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NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes

MEETING TEN

ADVISORY BOARD ON

RADIATION AND WORKER HEALTH

ABRWH SUBCOMMITTEE MEETING

The verbatim transcript of the Subcommittee Meeting of the Advisory Board on Radiation and Worker Health held at the Four Points by Sheraton, Denver, Colorado, on April 25, 2006.

C O N T E N T S

April 25, 2006

TRANSCRIPT LEGEND

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(By Group, in Alphabetical Order)

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P R O C E E D I N G S

(9:15 a.m.)

WELCOME AND OPENING COMMENTS
DR. PAUL ZIEMER, CHAIR

DR. ZIEMER: Good morning, everyone. I'm going to call the meeting to order. This is the meeting of the Subcommittee for Dose Reconstruction and Site Profile Reviews of the Advisory Board on Radiation and Worker Health. Although most of the Board members are here, I remind you that this is a subcommittee meeting; that we will not act as a full Board in this session but will be preparing various recommendations that will come to the full Board.

For your information, today Mr. Presley is not with us. He may be with us later by phone, I'm not sure.

MS. MUNN: He's planning on Wednesday.

DR. ZIEMER: He's planning on at least at certain times being available.

Let's see, Mr. Owens resigned from the Board and I understand his resignation was accepted just within the last couple of days by the White House, so he's not with us.

Dr. Melius will be joining us for the full Board sessions.

Let me see, Dr. Poston will not be with us today due to a conflict that we knew about actually when we set the meeting, and somebody else is --

DR. WADE: Dr. Lockey.

DR. ZIEMER: Dr. Lockey is sick today, I believe, so -- but basically we -- we have a quorum both of the subcommittee and of the full Board, as it is right now.

This is our second visit to Denver. It's been a while since we've been here and we're pleased to be back. I suspect that many of the local folks will be present at our later sessions. I don't see too many of them here yet, but we certainly are pleased to be back in Denver.

The usual reminders I give to all the Board members and staff and visitors, to register your attendance in the hallway at the registration book. Also make -- please avail yourselves of the various handouts in the back of the room.

Lew, I'm going to give you the mike for a minute --

DR. WADE: Yes.

DR. ZIEMER: -- and you can add some comments.

DR. WADE: Yeah, I'd like to provide some clarifying comments on members here and not here. Dr. Poston is not here. When we originally scheduled this meeting, before he was nominated and accepted to the Board, he was not able to make these dates. Dr. Poston has not had his waiver finalized. That paperwork is not done, so he is technically not a member of the Board at this point, although his paperwork will be done and completed before he's able to attend the next meeting.

Dr. -- Drs. Lockey and Mr. Clawson are through the process and are full members of the Board, voting and -- and otherwise. I did speak to the White House and they are in receipt of Leon Owens's letter and told me that we could assume that his resignation had been accepted and he is not a member of the Board.

Those issues are important as we establish quorum. It shouldn't be a problem for any of our sessions, but I wanted to be more precise as to who is on the Board and who is not on the Board at this moment.

We will be discussing this morning, and even later today, some issues related to Y-12. For example, we have some Board members who are conflicted on Y-12. The Board's processes and procedures would have those members remove themselves from the table when we talk about the Y-12 petition itself. They can remain at the table as we talk about site profile and technical issues, but they cannot make motions or vote during those discussions. I don't think we'll be having votes on Y-12 site profiles, but just to have that on the record. When we do discuss the petition itself, I'll identify those members and they'll have to remove themselves from the table. Unfortunately, from my point of view, one of those members is our esteemed Chair, Dr. Ziemer. And I'm told that rules will have me try and fill in for Dr. Ziemer when he is not the Chair -- not a situation I relish. Welcome. We appreciate your efforts before, during and after the meeting. Thank you.

DR. ZIEMER: It's a formidable task, Lew. Let's then turn our attention to the agenda itself that you have before you. One of the

usual items that shows up is the approval of the minutes, but I point out to the subcommittee that the -- we're talking here about the minutes of the subcommittee meeting. We do not have those, and I'm not going to ask for their approval sight unseen, so we will defer action on those minutes until they're actually available to us.

SELECTION OF 5TH AND 6TH ROUNDS OF INDIVIDUAL DOSE RECONSTRUCTION
DR. PAUL ZIEMER, CHAIR

So without objection, we'll move on to the next item, which is the selection of the 5th and 6th rounds of the individual dose reconstructions. You recall we've -- we've had four rounds of selection. We are basically at -- we've completed the first round in terms of all the iterative steps of coming to a final recommendation for the Secretary. The second round is pretty well along, still needs some closure, as does the third round. We will also be looking at the preliminary or initial matrix for the fourth round here in our sessions today -- or this week. And what has been suggested here is that we go ahead and make the selection of the cases for the 5th and 6th round. Basically this would be 40 more cases, or

enough cases so that we have 40 to work with. Now because of the press of other issues, SC&A has had to divert some of their attention to other issues, but this will at least get the cases in the pipeline so that they can be looking ahead, and this would basically -- I think, Lew; correct me if I'm wrong -- at least align the cases for this year's workload as -- as we look ahead.

So in your -- your first tab in your book, Stu Hinnefeld has assembled a table of closed cases, and Stu, if you would, describe for the Board what's in the table. I'm assuming the cases that have already been selected from the closed cases are not in the table, although I did not go back and check the numbers, but is that correct?

MR. HINNEFELD: I believe that's correct, that the ones that were already selected were excluded.

DR. ZIEMER: So describe for us what we have here.

MR. HINNEFELD: Okay, there are four -- four documents or collections of documents that are relevant to the selection today. There are two

tables that look like this, these multiple-paged tables of cases. And then there are two pages with excruciatingly small print that are the statistics of cases selected so far and the analysis of those cases in terms of what site they came from, what kinds of cancers were represented, what types of employee was represented. So those are -- that's the collection of information. One of the excruciatingly small pages is actually double-sided, so I guess that's three pages of very small print.

The two lists of cases were selected as we did last time. We selected one list of what we consider full internal and external dose reconstructions. You know, if you recall, at the last time we selected dose reconstructions for review we generated the list of, for lack of a better term, best estimate cases. These are neither, you know, clear overestimates or clear underestimates, but rather the reviewer who reviewed this, the health physics reviewer who reviewed this indicated that this was a full internal and external dose reconstruction, and so it -- that's a particular type of dose

reconstruction. And again, we have compiled the entire list and it does have the words "full internal and external DR" at the top left of that column. So this is the entire list of -- of the available to -- for review full internal and external dose reconstructions. The other table was, again, randomly selected cases from the entire population of cases that are available for review. And there may -- these were strictly randomly selected, and so some of the -- some of the cases on the other sheet may also appear on this. That's the one thing we need to worry about if we -- when we start selecting if we use both of these rosters.

The pieces of information on here are the same as we provided in the past in terms of the probability of causation value that was result-- resulted from the case, the cancer -- IREP cancer and the facility and the number of years worked, the decade of employee's start.

DR. WADE: Stu, just for clarification, the randomly selected cases are not all full internal and external dose estimations?

MR. HINNEFELD: That's correct. The statistics

of the cases today -- I'll speak first from the -- the portrait page, the page that's printed in portrait style. This is the count of the cases received from each of these sites -- it's actually two counts. One, the far right column, is the total cases that we've received -- that have been referred to NIOSH from those sites. The second from the right, the column headed "cases available for review," those are the number of cases from that site that have a final determination and are done and therefore available for review.

The count number -- in other words, the first column of numbers which is the closest column to the site names -- is two and a half percent of the cases available for review number, which was -- the original thought was two and a half percent -- maybe review two and a half percent of the cases, so that's what the -- that value -- that column represents.

DR. ZIEMER: And Stu, in cases where the numbers are very small, did you just truncate that to...

MR. HINNEFELD: Yeah, the -- Excel did that for me.

DR. ZIEMER: Well, in some cases it shows a zero, some cases a one, so it is a rounding?
MR. HINNEFELD: Yes.
DR. ZIEMER: You don't default to a one.
MR. HINNEFELD: No, no, that was whatever Excel's rounding up did, that's what happened. The -- the other page, the landscape printed page provides this breakdown of sites that are -- of the cases that have been done, compared to some statistics of overall. The -- the number of cases or the projected cases from currently available, that first number there, should match the number on the other sheet. That's the two and a half percent of the total available.
And then the count number next to that is the number of cases that have already been selected and reviewed from the first 80. Now if you'll see, that total is 86 at the bottom. That's because there were six counts of multiple employment. In other words, a case was employed at more than one site, so if you put it -- if you count it in the Y-12 column and the K-25 column, you're going to add up to more than 80 at the bottom.

