviews.

DR. WADE: No site profile review, that's correct.

DR. ZIEMER: I'm not sure --

DR. POSTON: We didn't even get the SCA review until the 6th.

DR. ZIEMER: Right. I think when I made the list up, I don't think I had the Chapman -- remember you and I were talking about that, John, 'cause John helped me with the list at that time.

DR. MAURO: Yeah, I was trying to help out. On -- on two, Blockson and Chapman, we have done quite a bit of work related to the SEC. In the process -- it turns out both those sites have what's called an exposure matrix, which is a relatively brief document, on the order of --

less than 100 pages, so it's not the typical very large site profile. Where I'm going with this is a great deal of work has been accomplished in terms of reviewing the -- the SEC-related issues, and in the process of doing that we did review the site profile. So I -- I would say that though we did not prepare a report that would be called a site profile review for either Chapman or Blockson, both those reports contain a great deal of material which addresses the -- the exposure matrix, which is effectively a site profile. So -- now -- but -- in -- in our formal reviews of site profiles, there are certain things we do and certain sections that are contained in our reports that are not contained in the work product that you've looked at and -- and that Wanda's looked at, so you -- so there may be some need to develop some additional material, but -- I guess where I'm going with this is to convert the work product that you have before you for SEC issues on Chapman and on Blockson into what might be called a site profile review is a very small delta. And to the extent you wish to do that, it could be readily done.

DR. ZIEMER: But we don't have a document called a site profile review --

DR. POSTON: John --

DR. ZIEMER: -- on either of those.

DR. POSTON: John, are you going to develop the matrix for Chapman Valve?

DR. MAURO: We cer-- I -- I think that'll be very useful for our working group meeting. I could take care of that readily. It basically will draw upon the last chapter in the Chapman Valve report where there -- I think there were seven issues. We will simply take that -- I could do that very readily, be happy to take care of that.

DR. POSTON: 'Cause we need to get that done.

DR. ZIEMER: Yeah. Yeah, well, you already have an SEC task on Chapman.

DR. MAURO: We have an SEC task on Chapman and on -- on Blockson, and they're both active.

DR. ZIEMER: Right. And for what we need now, that's -- that would take care of Chapman and Blockson, and there is -- there is no site profile of the usual type and we have not tasked you to do a site profile review, in any

event. But we do have workgroups on those, also, so those, in a sense, are covered.

MS. MUNN: It would -- it would seem even unwise to being to think in terms of setting this type of site up in the same way that we do site profiles. I would hesitate to -- to being that process.

DR. WADE: We should just keep doing what we're doing.

MS. MUNN: I think what we're doing is appropriate.

DR. MAURO: What I -- that's what -- I very much agree with that recommendation.

DR. WADE: We have a plan, let's keep to it.

DR. ZIEMER: So we have -- we have a suggestion for a workgroup for Linde and for Los Alamos. Now we -- we can add others here and, in essence, try to get underway. But keep in mind that the next step on all of these is the matrix, really the issue and just formatting that into a matrix. The next step on any of these would be to ask NIOSH to -- to prepare their responses. So even if we had a workgroup, there would be a time lag before much could be done until we got the set of

responses and the -- then the opportunity for the exchange.

DR. WADE: Right.

DR. ZIEMER: John, just to help us out real quickly, I know that on -- on the newer site profile reviews you're going ahead and -- and preparing the -- the first version of the matrix anyway because you know that that's the way we're going.

DR. MAURO: Yes.

DR. ZIEMER: How many of these that currently say no is -- does the matrix already exist? And that's basically a formatting of your findings.

DR. MAURO: Hold on one second.

(Pause)

Okay. There are -- let's see, we have -- currently there -- I guess the best way to look at it is we have a matrix for -- okay, unfortunately -- all I have here is whether the closeout process has begun or not. I'm sorry to say I can't tell from the table I prepared whether some of those site profile reviews included a matrix or did not include a matrix. So unfortunately I can't answer your question.

DR. ZIEMER: Well, for example, in Los Alamos did you already prepare your findings in matrix form?

DR. MAURO: That's what I was trying to see, I --

DR. ZIEMER: Oh, okay.

DR. MAURO: -- I don't -- I don't know.

DR. ZIEMER: Okay. Well, in any event, that's not a -- yeah.

MR. FITZGERALD: We went ahead and prepared matrices for Los Alamos, Mound, all the ones that were done last year --

DR. ZIEMER: Okay.

MR. FITZGERALD: -- so the only question is I'm not positive they were actually transmitted at the time of the reports. So we could certainly release those handily.

DR. WADE: Let's set up (unintelligible).

DR. ZIEMER: Okay. Let me ask, first of all, for volunteers for the Linde plant, three or four individuals. Okay, Josie --

DR. WADE: Gen.

DR. ZIEMER: -- Gen Roessler, any -- yes, Jim Lockey.

DR. WADE: Mike and Jim.

DR. ZIEMER: Okay. Gen, are you in a position to chair that one? I ask that in terms of -- I know you're involved in a lot of -- this is --

DR. ROESSLER: (Off microphone) I was (unintelligible) better assume my responsibility.

DR. ZIEMER: I think that's a yes.

DR. ROESSLER: (Off microphone) Yes, I (unintelligible).

MR. CLAWSON: I would answer for her, yes.

DR. WADE: And I can poll --

DR. ZIEMER: We'll -- we'll -- we'll find one other person. That gives us three to start. I don't want to put two new people on the same one. I'm going to save you, Phil, for a moment.

MR. SCHOFIELD: Okay.

DR. ZIEMER: Okay? Not that -- not that that wouldn't work, but just let's -- let's spread out the rookies, I guess.

Now actually -- I'm thinking about this -- if we -- if we do a Los Alamos, we can't put Phil on that, can we?

MS. MUNN: That's right, we can't.

DR. WADE: Phil was (unintelligible), we talked

about putting Phil on Fernald.
DR. ZIEMER: Yeah, actually -- and if -- if we put Phil on Fernald and -- let's go ahead and do that. That -- that will put them at five.
DR. WADE: Right, that's fine. It's active now and I think it would be a good training ground.
DR. ZIEMER: It'd be a good training ground, Phil. We'll add you for the moment to the Fernald -- and the Chair -- I don't need approval for that. If you agree, the Chair's authorized to make the appointment.
Right now we'll -- we'll set the Linde group at three, but I will try to add one. I think -- and we're trying to get some balance here, maybe want to get -- I don't know, Mike, are you back on the line yet? Or --
DR. ROESSLER: Jim Melius?
DR. ZIEMER: -- or Jim.
DR. WADE: We'll talk to Jim or Mark or Mike.
DR. ZIEMER: Yeah, maybe get Jim. Let's talk -- how about Los Alamos, I'm -- I'm taking it --
(Speakers interrupted telephonically, apparently not participants, but audible through a transmission problem.)
I'm taking it that you wish to proceed on Los

Alamos, and Mark has told me that he would like to be on that, Mark Griffon. I think someone else told me they wanted to be on that and --

UNIDENTIFIED: (Unintelligible) Los Alamos.

DR. ZIEMER: Okay, Josie would like to be on that one, and Robert Presley, and we need one other person there.

MS. MUNN: I'll be an alternate or -- if you --

DR. WADE: Wanda.

MS. MUNN: -- if you need one more.

DR. ZIEMER: Huh, Wanda Munn?

MS. MUNN: Yeah.

DR. ZIEMER: Okay, and Brad.

DR. WADE: No, John.

DR. ZIEMER: Oh, I'm sorry, John, okay.

DR. POSTON: I know the hair (unintelligible) we look a lot alike.

DR. ZIEMER: Yeah, hard to tell you apart, I know.

DR. WADE: That's five.

DR. ZIEMER: Okay.

DR. WADE: The rest we can do in April.

DR. ZIEMER: Yeah. Mark has indicated a willingness to chair that. I -- I don't know if he -- he's -- he has a tendency to get

overloaded, though, but --

MS. MUNN: Does he think we're going to wrap up Rocky that soon?

MR. PRESLEY: I hope.

DR. ZIEMER: Well, hopefully. I'll -- I'll --

MS. MUNN: Have to think about --

DR. ZIEMER: -- specify him as chair for now, if that's agreeable. There's -- there's two other possible workgroups and I want to kick this around for a minute. There -- Mike, are you back on the line?