The next column of information reflects the cancer by IREP code. These are the IREP models. And the number of diagnoses in the currently-available pool -- that's, in other words, the ones that are finally adjudicated -- was counted, and in this case we counted -- if a person had multiple cancers of the same diagnosis; for example, if they had multiple basal cell carcinomas, that was counted once in the basal cell carcinoma column. If a person had a basal cell carcinoma and say a prostate cancer, he was counted twice, once in the basal cell carcinoma, once in the prostate. So that's how those counts were arrived at.

And then the count column to the far right of that little block of information is, again, the breakdown of the cases reviewed so far in the first 80, and we have 84 because there were some multiple cancer cases in that -- in that population.

The remainder of these are other pieces of information about them -- about the first 80 -- in terms of job groupings, the decade first employed, number of years worked -- that's over on the back side. So anyway, that's sort of

the statistics of the cases so far to give some understanding of what's -- what's been reviewed in the first 80, we thought if you want to use that to help you out in your selection of the additional 40.

DR. WADE: Stu, a clarifying question. On your landscape, side A, the left-most column where we're looking at the site listings, there are two columns. I know that the -- within that brace the -- the far right, the 86, those are the numbers of cases we've looked at to this point.

MR. HINNEFELD: Correct.

DR. WADE: The column to the left of that, the total's 236. That's two and a half percent?

MR. HINNEFELD: Yes.

DR. WADE: Okay, so that's -- that's the number of two and a half percent, that's the --

MR. HINNEFELD: Two and a half percent --

DR. WADE: -- target number.

MR. HINNEFELD: Two and a half percent of the currently available cases to review.

DR. ZIEMER: Board members, do you have questions for Stu while he's at the podium?

MR. GRIFFON: Stu, clarify -- the -- when you

say full internal/external, are those all best estimate cases or...

MR. HINNEFELD: The -- well, for lack of a better answer, yes. That is selections -- that is selected by the health physics reviewer. All the -- all the dose reconstructions are reviewed by a NIOSH health physicist, health physics reviewer, who then affixes his signature before the draft is sent -- draft dose reconstruction is sent to the claimant. That health physics reviewer, when he approves this result done on, you know, electronically -- of electronic -- computer-driven work process. When that person approves the dose reconstruction, he is presented with a drop-down menu and is required to select a type of dose reconstruction, and those types might be overestimate primarily external, overestimate primarily internal, overestimate internal and external, and then the same categories for underestimate. And then it'll be full -- full internal and external, so when the health physics reviewer selects full internal and external in terms of his -- what he believes this dose reconstruction to be, the type of

dose reconstruction, that's how that field gets populated.

Now, it's a pick list, and so there could be mistaken -- there could be some mistakenly-chosen numbers in there. You know, that category could be chosen by mistake, and it could be that HP reviewer read it and felt that -- that maybe overlooked some overestimating approach that was done and selected it in error, so there's -- so it is the selection of one HP reviewer at the time they approved the draft dose reconstruction.

DR. ZIEMER: Now I want -- I want to make sure that everybody has a good grasp of what you have here in terms of these four tables 'cause we're going to be digging into them in a moment. Basically the last one summarizes what we've done to date in the selection process and allows you to look at the different criteria, such as cancer type, job categories, work years and so on and see what areas we need to populate further, as well as locations. Everybody okay with the material before we dig into it?

DR. WADE: Before you start to work, I might

just sort of add two issues for you to think about, not at this session of the subcommittee, but you know, you sort of get the sense from the numbers that we've done 80, we've got 240 is our target sample. That's another three years of work. The Board at some point needs to decide if it's comfortable proceeding at this pace, if it would like to accelerate the pace. Again, you don't need to decide that now, but it is an issue that we need to -- to make some judgment on as we look at the use of the SC&A contract overall.

Then secondly, I'd like to ask John Mauro to come up and -- John, since this work sort of affects you, is there anything you would like to put on the record as -- before the Board begins its deliberations here? You can come any way you like.

DR. MAURO: One of our observations -- is this live? One of our observations is when you look back -- in fact, it might be an appropriate time to do this, I don't know -- at the -- the 80 that have been completed, what emerges from it in terms of what does it tell us and what is it that we should be doing in the future, we --

we've done this before. If you recall, we had a session like this before regarding what have we learned. And if you remember, we made a transition that said well, we were working the min/max primarily and -- and during that process we learned something, that there were these workbooks that started to standardize things, and as a result we're starting to realize that when you step back, we -- we see the same types of -- I'll call them errors, or disparities. And if you go through each of our summary sheets, there's a recurring theme, so almost a sub-- a major subset within our findings on the 80 cases when you sort of collect them up is that there's these -- I'll pick a number, 60, 70 percent of the findings are a recurring observation that, to a large extent, is being or has been resolved as a result of the workbooks. Okay? So -- so I would say to a large extent we've accomplished a lot in moving from -- oh, I guess picking the array of places where there are incompatibilities and consistencies with the procedures, and the workbooks have solved that. Now what's happening is the cases that we're

looking at were on occasion -- now we -- we could almost think about the last set of 20 as certainly not -- you know, we just began to work with the Board, you've seen our big thick report, you say okay, what do those -- what do those 20 cases tell us that's new and that's important. And it turns out when you look at that, I would say and -- and I would -- maybe there are three or four cases in the 20, the last set of 20 that we looked at, that revealed information that's important -- that's very important, that -- that needs to be brought to the attention of the Board. So in spite -- in a funny sort of way, you've received the last book, which is probably the thickest one we've sent out yet. But if you say loosely boiled down in all of this, what does it -- what -- what do we -- what do we find out that's pervasive and important to the process. And I would argue that in -- in working with Hans -- and I'm really speaking for Hans right now because I can see Hans is not here in the room but maybe Kathy could help me out -- I know in working with them, and I did some of the cases myself, that we're starting to see -- it's hard

to know where they are, but as we went through this set of 20, several emerged as being important, and I think the Board is aware of a couple of those 'cause we brought them to the attention of the Board real early.

Now given that, I'm not quite sure in terms of okay, what do we do with that information, that we're starting to realize that imbedded in these sets that are being drawn out -- it's almost stochastic, we once in a while come across something important. Most of the time it's what I would say the same old same old, and we really haven't added very much value. NIOSH is aware of the concern. They're coming to grips with it. The workbooks are solving it. But every once in a while we come up with something important. And I have to say, standing here -- you know, what -- what do you do about that. How do we -- how do we -- how do we zero in in a way, within the population of cases, to try to pick the ones that are going to give us some in-- some new insight into areas where we could im-- add some value. And I -- and I have to say that this is probably a subject of conversation of a working

group because I do not have an answer to that question. So that right now I would say there is a certain amount of inefficiency. We pick 20, we go through the 20, we find out 60 to 70 percent of our comments same old same old, but they're -- every so often something important comes up. How do we design the selection process of the next set of cases in a way that will more likely grab the cases that are going to advance the quality of the process, and I really don't have an answer right now, but I hope that helps.

DR. WADE: Thank you.

DR. ZIEMER: Thank you, John. That is helpful and in fact, as we look at cases today, that's one of the issues that one struggles with in any event. Obviously you don't know, a priori, what you're looking for, so there is a sense in which you can't decide what those parameters are fully in advance. You -- you do need to leave it open and maybe something will surprise you.

Kathy, you want to add to --

MS. BEHLING: Yes, if I could just add a few statements to what John said.

In the cases that we've done, it's not like we haven't made an impact. I think we have, because I think we've helped to correct certain procedures, helped to maybe streamline some things, helped to hopefully make this process for the dose reconstructors a little bit easier for them because of ambig-- ambiguities that we found in procedures or procedures that were conflicting or too many options available maybe for dose reconstructors. So up to this point in time, based on the cases that we've done, I think what John was trying to say, we have found a pattern there. And hopefully between the Task III work and the Task IV work so far, we're working with NIOSH and we've corrected some of those -- what we think are systematic types of problems.

If I were going to make a suggestion as to what to be looking at from the Board's point of view, I think it's important, as Stu's trying to point out here, there was some selection criteria that was established early on with regard to what types of sites -- make sure that you look at a variety of the sites, that you look at the variety of cancers and that type of

thing. So I personally would like to see, as doing these dose reconstructions, cases that involve sites that we haven't looked at so far. We've done a lot of Hanfords, a lot of Savannah Rivers, and I know a lot of cases come from there. But I think it's important also as you're selecting these to look at sites and cancers that haven't been looked at yet.

DR. ZIEMER: Let me add that it's probably important to recognize that lack of a finding does not mean there's no value added. In fact, there's much value added if you say, you know, we're not finding any new problems. That's also value added, so I hope the contractor doesn't get the feeling that you have to find a case where you can come up with something, because I think there's value added either way. I want to also insert here, and then we have a couple of other comments, that the -- the 235 cases is really based on basically 10,000 closed cases, and there's another 10,000 or so in the pipeline, I believe, roughly. Is that correct, Larry? Yes. So the 235 really doesn't take us to the end; it takes us about halfway to the end, so we need to keep that in

mind. There'll presumably be another couple of hundred after that coming down the pipeline. Mark and -- oh, Roy -- Roy and then Mark.

DR. DEHART: One of the other criteria that was employed was the probability of causation. We -- we looked at some of those cases that were close to the 50th percentile, for example, selectively. And I don't find that in your last table -- there's no attempt to try to identify the POC for -- for any of those cases.

MR. HINNEFELD: Breakdown of the 80 selected. No, it's -- it's not included, you're right. It can be added.

DR. DEHART: Could that be added --

MR. HINNEFELD: Yeah.

DR. DEHART: -- at a later time? I mean --

MR. HINNEFELD: Yeah.

DR. DEHART: -- we may not need it for this, but --

MR. HINNEFELD: Yeah.

DR. DEHART: -- as we go forward. Thank you.

DR. ZIEMER: Mark.

MR. GRIFFON: Just -- just wanted to say one thing about John and Kathy's statements, that -- you know, I think -- well, I agree with Paul

that, you know, a negative finding isn't necessarily no value added. But also I think this same old same old might become important if the cases that we're reviewing came after the findings that you identified. So if we're not seeing modifications in practices or -- or policies, then that -- that becomes something we should note, you know, and -- and that becomes important. I mean it's -- it's -- you know, I'm not -- I'm not clear on these cases. I -- I imagine most of these cases, since we haven't even completed our second matrix of findings, I imagine most of these were completed before any of -- of our results were back or any of -- you know.

MR. HINNEFELD: I'd say that's quite likely.

MR. GRIFFON: And -- and we might want to -- and not -- again, not for this round, but we might want to consider adding a field of when the DRs were completed 'cause then we could see if it was after some of our findings. Then we can pick some of those.

DR. ZIEMER: Is there a sharp cut-off date that we know, or is that sort of a fuzzy time band as to where the workbooks kind of took over

from the old procedures? It's probably not clear cut.

MR. HINNEFELD: It's -- it's -- there's not a date when almost everything was workbooks. I mean there'll be dates when the Savannah River workbook, for instance, went into use, and there'll be dates when --

DR. ZIEMER: But if we had the information Mark describes, we can tell us -- if it's very early, we know it's in the previous regime and if it's very recent it's in the new regime, then we can date other fuzzy ones, I guess. Other comments while Stu's at the podium?

(No responses)

If not, Board members, we -- our task is to pick two sets of 20, I believe, and maybe with a couple -- we picked a couple extras in each case --

DR. WADE: Yeah, you should.

DR. ZIEMER: -- for spares.

MR. GRIFFON: Just -- just a first impression on the selections -- I mean I don't know that we need -- but Paul, I -- in -- in doing a quick run-through, I -- I'm not sure that -- that -- I have 20 -- more than 20 cases that

I'd want to look at out of this batch, so I don't know. We'll do 20 at a time, I'm sure, but...

DR. ZIEMER: Well, yeah.

MR. GRIFFON: Yeah.

DR. ZIEMER: At least the first 20, and then see where we are.

MR. GRIFFON: Yeah.

MR. PRESLEY: Hey, Paul?

DR. ZIEMER: Yes. Bob, is that you?

MR. PRESLEY: Yeah, I've been on for a while.

DR. ZIEMER: Welcome, Bob. How are you doing?

MR. PRESLEY: Fine. We had trouble this morning with the telephone connection, so I've been on for about 20 minutes.

DR. ZIEMER: Well, good to -- good to hear from you and our regards to Louise, as well. Are you out of bed, Bob?

MR. PRESLEY: Not right now.

DR. ZIEMER: Not right now, okay. Well, we're glad to have you aboard. Do you have some additional com-- do you have the materials that we're looking at, Bob?

MR. PRESLEY: No, I don't. That's all right, I'm listening.

DR. ZIEMER: Okay. Other comments, Board members?

(No responses)

Okay, then let us proceed and see if we can begin to identify cases. I notice Mark, you've already started highlighting some things. Do you have some starting suggestions there?

MR. GRIFFON: I mean I guess we can run right down the -- the listing, I don't -- I -- I would tend to want to focus more on the best estimate cases, but you know, certainly we can also (unintelligible).

DR. ZIEMER: Let me also -- Stu or Larry, the selection ID number is an -- it's not the case number; that's correct.

MR. HINNEFELD: That's correct. That --

DR. ZIEMER: This is a unique number for our selection purposes, and is there any pattern here in terms of this order? Is this order randomly selected?

MR. HINNEFELD: The random -- on the random --

DR. ZIEMER: As opposed to being sequential in time or sequential in any parameter.

MR. HINNEFELD: The randomly selected list is random. That's random -- you know, it's --

it's in a random order. The full internal and external DR list is quite likely in approximate age order, meaning the oldest --

DR. ZIEMER: Age of the case or --

MR. HINNEFELD: Age of the dose reconstruction.

DR. ZIEMER: Yeah, when -- when the dose reconstruction was --

MR. HINNEFELD: And act-- no, I'm sorry, age of the submittal, age of when it was referred to us. These would be probably approximately in that order.

DR. ZIEMER: Not necessarily when it was completed.

MR. HINNEFELD: Correct, not necessarily when the dose reconstruction was done.

DR. ZIEMER: Okay. I just want the Board to have that in mind so -- so we're not biasing our selection by some parameter that we're unaware of.

Okay. So in essence these earlier ones have what property -- are these likely to be ones that also then were done under the earlier regime? Say -- tell -- tell us again, what --

MR. HINNEFELD: I think it's hard to draw any judgment about what -- you know, what you can

draw from the order, the reason being that it's the age of the referral to us.

DR. ZIEMER: Okay. And many of those early ones you actually didn't get --

MR. HINNEFELD: They may have been done quite a lot later.

DR. ZIEMER: Yeah, okay. So perhaps that in itself kind of randomizes things, so -- okay, very good. Thanks.

Wanda, did you have an additional comment before...

MS. MUNN: I just wanted to comment that I really took to heart the suggestion that we look at some of the sites that we have not really and truly done much with. And in the absence of our previous lists, which as John pointed out constitutes a significant amount of paper I don't carry around with me, it would -- I really look forward to a summary sheet next time of what we've actually done and what the --

DR. ZIEMER: Now, that last sheet --

MS. MUNN: -- (unintelligible) were, that --

DR. ZIEMER: -- in the fine print --

MS. MUNN: -- would help a lot.

DR. ZIEMER: -- Wanda, the last sheet in the fine print tells us how many cases we have from --

MS. MUNN: Right.

DR. ZIEMER: -- each site.

MS. MUNN: Right, the cases for the site.

DR. ZIEMER: Right, those 80 -- 86.

MS. MUNN: Yes, did not include the type of cancer that we looked at, and I -- I've forgotten -- I think I remember most of them, but some of them we did not, so with -- with that in mind, you know, on the first page I can see three right away of sites that we haven't looked at, probably four, that would be helpful for us to consider starting.

DR. WADE: Now the type of cancer is somewhere on this.

MS. MUNN: Yes. Yes.

DR. ZIEMER: Okay. Let's go ahead and start discussing the cases that you'd like to see on the list. Mark.

MR. GRIFFON: On the first page I'd say case number 2, 6, 8, 10 --

MS. MUNN: Whoa, whoa, whoa, don't go so fast.

DR. ZIEMER: Two is a -- you know, I'll go

through these so Bob can -- Presley can hear them. Case 2 is a colon cancer from Savannah River site with a 46 percent probability of causation. Now we're just suggesting these at the moment, we're not necessarily adopting them. And 20 -- almost 27 years of work experience.

Okay, Mark, 4?

MR. GRIFFON: No, 2, 6.

DR. ZIEMER: Six. And 6 is a lung cancer from Savannah River site with a 42 percent probability of causation, 35 years of work.

MR. GRIFFON: Then 8.

DR. ZIEMER: Then 8 is a colon cancer from NUMEC -- that's Nuclear Materials and Equipment Corporation -- 35 years of experience, 55 percent POC. And --

MR. GRIFFON: And 10, possibly -- these are all possibilities.

DR. ZIEMER: Yeah -- yeah, just possibilities -- 10 is a Portsmouth Gaseous Diffusion Plant, a non-melanoma skin cell and male genitalia cancers, and 54 -- 55 percent POC, 30 years of experience.

And let's go to Wanda, you have a couple there,

too?

MS. MUNN: Yes, sorry, I was -- we were trying to get on the right page here because some of us have a few pages missing. You had said 2, 4 --

DR. ZIEMER: No, 2, 6, 8 and 10.

MS. MUNN: Two, 6, 8 and 10. I had suggested 8 and 9, even though it's a very small POC. I don't know that we've done much in Huntington. And --

DR. ZIEMER: And is that one likely to be a maximizing?

MR. GRIFFON: Well, it says full, but that's --

DR. ZIEMER: Oh, it says full.