MR. GIBSON: Uh-huh, yeah.

DR. ZIEMER: Okay. Mike, we're -- we're at a position -- well, first of all, we were working on workgroups for Linde and Los Alamos. Do you have an interest in either of those? We could use someone on Linde if you're available.

MR. GIBSON: Sure.

DR. ZIEMER: Okay. Now Mike, you had a motion to propose. I'd like to recognize you now for that motion.

MR. GIBSON: Okay. You know, given the Board's authority and -- and the things -- things that we have seen, I have a concern that -- you know, we've been to 40-some meetings and we've

heard public comments and I feel there's a duty that we need to look into, so I'd like to make the following motion, to form a working group to review the activities of the worker outreach program. This workgroup would be trusted, tasked and -- with reviewing all activities of the worker outreach program, including but not limited to, number one, the NIOSH/ORAU approach to organizing the worker outreach meetings; number two, to approach and look at how the meetings are conducted; number three, the impact that the claimants' and/or survivors' information is gathered at worker outreach meetings that are included in (a) the dose reconstruction program; (b) the site profiles; and (c) the site-specific petitions.

DR. ZIEMER: What was the last one, Mike?

DR. WADE: SEC petitions.

DR. ZIEMER: Oh, the SEC petitions.

MR. GIBSON: Yes.

DR. ZIEMER: Okay. Thank you. Is there a second to that motion?

MR. CLAWSON: (Off microphone) (Unintelligible)

DR. ZIEMER: Seconded by Brad. Now the motion is open for discussion. So as I -- if I've

jotted this down correctly, Mike, and make sure that everyone here has this, this is a working group to review the worker outreach program and -- let's see, worker outreach program and review all aspects of the worker outreach program, including NIOSH/ORAU approach, the approach to how the meetings are conducted or review how the meetings are conducted or -- three, the impact of the information gathered on (a) dose reconstructions, on site profiles and (c) on SEC petitions. Do I --

MR. GIBSON: Correct.

DR. ZIEMER: -- have it correct?

MR. GIBSON: Correct, yes.

DR. ZIEMER: Okay. So this -- this motion then, as I understand it, would accomplish some of the things we were talking about earlier today, and that is to -- to in a sense confirm that -- that the worker input makes its way into the system, both in terms of the site profiles and the SEC petitions, as well as the dose reconstructions themselves. Is that everybody's understanding or --

DR. WADE: Yes, uh-huh.

DR. ZIEMER: Okay. Let's have discussion on

the motion, pro or con. And -- and also I might add, one of the -- and -- and this -- this workgroup could certainly look at this, but one thing that is supposed to occur when we audit the dose reconstructions, our auditor also supposedly looks at the -- the record that's in there, the individual information, and -- and confirms that that has been taken into consideration. But nonetheless, this -- this group may want to look at specific cases again to -- to assure that that has happened. Okay, any discussion, pro or con? Josie.

MS. BEACH: I have a question. Are there currently procedures to any of those points that Mike brought out?

DR. ZIEMER: Well, as I say, for the dose reconstruction, in a sense -- it's -- it's not called out as a -- as an emphasis, but one of the -- one of the questions I think in the -- the list that SC&A uses, it's almost like a checklist initially, you know, is the information there, was it used, and John, you can -- I don't have the array before me, but --

DR. MAURO: One of the checklist items is the degree to which the dose reconstruction itself

has taken into consideration the computerized telephone interview. There's a form that's used by NIOSH, it's very formal process, where they pose a series of questions to the claimant and they fill the information in. And very often -- there's special places where there's a free -- free discussion where the claimant or the claimant's representative has an opportunity to provide -- provide additional information that they feel is relevant. So with-- within that context, that type of information is captured for a particular claimant. What I'm hearing here is now this goes more towards the site profile, and --

DR. ZIEMER: Well -- well, all three.

DR. MAURO: Well, I guess all three.

DR. ZIEMER: Yeah. And -- and I think here, and perhaps this relates to the discussion earlier today when we were talking about annotating those -- those items that resulted from worker input, that would help such a workgroup to identify in fact places where that did occur 'cause basically we were asking Kate how -- how would the Board know that something in the site profile, for example, has been

changed or added-to as a result of worker input. So we're -- we're looking for ways, in a sense, anticipating this -- this sort of workgroup, that would allow them to actually audit the system. Yeah, Wanda.