MR. GRIFFON: -- that's what's throwing me off, yeah.

MS. MUNN: Yeah.

MR. GRIFFON: That's the kind that I was thrown off by. It says --

MS. MUNN: They all say --

MR. GRIFFON: They would be full?

MS. MUNN: They all say full and -- yeah.

DR. ZIEMER: It says that they're full, so --

MS. MUNN: Uh-huh.

DR. ZIEMER: Okay. So even though it's low,

maybe...

MS. MUNN: So I would -- I would probably include that one, and like also number 20, the CLL, Elk River Reactor.

DR. ZIEMER: Well...

MS. MUNN: Yeah. Yes, the leukemia.

DR. ZIEMER: Yeah, leukemia. This -- that number 20 is a -- is the Elk River Reactor.

MS. MUNN: Right.

DR. ZIEMER: It's a leukemia, POC of 61, ten years of work. Where does Elk River show up on our list. Is that in "others"?

MR. GRIFFON: Should be in "others," yeah.

DR. ZIEMER: It's the combined --

MR. HINNEFELD: That would be in the combination of other sites.

DR. ZIEMER: I'm looking to see if we've had any from that category. Have we? Is that the one, Stu, that you're calling "sample of industry groups" or -- or remaining or --

MR. HINNEFELD: Yeah, the "all other sites" category there, yeah.

DR. ZIEMER: Oh, okay.

MR. HINNEFELD: That's -- that's all other sites other than the ones listed above it.

DR. ZIEMER: Okay. There's six suggestions so far on this first page. We can come back. I kind of want to go through these and identify the ones that look interesting, and then from that we can make selections, if that's agreeable.

Any others on the first page? And keeping in mind the facility distribution, as well.

(No responses)

Okay, let's take a look at page two.

MR. GRIFFON: I have -- whatever you want to call it. I have --

DR. ZIEMER: Mark, did you have one?

MR. GRIFFON: I have 43.

DR. ZIEMER: Forty-three --

MS. MUNN: Yeah.

DR. ZIEMER: -- is a Feeds Material Production Center, a bladder cancer, 47 percent POC, 27 years of work experience.

MR. GRIFFON: And then 44 and 49 we might (unintelligible).

DR. ZIEMER: Forty-four, a lung cancer, Hanford, 31 percent POC with 14 years of work experience. And --

MR. GRIFFON: Forty-nine.

DR. ZIEMER: -- 49 is a colon, that's Oak Ridge National Lab, X-10, 12 years experience, colon cancer, 12 percent POC.

Anyone else on that second page?

MS. MUNN: We might consider 55, even with the low POC. We've only had one from there, I believe I'm reading the --

MR. GRIFFON: The only reason I didn't --

MS. MUNN: -- (unintelligible) right.

MR. GRIFFON: -- I thought about that one --

MS. MUNN: Oh, but it's a -- but it's another bladder.

MR. GRIFFON: Yeah, I thought --

MS. MUNN: Sorry --

MR. GRIFFON: -- about it, and also --

MS. MUNN: -- mark that out.

MR. GRIFFON: -- we're doing an SEC review on that --

MS. MUNN: Yeah.

MR. GRIFFON: -- so I figured we'd...

DR. ZIEMER: Okay, that was a Blockson one, bladder cancer, so it appears we'd maybe leave that off for the moment.

Any others on that page?

MS. MUNN: I don't think so.

DR. ZIEMER: Okay, let's look at page 3.
DR. DEHART: Sixty-eight.
DR. ZIEMER: Number 68, colon cancer from Lawrence Livermore, 50 percent -- well, that's just at the borderline there (unintelligible) and 35 years work experience.
MR. GRIFFON: Possibly 73.
DR. ZIEMER: Okay, 73 is a colon cancer, Superior Steel Company -- Superior's probably in the "other" category, too. Right?
MS. MUNN: I would think so, as probably is number 80.
DR. ZIEMER: And that's a 30 percent with 25 years of experience of work. Are you suggesting 80?
MS. MUNN: Perhaps instead of 80, what about 78?
DR. ZIEMER: Seventy-eight is a stomach cancer at MIT --
MS. MUNN: Right.
DR. ZIEMER: -- 54 percent POC.
MS. MUNN: Eight years work.
DR. ZIEMER: Eight years work.
DR. ROESSLER: 1940, that's interesting.
MS. MUNN: In the '40s, though.

DR. ZIEMER: Is -- MIT is in the "other" group, also?

MR. GRIFFON: Yeah.

DR. ZIEMER: It appears. Okay.

MS. MUNN: Gall bladder, there's an interesting one. How about number 85?

DR. ZIEMER: Eighty-five is gall bladder cancer from --

MS. MUNN: We haven't done much of that.

DR. ZIEMER: -- (unintelligible) Safe Company. What is (unintelligible) Safe Company?

UNIDENTIFIED: (Off microphone) (Unintelligible)

MR. GRIFFON: Yeah, what is that?

DR. ZIEMER: Stu, do you know what Herrin Hall* Safe Company is?

MR. HINNEFELD: That was an AWE and I believe it was probably a uranium metal forming AWE, but I -- I don't remember for sure off the top of my head.

MR. GRIFFON: And when -- when those -- that -- that's listed as a best estimate case, that would be -- I mean based on -- on -- I'm assuming you wouldn't have individual data for them. Or would you? I don't know.

MR. HINNEFELD: I suspect not.
MR. GRIFFON: That's what was unclear to me.
MR. HINNEFELD: Typically if a case was done in accordance with a -- if they'd have a site profile -- I don't think we have a site profile for this one, but another one may have been used as an analog. For instance, Bethlehem Steel, which has a prescriptive site profile -- here's -- here's how you do it -- that's checked as a best estimate or full internal and external, so I suspect that something like -- something like that was done here, a prescribed approach was taken that, you know, doesn't -- doesn't say it's necessarily overestimate or underestimate, here's the prescribed approach and -- and that's why it was checked this way.
DR. ZIEMER: Any others on that page?
(No responses)
Okay, we'll move on to -- it's the fourth page.
DR. DEHART: Page 4?
DR. ZIEMER: Yeah, page 4, 4 of 7 --
MS. MUNN: There's Harshaw.
DR. ZIEMER: -- 101 is esophagus --
MS. MUNN: Yeah.
DR. ZIEMER: -- Harshaw Chemical Company, 32 --

32 years worked, 53 percent POC. I'm looking to see if Harshaw is...

DR. DEHART: One ten?

DR. ZIEMER: Yeah, just before we do -- I think Harshaw must be on the "all other cases" so we're getting quite a number of these "all others" so just keep that in mind.

MS. MUNN: Yeah.

MR. GRIFFON: Well, no, Harshaw's in the (unintelligible).

DR. ZIEMER: Oh, are then in --

MR. GRIFFON: They're in the review at least one section, and then there's the sample of percentage of the...

DR. ZIEMER: Oh, I'm not seeing that on the --

MS. MUNN: I'm not, either. Where is it? Help me. I don't see it on the list.

DR. ZIEMER: It's not showing up on --

MR. GRIFFON: (Unintelligible) on this list.

DR. ZIEMER: Okay, but it must be one of the ones dumped into the "all other cases" on this final chart.

MR. GRIFFON: On the final chart.

DR. ZIEMER: Of which we need a total of 9 -- 9 for all time. No, I'm sorry, 32. We have 9 --

MS. MUNN: (Off microphone) (Unintelligible)
DR. ZIEMER: -- yeah, 9 to date. Okay.
DR. WADE: One ten was suggested.
DR. ZIEMER: Right. Okay, 110, Roy? That is colon, Bridgeton -- Bridgeport Brass, 36 years work, had colon cancer, 61 POC.
MR. GRIFFON: Which is this, 110?
DR. ZIEMER: One ten. Ready for page 5?
MS. MUNN: What about 115?
DR. ZIEMER: One fifteen is being suggested. This is --
MS. MUNN: It's another Savannah River, though.
DR. ZIEMER: -- another Savannah River.
MS. MUNN: Looked like a different model.
DR. ZIEMER: Savannah River site, we're still okay on numbers there. That is respiratory, lung cancer --
MS. MUNN: Yeah.
DR. ZIEMER: -- 52 percent, 31 years work experience.
UNIDENTIFIED: (Off microphone) (Unintelligible) code is that? Is that all the different cancers?
MR. GRIFFON: That's the ICD code, yeah.
DR. ZIEMER: It's --

MS. MUNN: Yes.
DR. ZIEMER: -- I think it's all the other parts of the respiratory tract, Roy. Is that correct? It's counting that as two cancers?
UNIDENTIFIED: (Off microphone) At least.
DR. ZIEMER: Or more --
MR. GRIFFON: Looks like at least two, yeah.
MS. MUNN: Three -- four, probably.
MR. GRIFFON: This is a multiple cancer and it's over 50; I'm not sure it's going to be that excit-- well, it's close to 50, though.
DR. ZIEMER: Very close to 50.
MS. MUNN: I just thought the model would be interesting.
MR. GRIFFON: Yeah.
DR. ZIEMER: Okay. Any more on that page?

(No responses)

Page 5 of 7.

DR. DEHART: I keep looking at Pantex, but the POCs are so low on everything that we've had so far.
MS. MUNN: But -- I was looking at that, too, but also this one -- at 117 -- might cover some of the -- you know, we've -- we've heard some discussion, especially from public comment

we've heard discussion about these types of cancers from employees who were not necessarily production workers. That might be interesting for us to see the type of claim, if nothing else.

DR. DEHART: This -- this patient only has 4.8 years of employment.

MS. MUNN: Right.

MR. GRIFFON: Started in the '90s, yeah.

MS. MUNN: Yeah. But my point is --

MR. GRIFFON: Yeah, I know.

MS. MUNN: -- we're still getting that kind of conversation from public comment.

DR. ZIEMER: So you'd like to see this one on, then?

MS. MUNN: I think it's worthwhile for us to --

DR. ZIEMER: Okay, so you --

MS. MUNN: -- see it as a type.

DR. ZIEMER: -- want to tentatively put it on. Okay, 117 -- for Bob Presley's benefit -- is a breast cancer from Pantex. It's only a 2 percent POC. The worker only has basically five years of work, but it may be of interest. We'll put it down tentatively.

MR. GRIFFON: 157 is the next one I have.

DR. ZIEMER: Any more on page 5 of 7? Any?
MS. MUNN: We might take a look at 119. I don't know if the work decade is correct for that person, but if so, that might be interesting to look at --
MR. GRIFFON: (Unintelligible) was Superior Steel. I don't know if you might want to take 73 (unintelligible) --
DR. ZIEMER: The work decade is listed as 1920s. That's surely not in --
MR. HINNEFELD: That was likely this person's hire date at the steel company.
MS. MUNN: Yeah, that's --
MR. HINNEFELD: This is a steel company AWE. He was quite likely hired (unintelligible) --
DR. ZIEMER: Oh, that's the hire date --
MR. HINNEFELD: -- during that -- during that decade.
MS. MUNN: Makes sense, uh-huh.
MR. HINNEFELD: And the covered employment, of course, was after World War II.
DR. ZIEMER: Yeah.
MR. HINNEFELD: Or during and after World War II.
DR. ZIEMER: He's had 32 years from that point

on, so -- okay.

MS. MUNN: And the next one had 48.

MR. GRIFFON: I mean you might consider 73 or 119; I don't think we want both. But that might be a better cancer to look at.

MS. MUNN: Seventy-three, you've gone to the next page.

MR. GRIFFON: Seventy-three -- 73, not 173.

DR. ZIEMER: This is an earlier --

MR. GRIFFON: We already picked a Superior Steel.

MS. MUNN: Oh.

MR. GRIFFON: I had mentioned --

MS. MUNN: See, you did go to another page.

DR. ZIEMER: Superior -- Superior Steel colon cancer is the one you have there --

MS. MUNN: Right.

DR. ZIEMER: -- and this is Superior Steel bladder cancer.

MS. MUNN: That would probably be interesting, too.

DR. ZIEMER: Before we do this, Superior -- or the U.S., what about the --

MR. GRIFFON: My feeling was that a lot of the steel -- a lot of these models are going to be

similar, so I thought we should do --

DR. ZIEMER: Yeah.

MR. GRIFFON: -- one or two but not get carried away.

MS. MUNN: Yeah.

DR. ZIEMER: Actually a lot of similarities between --

MR. GRIFFON: Yeah.

DR. ZIEMER: -- 73 and 119. The cancer types are different.

U.S. Steel, 120? That 120 is a rectal cancer, U.S. Steel, 8 percent POC, 48 years work -- beginning, again, in the 1920s, carrying through. Right now I'd find all three -- all of those, but (unintelligible).

Anything else on page 5?

DR. WADE: You've kept 119 in the mix?

DR. ZIEMER: One nineteen's in the mix at the moment, yeah, so that gives us two Superiors. We'll probably want to eliminate one of those.

Any others on page 5?

(No responses)

Page 6?

MR. GRIFFON: One fifty-seven then is a possibility.

MS. MUNN: It's interesting.
DR. ZIEMER: Linde I don't think -- we're not showing any on Linde before.
MR. GRIFFON: Right.
(Due to an extreme amount of static from the telephone connection, it was often impossible to transcribe the full comments of various members of the subcommittee, particularly when they spoke amongst themselves or concurrently. Indication that an unintelligible comment was made by a specific person is included simply to reflect that individual's participation in the selection process.)
DR. ZIEMER: (Unintelligible) central nervous system, 39 percent POC, 29 years work.
DR. DEHART: Could we look at 154?
DR. ZIEMER: 154 is right at the 50 percent --
MR. GRIFFON: Yeah, I --
DR. ZIEMER: -- level.
MR. GRIFFON: -- (unintelligible) question mark.
DR. ZIEMER: Feed Materials Production Center, 40 years work, thyroid, 54... (unintelligible) and we're up to page 7 then.
MS. MUNN: Number 181 might fit in the same

category we were speaking of earlier.

DR. ZIEMER: That's 181?

MS. MUNN: Uh-huh.

DR. ZIEMER: Yeah.

MS. MUNN: That's a --

DR. ZIEMER: Breast cancer with a little higher POC.

MS. MUNN: And a long-term employment.

MR. GRIFFON: I'd rather see that one than the previous one.

DR. ZIEMER: Yeah, 181 --

MS. MUNN: Uh-huh.

DR. ZIEMER: -- Savannah River site --

MS. MUNN: Yeah.

DR. ZIEMER: -- 33 years of work, 36 percent POC. That would be in lieu of the Pantex one, I think, Wanda.

MS. MUNN: Probably.

DR. WADE: What number was the Pantex one?

DR. ZIEMER: Pantex was 117. Then we're not precluded from having two of those.

DR. WADE: Okay, so they're both on the list right --

DR. ZIEMER: They're both on the list at the moment, see where we are.

MR. PRESLEY: Hey, Paul, what kind of cancer was that one from Savannah River?

DR. ZIEMER: This was another breast cancer, Robert.

MR. PRESLEY: Okay.

DR. ZIEMER: That's -- Wanda was mentioning she had identified that Pantex one as a breast cancer. This is one with a higher POC and a lot more years of work, so it might be more interesting. That's number 181.

Okay, page 7?

(Whereupon, unintelligible discussions were held amongst participants.)

DR. ZIEMER: We do have one in here that's very close to the 50 percent mark at 48 percent. It is Savannah River. It's number 199.

MR. GRIFFON: Gall bladder, didn't we just take a gall bladder one from there?

MS. MUNN: We did one (unintelligible).

MR. GRIFFON: That was -- that was a different place. That was (unintelligible).

DR. ZIEMER: Again, looking for some that are close to the mark, perhaps that would be worth (unintelligible).

MR. GRIFFON: What number was that, Paul,

again?

DR. ZIEMER: That was --

MS. MUNN: One ninety-nine.

DR. ZIEMER: -- 199, 47 percent, Savannah River site, 28 years work, POC of 47.8.

DR. DEHART: I'd like to see (unintelligible) 211 who has both (unintelligible) and Rocky Flats.

MS. MUNN: Okay, yeah. I was just looking at that.

DR. ZIEMER: Okay, 211 is a lymphoma and multiple myeloma. The person worked at Mound and Rocky, 32 years of total work, POC is similar, 44 percent range, so that's an interesting range again.

MS. MUNN: Should we consider (unintelligible)? I know we've looked at (unintelligible) a lot, but we haven't looked at Pinellas much, have we?

DR. ZIEMER: Which one is that, is that --

MS. MUNN: One eighty-eight.

MR. GRIFFON: I just thought we could save it for another type of case. That was -- I had looked at that one, too, but...

MS. MUNN: Uh-huh.

DR. ZIEMER: What's your pleasure on 188?
DR. WADE: That would give you 25 preliminary selections. You could go back and weed some out and have 20.
MS. MUNN: Yeah.
MR. GRIFFON: Well, we still have the other -- the over -- the other list.
DR. ZIEMER: Yeah, 188 is Pinellas Plant. It's a 51 percent POC, non-melanoma skin, squamous cell and non-melanoma skin, basal cell -- both. And 25 years work.
MS. MUNN: And our total count on that type of cancer's not that high.
UNIDENTIFIED: How many is that?
DR. WADE: Twenty-five by my count. Some we've identified as likely (unintelligible) one or the other, but 25 is where we stand now. We do have the other lists (unintelligible).
DR. ZIEMER: Clarify for the Chair, the random list is -- Stu, what -- what's the overlap with this other list?
MR. HINNEFELD: The randomly selected list could very well include cases on the other list (unintelligible) assessment. Now the randomly selected list shows, on the right-hand column,

the dose reconstruction type, so if you have a dose reconstruction type on the random list that is a full internal and external, it should also appear on the other list, so you've already kind of checked those.