MS. MUNN: Isn't -- my memory of the CATI, of that telephone interview, is that there's also a question in there about are there -- are there coworkers or other people who worked in the same area who could perhaps give additional information. So there is -- there is a prompt in there about -- and who else would you like to have us talk to if --

DR. ZIEMER: But -- but we have not formalized the Board's role in sort of confirming that -- that this transfer of information has taken place, and I think in this -- this is a -- perhaps a good follow-up that allows us to in essence confirm, outside of just yes, we -- we listened. We can document yes, those things really did occur. So -- so it would seem -- I shouldn't be moderating this, but --

MS. MUNN: You're supposed to.

DR. ZIEMER: -- I feel free to speak in behalf of the motion as well. So --

DR. WADE: Right, let's (unintelligible).
DR. ZIEMER: Yeah. Are we ready to vote then? Okay, with that fanfare --
MS. MUNN: (Off microphone) (Unintelligible)
DR. ZIEMER: -- and Dr. Melius is just entering the room and so that he is aware of what we are voting on so he can vote, we have a motion from Mike Gibson to form a working group to act -- or to review the actions of the worker outreach program in order to, first of all, evaluate the NIOSH/ORAU approach to worker outreach, to look at how they conduct the worker outreach, and to assess the impact of the information gathered from worker outreach with respect to three items. The impact of that on dose reconstructions, the impact of that on site profiles, and the impact of that on SEC petitions.
So folks, are you ready to vote then?
Okay, all in favor of this motion, please say aye.
(Affirmative responses)
Any opposed?
(No responses)
Any abstentions?

(No responses)

Mike --

MR. GIBSON: Aye.

DR. ZIEMER: -- can I assume you favor your motion?

MR. GIBSON: Yes, Paul.

DR. ZIEMER: Okay. Now, that having been done, we need to form a workgroup. The -- the Chair would ask whether or not Mike would be willing to chair the workgroup. Now you better -- you better say --

MR. GIBSON: Dr. Ziemer --

DR. ZIEMER: -- yes.

MR. GIBSON: -- I would, and I would also invite our new colleagues on the Board if they would be interested in taking on some assignments, if they'd be interested.

DR. ZIEMER: Uh-huh.

DR. WADE: Josie and Phil both say yes.

DR. ZIEMER: Josie and Phil both say yes. And we need one more person. Any volunteers?

MS. MUNN: Boy, I'm getting overloaded here.

DR. ZIEMER: Well --

MS. MUNN: Yeah.

DR. ZIEMER: Okay, Wanda wants to volunteer.

MS. MUNN: Yeah.
DR. ZIEMER: Okay, that's good.
DR. WADE: We've got it.
DR. ZIEMER: Okay, Mike, you have a workgroup and you can get underway as --
MR. GIBSON: I'm sorry, who was -- who was the --
DR. ZIEMER: We got -- you and Josie and Phil and Wanda.
MS. MUNN: Uh-huh.
MR. GIBSON: Okay.
DR. ZIEMER: Okay?
MR. GIBSON: Good.
DR. ZIEMER: Very good. Thank you very much.
MR. GIBSON: Thank you.
DR. WADE: That's it.
DR. ZIEMER: Now I believe that we have completed our business -- not too bad, 1:00 o'clock.
DR. WADE: No, 1:00 o'clock.
DR. LOCKEY: (Off microphone) (Unintelligible)
DR. ZIEMER: Hang on, put your ques-- get your question in the mike here, Jim.
DR. LOCKEY: Last two weeks in March, looking at our calendars for having working group

meetings so we can --

DR. ZIEMER: Oh, yes, we --

DR. LOCKEY: -- (unintelligible).

DR. ZIEMER: -- were going to try to, if possible, schedule some workgroup meetings.

DR. WADE: I would target the week of March 26th.

DR. LOCKEY: That's a good week.

DR. WADE: Let me know, workgroup chairs, who would like...

DR. ZIEMER: Okay, so we're going to try to schedule a number of workgroups the week of March 26th, if possible.