MR. GRIFFON: So they're not different (unintelligible).

DR. ZIEMER: So it's not like you can go through this list and find neces-- you may be picking the same ones (unintelligible).

MR. GRIFFON: Or you could look at some of the over or underestimates -- maybe a few. I wouldn't say that we'd want to focus a lot on those, but...

DR. ZIEMER: It may be -- maybe it would be useful to go ahead and go through that list --

MR. GRIFFON: Yeah.

DR. ZIEMER: -- so that we have the full scope of what's available before we pin it down, so let's go ahead and take the time to go through that. Is that agreeable? So we're in the random list now.

MS. MUNN: Yes, perhaps it's -- maybe I'm not understanding, but -- no, I'm not understanding. Forget what I was going to say.

DR. WADE: Consider it forgotten.
MS. MUNN: Yes. Unring that bell.
MR. GRIFFON: Strike that from the record.
DR. WADE: Shall we start with --
DR. ZIEMER: For example, the second one on the random list, 200604--
MR. GRIFFON: That's an overestimate.
DR. ZIEMER: --002 -- oh, that's --
MR. GRIFFON: Those -- those IDs are just a new -- a new set of IDs I think they created.
MS. MUNN: (Unintelligible)
MR. GRIFFON: Yeah.
MS. MUNN: Unfortunately, we can't link them. That's what I was (unintelligible) link them.
MR. GRIFFON: They just generated a new set of numbers (unintelligible).
DR. WADE: Well, we can probably find it if you'd give me a minute. I'm sure with the probability of causation I can find it.
MS. MUNN: Right.
DR. ZIEMER: Okay, so you can't tell immediately...
DR. WADE: That's why you have able staff.
MR. GRIFFON: But the only overlap's going to be these ones that say full external/internal.

DR. WADE: There's a few --
MR. GRIFFON: Yeah.
DR. WADE: -- of those and (unintelligible).
MR. GRIFFON: There's only a few, yeah.
DR. ZIEMER: And probably we can identify from the other data whether it's the same one.
DR. WADE: Right.
DR. ZIEMER: Okay, so let's proceed down this list.
DR. DEHART: I'd suggest 001 as a likely (unintelligible).
DR. ZIEMER: Y-12 plant, 31 years work, male genitalia, 35 percent POC. Okay, put that on the list for now.
DR. DEHART: (Unintelligible) overestimate.
DR. ZIEMER: That's an overestimate.
DR. DEHART: 03 is a Rocky Flats --
MS. MUNN: 03, right.
DR. DEHART: -- (unintelligible) overestimate (unintelligible).
MS. MUNN: Good.
DR. ZIEMER: So suggesting 03 then -- 003, Rocky Flats, nervous system, 42 percent POC, 19 years -- 20 years (unintelligible).
Any others?

MS. MUNN: 006 is an overestimate.
MR. GRIFFON: It's Bethlehem Steel. I think we've been up and down through that model.
MS. MUNN: Well...
DR. ZIEMER: Yeah, that's -- Bethlehem Steel lung, that's probably -- that's --
MR. GRIFFON: Yeah.
DR. ZIEMER: -- pretty straightforward. (Unintelligible) other nominee from page 1, we'll go to page 2.
MS. MUNN: If we won't do underestimates, then we're not going to do anything over 50 percent.
DR. ZIEMER: I'm sorry, Wanda, did you have a comment?
MS. MUNN: I was just commenting that if we're not going to do any underestimates, then that automatically eliminates anything with a POC over 50.
MR. GRIFFON: That wasn't my rationale for not wanting that case, though. It's that we've been through Bethlehem Steel --
MS. MUNN: I understand.
MR. GRIFFON: Okay.
MS. MUNN: We have done that.
MR. GRIFFON: I still -- yeah.

DR. ZIEMER: And page 2?
MS. MUNN: Twenty-eight would probably be a better Pantex choice.
DR. ZIEMER: Twenty-eight -- 28 is a colon cancer, Pantex plant, 35 percent POC, 32 years of work.
MS. MUNN: There 39, small POC but interesting site and disease.
MR. GRIFFON: Only a year and (unintelligible).
DR. ZIEMER: Only a year and a half of work, which probably, in part, accounts for the low POC, I would think.
MS. MUNN: Yeah, I would imagine.
DR. ZIEMER: And that's an overestimate.
MS. MUNN: Yeah.
DR. ZIEMER: You want to see that anyway?
MS. MUNN: Well, just depends on what we're trying to look at.
DR. ZIEMER: Any -- any others on that page?
MR. CLAWSON: (Unintelligible)
DR. ZIEMER: Did Brad -- you're suggesting 41?
MR. CLAWSON: (Unintelligible)
DR. ZIEMER: Nevada Test Site, 41 is a male genitalia, 33 percent POC, ten years work, overestimate. Okay.

Ready to go to page 3?

MR. GIBSON: Paul?

DR. ZIEMER: Uh-huh, Mike.

MR. GIBSON: What if we tried to find an overestimate and a underestimate from the same site and see if we can see any dissimilarities or anything (unintelligible).

DR. DEHART: Forty-five is a (unintelligible).

MS. MUNN: I don't think we have, either.

DR. ZIEMER: Number 45, 26 percent POC, 29 years work. Keep Mike's comment in mind as you go here.

MS. MUNN: If you look at 48 and 52 --

DR. ZIEMER: Hang on just a second -- just a second. We're still on 45. Comment on 45?

MR. GRIFFON: I was just -- I was just going to keep in -- you know, as we're looking through these I'm not -- it's not clear in the ma-- in what we have in front of us whether -- like for Sandia, it may not be anything site-specific. It may be like the 28 radionuclide model that they used that's across the complex, so we won't learn anything about Sandi-- I'm not sure, but you know, without seeing more details we won't know, so I -- that's -- that's why,

you know, I would say let's maybe be cautious about how many overestimates we pick 'cause we may not get what we think we're going to get. You know, it might not be anything site-specific. It might be the generic models that they used. So I don't know, maybe we can tentatively as-- you know, and have Stu check on that or something, I -- you know.

MR. PRESLEY: Paul, is this Sandia Albuquerque or Sandia Livermore?

DR. ZIEMER: It's Sandia National Lab, so that is Albuquerque, is it not?

MS. MUNN: That's Albuquerque.

MR. PRESLEY: That's Albuquerque.

MS. MUNN: Based on what Mike was suggesting earlier, we might look at 48 and 52, both from X-10.

DR. ZIEMER: Forty-eight is an --

MS. MUNN: An underestimate.

DR. ZIEMER: -- an underestimate from Oak Ridge and -- and 52 --

MS. MUNN: Is an overestimate.

DR. ZIEMER: -- is an -- so the -- oh -- oh, 48 is an underestimate --

MS. MUNN: Uh-huh.

DR. ZIEMER: -- 52 is an overestimate. Now it's -- there's always these other variables, but -- but nonetheless one can look and see how those are possibly being carried out.

DR. DEHART: Forty-eight, and what was the other one?

DR. ZIEMER: Forty-eight is Oak Ridge National Lab, lung cancer, 53 percent POC, 34 years of work and it's an underestimate reconstruction. Fifty-two is also Oak Ridge National Lab, pancreatic cancer, 18 percent POC, 25 years work, it's an overestimate. And you know, that's -- that's one sort of mirror image one. There might be some others, Mike, as we go along --

MR. GIBSON: (Off microphone) (Unintelligible)

DR. ZIEMER: -- if you spot, you know, another Y-12 -- we've got a Y-12 overestimate here and we've got a Rocky Flats overestimate. You want to keep your eyes open for underestimates that would mirror image those.

DR. DEHART: But notice most of the underestimates are lung.

DR. ZIEMER: Yes, yes. Yeah. Okay, are we

done with page 3? We're going to page 4 of 10.

DR. ROESSLER: Paul?

DR. ZIEMER: Yes.

DR. ROESSLER: If you look at number 64, it's Pantex and breast cancer. This one might be more informative than the other one because it is an overestimate. It comes pretty close, it's a 44 POC. We might get more information out of that one than the other one that had a POC of -- of around 1.

DR. ZIEMER: Uh-huh.

MR. GRIFFON: Which number is this?

DR. ROESSLER: Sixty-four.

DR. ZIEMER: What was that other Pantex one? It was from the other list. The other -- the other Pantex breast cancer was 117 on the first list. POC there was only 2 percent. But that -- and that was a full dose reconstruction. This is a -- an overestimate, which in itself might have caused that difference in -- in those numbers.

MS. MUNN: Maybe we could take 117 off.

DR. ZIEMER: That's -- or you may want to see -- may want to see both of them because they're...