DR. WADE: If possible. Let me know and we'll try to coordinate.

DR. ZIEMER: And in some cases, if you can't travel but can be present by phone, that will help as well. Larry, do we have an issue on that?

MR. ELLIOTT: No, I guess I (unintelligible) SC&A folks were hopeful that you discuss how to approach the Los Alamos National Lab SEC and the Hanford SEC. In that context, we were hoping that you would parse off and ask SC&A to come up with their cate-- their list of SEC-

related issues, knowing that we're going to deal with -- with those evaluation reports very shortly.

DR. ZIEMER: Yes, Los Alamos and --

MS. MUNN: Hanford.

DR. ZIEMER: -- Hanford.

DR. MELIUS: Have we formed a workgroup on Los Alamos? I apologize, I --

DR. ZIEMER: We just -- we just now formed one and Mark will be heading that up.

DR. MELIUS: Okay.

DR. ZIEMER: I guess -- I guess --

DR. MELIUS: Then can I --

DR. ZIEMER: Yeah, we -- we could -- we could -- we could actually -- and we have the -- we have the site profile reports on both of those, so it's the issue of tasking for --

DR. MELIUS: Before John speaks --

DR. ZIEMER: -- SEC --

DR. MELIUS: -- let me add -- offer a quick motion. I think -- I think I understand what we need to do, which is that -- I move that we authorize SC&A to begin work on an initial focused review of the Hanford and the Los Alamos SECs -- petitions and associated

information in the context of the -- their current review of the -- ongoing review of the site profiles.

DR. ZIEMER: Seconded?

MR. PRESLEY: Second.

DR. ZIEMER: Discussion? And I'd just ask Larry -- and that -- that is what you need to -- yeah.

UNIDENTIFIED: (Multiple speakers) (Unintelligible)

DR. WADE: Presley.

DR. ZIEMER: Presley seconded, yeah. Okay, are you ready to vote on that motion?

Okay -- and John, you had a separate item to speak to, not on the motion.

Okay, let's vote on this motion. All in favor of tasking the contractor to do the SEC reviews for Hanford and Los Alamos, say aye.

(Affirmative responses)

Any opposed?

(No responses)

Any abstentions?

(No responses)

Mike?

MR. GIBSON: Aye.

DR. ZIEMER: Thank you, motion carries. John Poston.

DR. POSTON: (Off microphone) (Unintelligible) -- (on microphone) Oh, you turned me off? A couple of things. One, on Wednesday we received an e-mail from Joe regarding a meeting in Senator Salazar's office next Friday, and I wondered if any member of the Board was going to be present for that briefing. Seems to me we should be represented.

DR. ZIEMER: Let -- let me tell you that we have a Board policy on those meetings. Number one, generally we -- if SC&A does get called to do that, we -- we do respond to those positively. They will do the briefing. The policy is that they notify the Chair and -- and Lew of these. The third part of it is that although it's -- the Board would like to be present at these, we cannot insist on it because they're at the invitation of the various offices, so we -- we're not in a position to impose ourselves. Whenever SC&A does make such a briefing, they do provide us with a summary of -- of what was discussed, the questions and the responses. But unless --

unless we have a specific invitation to those, we generally are not attending.

Lew, can you add anything to that to --

DR. WADE: That's correct.

DR. ZIEMER: -- clarify?

DR. WADE: That's correct. But if any Board member wishes to attend, they let us know and we try and arrange that.

DR. POSTON: Well, I -- I want to go on the record, I think that's a very poor policy. This is the Board. The Board has the responsibility, not SCA. And it's okay to let SCA brief whoever they want, but the Board should be represented at these meetings. I don't see that as imposing ourself (sic). I think that's a ridiculous position. It's our work that -- that's being briefed.

DR. ZIEMER: Okay. Thank you.

MR. PRESLEY: I agree with John on this, by the way.

DR. ZIEMER: Yeah. Well, and -- and we've had those concerns from time to time and -- and yet, you know, Congress has the ability to call whoever they want to -- to provide them information.

DR. WADE: I'll certainly put it on the agenda to be discussed -- well, here we go.