MS. MUNN: For comparison.
DR. ZIEMER: Well, first the -- the --
MR. GRIFFON: One's from the '90s.
DR. ZIEMER: Yeah, different work decades and different -- many different years of work, but nonetheless may be of interest.
More on page 4?
(No responses)
Ready for page 5?
DR. DEHART: Ninety-six is another one of those multiple report sites, and actually multiple diagnoses, as well.
DR. ZIEMER: Okay, 96, it's male genitalia and non-melanoma basal -- skin basal cell cancer, so there's two cancers. There's two sites, Paducah and Oak Ridge National Lab. POC is 54 percent, years worked 36 and it's an underestimate.
Any others of interest on page 5?
(No responses)
Ready for page 6?
(No responses)
None on page 6?
MR. GRIFFON: Pass.
DR. ZIEMER: Okay, page 7.

DR. DEHART: Six cases (unintelligible).
MS. MUNN: Uh-huh.
DR. ZIEMER: None on page 7? Wanda?
MS. MUNN: What about -- I don't think we've had an Alcoa before, 144, an overestimate, colon.
MR. GRIFFON: But again, I -- I don't know what that means 'cause I don't think it's going to be anything to do with Alcoa. You know, the model's probably just going to be a generic overestimate technique, or underestimate technique.
MS. MUNN: Well --
MR. GRIFFON: I guess we can look into it, but I --
MS. MUNN: -- it's just we won't know until we see the case.
MR. GRIFFON: Yeah.
MS. MUNN: And especially with AWEs, how can you tell any more?
MR. GRIFFON: I don't know. I -- I don't know that they have that --
MS. MUNN: It's a 1940.
MR. GRIFFON: -- database.
MS. MUNN: That's --

MR. GRIFFON: They started employment in 1940, yeah.

MS. MUNN: Yeah, so --

DR. ZIEMER: Well --

MS. MUNN: -- if we don't see the case, you can't tell.

DR. ZIEMER: -- it might be of interest to look at, 144, Aluminum Company of America -- Alcoa -- colon cancer, 41 percent POC, 45 years work, overestimate.

MR. GRIFFON: No, my only point on those, Wanda, is that if we're reviewing the same model -- you know, if we think we're reviewing different sites but it's always the same model, then it's probably -- we won't -- we don't want to do a lot of those, you know.

MS. MUNN: Well, that's true.

MR. GRIFFON: But it's hard to tell until we see the case.

MS. MUNN: Yeah, without seeing the case, can't make that judgment.

DR. ZIEMER: Page 8?

DR. DEHART: One five four.

DR. ZIEMER: One five four.

DR. DEHART: Basal cell carcinoma, three

different work sites.

DR. ZIEMER: And a POC that just bumped over the edge, 51 percent POC.

MR. GRIFFON: (Unintelligible) underestimate.

DR. ZIEMER: Underestimate. Non-melanoma basal cell is the diagnosis, Idaho National Lab, Los Alamos National Lab, Argonne National Lab West, which is in the Idaho complex but nonetheless three different sites. Okay. That's interesting.

Any others on page 8?

MS. MUNN: It might be -- I have a personal interest in 166, even though it's a very low POC and practically no work experience. That's -- that particular site may show up again in some other things.

UNIDENTIFIED: (Off microphone) (Unintelligible)

MS. MUNN: Again, that's just a personal interest of mine. I can always look that up (unintelligible).

DR. ZIEMER: Years worked, it looks like about a month.

MS. MUNN: Yeah. I don't think it even meets the criterion, would it?

DR. ZIEMER: Hallam Sodium Graphite Reactor, is that considered a separate site?
UNIDENTIFIED: It's at Hanford, isn't it?
MS. MUNN: Yeah -- no, no. No, Hallam was not Hanford. Yeah, that --
DR. ZIEMER: Stu, or anyone --
MR. HINNEFELD: Well, off the top of my head, I'm not terribly familiar with it off the top of my head.
DR. ZIEMER: -- is Hallam considered a site --
MR. HINNEFELD: In order to be listed there, it must be listed as a -- as a specified site -- a covered site in order for us to have it in the database there.
DR. ZIEMER: This says the person worked a tenth of a year, which is roughly a month, so they're --
UNIDENTIFIED: (Off microphone) (Unintelligible)
MS. MUNN: Yeah, maybe --
DR. ZIEMER: Okay.
MS. MUNN: -- not, just my (unintelligible).
DR. ZIEMER: One month in the 1960s.
MS. MUNN: I'll look it up myself.
DR. ZIEMER: Well, you want -- do you want to

have it looked at or not?

MS. MUNN: No -- no. (Unintelligible).

DR. ZIEMER: Off the list. Any others on that page?

(No responses)

How about page 9?

MR. GIBSON: (Off microphone) Sixty-nine's an overestimate (unintelligible).

DR. ZIEMER: Oh, 60 -- 69?

MR. GRIFFON: We've (unintelligible) through that -- 169, I think it was on the last page, 8.

DR. ZIEMER: You want to add that?

MR. GIBSON: (Off microphone) If you don't mind the jump back a couple of pages, there's a (unintelligible).

DR. ZIEMER: Okay, 169 is Mound Laboratory, breast cancer, 30 percent POC, 26 years of work.

MR. GIBSON: (Off microphone) And if you jump back to case 95 on page 5, there's an underestimate (unintelligible) two years work in the '60s, so (unintelligible) that case (unintelligible) difference.

DR. ZIEMER: At the Mound plant.

MR. GIBSON: Right.
DR. ZIEMER: And that's 51 -- case 095 is 51 percent POC, non-melanoma skin, basal cell, Mound plant, 23 years work.
MR. GRIFFON: Back on page 9?
DR. ZIEMER: Uh-huh, page 9 again? Did you have one on page 9? Anyone on page 9?
(No responses)
None on page 9? And there's a few more on page 10.
DR. DEHART: (Off microphone) (Unintelligible) back to page 9, there's a diagnosis of pancreatic cancer. We haven't seen many of those. They are rather rare. This is 188.
DR. ZIEMER: One eight eight is a Nevada Test Site case, (unintelligible) years of work, pancreatic cancer, POC of 32 percent by the overestimate procedure.
MR. PRESLEY: Hey, Paul, that's one I'd like to see put in there if it's possible.
DR. ZIEMER: The pancreatic?
MR. PRESLEY: Yeah.
DR. ZIEMER: Yeah, we got it. Thank you, Bob.
DR. WADE: As if by the wisdom of Solomon, that's 40 cases.

UNIDENTIFIED: Of course.

DR. WADE: Now again, we have some we need obviously to -- to consider.

MR. GRIFFON: Is that 40?

DR. WADE: By my count.

DR. ZIEMER: What -- what we -- yeah. What we might want to do is -- is consider these as a recommendation to the full committee, but in the meantime you'll have a chance -- 'cause I think the most of you -- first time -- we just got this list this morning, and you may wish to study it and at the time of the full Board meeting this can be amended to add or delete cases. Would that be agreeable? This will give us a base of 40 as our starting point to make a recommendation to the committee. Right? Roy.

DR. DEHART: Is --

MR. GRIFFON: Is there any way -- I'm sorry.

DR. DEHART: Is it possible for someone to kind of preview these cases and, where they're formulas and that's all, to let us know?

DR. ZIEMER: Whether they're -- they're done by a sort of system-wide approach versus a site-specific --

MR. GRIFFON: Just for those overestimate/underestimate (unintelligible) --
DR. ZIEMER: -- is that something we could get readily, Stu?
MR. HINNEFELD: Well, we can get it. It'll take some time. I'm trying to figure out the best way to do it 'cause it'll involve looking at each case. I mean that -- that piece of information isn't databased, and so it will involve looking at each dose reconstruction and so it'll take a little time. I don't know if I can get it before this afternoon or not.
DR. DEHART: The point was made that it's only the over/underestimates.
MR. HINNEFELD: And it --
MR. GRIFFON: Yeah, it's for 13 cases -- or 15 cases, I guess, yeah, so still, you know.
MR. HINNEFELD: Okay, we can give it a shot, I think. But I -- I really don't know because it will require an HP reviewer or an HP to look at every case and say what was the internal method and external method, and they may come up -- you know, they could be generic, you know, and tell you nothing about the site at all, if I understand the question.

DR. ZIEMER: Yeah.
MR. HINNEFELD: So it takes a little time to do it. We can give it a try.
DR. ZIEMER: Perhaps if you're able to get that, that will inform the final selection process.
MR. HINNEFELD: Okay.
DR. ZIEMER: Even -- even if it's by the end of the week, if we need to modify.
MR. HINNEFELD: Okay.
DR. ZIEMER: Can I take it by consent that we'll consider this set of -- do we have 40? Lew, you're counting. Right?
DR. WADE: By my count. What I'll do is I'll make up a list and get it to everyone as to --
DR. ZIEMER: Lew's pretty good at counting to 40.
DR. WADE: Well, I get much above 25, I get into some problems. I'm really good with the low numbers.
DR. ZIEMER: So without objection, we'll consider this -- at least the first cut on this -- as a recommendation to the full Board later in the week, and --
DR. WADE: Later today.