MS. JACQUEZ-ORTIZ: Lew -- Lew, I -- could I speak to that -- just as a representative of Congress, or -- is -- is there a suggestion that every time a Congressional staff member or anyone of us requires a briefing from those associated with the program, specifically SC&A, the auditor, that an Advisory Board member would need to be present?

DR. WADE: That's not the Board's policy. That was just a comment made.

DR. ZIEMER: That was a comment that he felt that a Board member should be present.

DR. POSTON: As I understand it, SCA works for the Board. They are our contractor, and therefore if they're representing us, it's my opinion that someone from the Board should also be present. The Board -- SCA doesn't work for NIOSH or anyone else, they -- they are our contractor to help us oversee the activities. Therefore we should be present.

MS. JACQUEZ-ORTIZ: Yeah, it was my understanding that -- and -- and I would probably need to dig out where this is stated -

- that the auditors were required to respond to Congressional inquiries and the -- the circumstances under which that occurs. I don't know that that's spelled out in detail, so -- anyway, I -- I just think that candid discussions -- I have candid discussions --

DR. POSTON: I'm not trying -- I'm not trying to stop any discussion or any -- at all. All I'm saying is, if they are our employees and they're representing the Board, then somebody on this Board should have cognizance of what they're -- what they're briefing you on.

DR. WADE: And that's what --

DR. POSTON: And I think that's a very reasonable position. I don't understand --

DR. WADE: We'll put this on the agenda --

DR. POSTON: -- why it is not reasonable.

MS. JACQUEZ-ORTIZ: I won't belabor the issue in terms of who's -- who's whose boss at the end of the day, you know. I think the funding comes from Congress and I -- I don't want to get into that. I just think that -- that there -- there are -- my boss, for example, he serves on the Appropriations Committee, Subcommittee for Health and Human Services, HHS, and there

are some oversight responsibilities that we have because of his role, and part of that oversight is being able to talk to the various players. So -- I won't belabor the issue. I just --

DR. WADE: The Board has a policy. We'll put this on the April call and we'll discuss it. We'll put the policy before the Board and discuss it and we can modify that policy.

DR. ZIEMER: Okay.

MS. MUNN: May I make a --

DR. ZIEMER: Robert, do you have an additional item?

MR. PRESLEY: I'm going to bring up something that's not real popular, but I think we need to talk about a time period on our presenters -- or not our presenters but our -- some of our people that talk for the public comment time. It's not fair to some of these people that come and they have to set all night long just to maybe speak two or three minutes. We need to talk about that, about limiting the time that people --

DR. ZIEMER: Yeah, maybe we can put that on the agenda. Many of you know and I've talked to

individual Board members, I'm -- I'm hesitant to cut people off when they're giving a presentation. If -- and -- and we never know in advance. In fact, most of the speakers -- they're -- they're like many of us, we think we're going to be brief. Sometimes I'm the worst of those, but people don't always know how long they themselves are going to talk, even when they estimate it, and we -- we never know how many speakers we're going to have. So it is a -- it's kind of a difficult situation. I understand the -- and -- and sometimes I think even last night there were folks, local folks here, that left because they kind of ran out of steam before we could get to them. So it certainly is an issue and if -- if someone has a really good solution -- we don't want to -- we don't want to cut people off and miss what they have to say, and yet in fairness we need to be able to distribute that time. So if you would add that to the agenda --

DR. WADE: I will add -- I have indeed, thank you.

MR. GIBSON: Dr. Ziemer?

DR. ZIEMER: -- we can -- yes, Michael.

MR. GIBSON: I agree with your comments and some of what my motion was -- number -- I mean, number one, there will all be -- always be public comments, but part of what my motion was is that maybe this will decrease the need for people to feel so frustrated.

DR. ZIEMER: Well, hopefully that will be the case. Thank you, Mike.

Others?

(No responses)

This then concludes our meeting. We're adjourned. Thank you very much.

(Whereupon, the meeting was concluded and an adjournment taken at 1:11 p.m.)

CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA

COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Feb. 9, 2007; and it is a true and accurate transcript of the testimony captioned herein.

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

WITNESS my hand and official seal this the 22nd day of April, 2007.

_____

STEVEN RAY GREEN, CCR

CERTIFIED MERIT COURT REPORTER

CERTIFICATE NUMBER: A-2102