DR. ZIEMER: -- or later today.
DR. WADE: But we do have working time on Thursday if we need to (unintelligible).
DR. ZIEMER: If we need to modify it further. Okay. Any other comments on that?
DR. WADE: That takes us to break. We're a little bit behind, but we're not hopelessly behind.
DR. ZIEMER: Yeah. Let's take a 15-minute break.
MS. HOMOKI-TITUS: (Unintelligible)
DR. ZIEMER: Is somebody on the line?
MS. HOMOKI-TITUS: Yeah, I'm sorry. This is Liz Homoki-Titus. I just wanted to let you know (unintelligible) --
DR. ZIEMER: Oh, hi, Liz.
MS. HOMOKI-TITUS: -- that I joined about 7:30 your time.
DR. ZIEMER: Okay. Welcome, Liz.
MS. HOMOKI-TITUS: Thank you.
DR. ZIEMER: Take a break, Liz.
MS. HOMOKI-TITUS: Great, thanks.
DR. WADE: (Off microphone) We'll break till (unintelligible).
(Whereupon, a recess was taken from 10:45 a.m.

to 11:20 a.m.)

WORK GROUP STATUS REPORTS:
MR. MARK GRIFFON, WORK GROUP CHAIR

DR. ZIEMER: I'll call the session back to order. There's been a little delay 'cause we're waiting for some paperwork to arrive, but in the meantime there's several pieces to the workgroup report -- workgroup -- Mark Griffon's workgroup is going to report a little bit on the Y-12 site profile and give us an update, likewise on the Rocky Flats site profile, and then some individual information or reports concerning the dose reconstruction reviews, procedures reviews and site profile reviews. Maybe you'll want to start at the back end of this --

MR. GRIFFON: Yeah, yeah.

DR. ZIEMER: -- and give us an update, Mark, on where we are on the site profile reviews and then -- in a moment we'll get to Y-12 and Rocky.

PROCEDURES REVIEWS

MR. GRIFFON: Well, I -- I can't -- you picked the one item that I'm not prepared to do, but I can do the procedures review -- I think verbally we can talk about the procedures

review, where we're at with that, and the case reviews. And -- and we have the modified -- the edited matrices for -- for those are coming, but I can at least describe where we're at and the details will be available in the handouts.

The procedures review, and this is the first procedures review we started. Most of them -- I'm not sure exactly when this was initiated, but it was a while ago. It's got many of the earlier procedures, and at this point we've -- we've taken it through our workgroup process. We have NIOSH resolutions for I believe all -- all of the findings. And I -- I should say, and you'll see this when you get the -- the matrix, some of these resolutions are that NIOSH will modify another -- a procedure, or NIOSH is drafting a new procedure that will supersede this previous procedure. And I talked to Stu Hinnefeld earlier and we are -- I think NIOSH is going to recommend some sort of a -- a tracking system so that we don't lose these items. But as far as a response -- you know, as far as going through all the findings and a -- a path forward on all the findings, I

think we have that and we have the final matrix for the procedures review.

SC&A is -- is also been tasked with doing additional procedures review for some new procedures and workbooks, I believe, so that's a separate task. But for that first item, I think we're in final form, and we'll have that ready and -- and I guess we can present it to the Board -- right, Paul? We --

DR. ZIEMER: Yes --

MR. GRIFFON: Yeah.

DR. ZIEMER: -- Mark, the findings matrix I think you distributed last week -- somebody did, an undated copy of the matrix, but --

MR. GRIFFON: Okay, I'm -- undated --

DR. ZIEMER: -- do I have the -- I'm wondering if I have the very final copy.

MR. GRIFFON: Well, that's what -- the one that LaShawn is printing off is the -- and I think I did some editing on this as -- as recently as last Friday, so I wouldn't guarantee that's the latest.

DR. ZIEMER: Well, in any event, whether this is the actual final copy or the one that you're handing out, which may or may not be identical,

but I think we basically are at closure on all the Board actions, are we not? With the understanding that there's some tracking involved in some of those closure items.

MR. GRIFFON: Right.

DR. ZIEMER: But I don't think there's any unresolved issues between SC&A and NIOSH on the outcomes. Is that a correct statement?

MR. GRIFFON: That -- that's correct. I guess -- I -- I guess, you know, the only question would be, and this is a tracking question, is that a lot of times NIOSH indicated they would modify it, but obviously we haven't seen how -- necessarily how it was modified, so --

DR. ZIEMER: Right, and in many of these we didn't have a specified date for modification, just understanding that modification would come.

MR. GRIFFON: Right.

DR. ZIEMER: And in some cases I depended on the urgency or whether in fact that procedure was even being used anymore.

MR. GRIFFON: That's correct, we did try to prioritize --

DR. ZIEMER: So I think for -- for practical

purposes, we can say that we have completed the -- the findings re-- or the procedures findings matrix.

MR. GRIFFON: Yes. Yeah.

DR. ZIEMER: Yeah. And we will have the final copy for the Board yet at this meeting. Is that correct?

MR. GRIFFON: Yes.

DR. ZIEMER: Okay.

MR. GRIFFON: And if it remains undated, I should probably put a header and footer --

DR. ZIEMER: I -- I --

MR. GRIFFON: -- with dates on it.

DR. ZIEMER: Yeah, I would like to see -- make sure that -- because there've been several versions --

MR. GRIFFON: Yeah.

DR. ZIEMER: -- of this and you want to make sure you're looking at the right version. Board members, any questions on the matrix or on -- on the procedures review?

DR. WADE: How will then -- is -- is it the Board's pleasure then to transmit these findings to the Secretary in some way or how would we bring closure to the issue? This goes

again to the -- to the GAO sort of comments that were made as to, you know, bringing issues to closure. So just something to think about.

MR. GRIFFON: I -- I think we probably need to -- to do a similar letter report --

UNIDENTIFIED: (Off microphone) (Unintelligible)

MR. GRIFFON: Yeah -- saying what we --

DR. ZIEMER: This could be a letter report simply describing the process that was used, what the outcome is and we would probably not necessarily have to ask the Secretary to direct anything be done, but simply inform what has been done, indicate that NIOSH is -- is prepared to track any open issues and it would seem to me that would suffice.

MR. GRIFFON: Yeah.

DR. WADE: If we could have a letter like that drafted for the consideration of the Board when we met in June, then we could put this item --

DR. ZIEMER: That's correct.

DR. WADE: -- so --

MR. GRIFFON: I think we can certainly do that.

DR. ZIEMER: Yeah.

MR. GRIFFON: We can draft a letter at the

workgroup --

DR. ZIEMER: The working group can simply draft the letter that would go to the Secretary, reporting on the -- the final outcome. That would be good.

MR. GRIFFON: Sure.

DR. ZIEMER: Board members, any other comments on that particular item?

(No responses)

Okay.

INDIVIDUAL DOSE RECONSTRUCTION REVIEWS

MR. GRIFFON: Then the...

DR. ZIEMER: Go ahead, Mark.

MR. GRIFFON: The second set of cases is -- is another item, so we have the case reviews, which are the individual dose reconstruction case reviews, and we did a first set of cases -- we reviewed them and I believe we -- we did transmit a letter report?

DR. ZIEMER: I -- I have not transmitted that to --

MR. GRIFFON: Oh.

DR. ZIEMER: -- the Secretary yet. I've still to merge the data we got from Stu into the sample letter, and that's almost ready to go

and I will distribute that to the Board shortly --

MR. GRIFFON: Okay.

DR. ZIEMER: -- in preparation for transmitting it to the Secretary.

MR. GRIFFON: So the Board --

DR. ZIEMER: We basically approved a draft letter report already to the Secretary, but it -- it had some blanks to fill in on the various numbers, which Stu has generated for us.

MR. GRIFFON: Okay.

DR. ZIEMER: So that's -- the first 20 cases are basically ready to go.

MR. GRIFFON: Okay. The -- the second set of cases, where we stand as of -- of late last week, I got -- I received some edits from NIOSH on some of the NIOSH resolutions, and as of last night I received some edits from SC&A, so I did a final editing of this this morning, so remember the time period when this was produced, so there may still be some editorial problems. In the second set of cases, most actions I believe at this point are also resolved. There are a few blanks in the NIOSH resolution column that remain to be completed,

and there's also the final column, which I haven't completed yet, which is the Board action. Which if you remember, we have a 1 through 7 sort of system, but I was -- I was getting edits real time here so I didn't complete that final listing, either.

But this -- I think this second set is very close to being closed out. We've had dis-- workgroup discussions with SC&A and NIOSH, and I think we have agreement on all the NIOSH resolutions at this point, so we're ready to close it out. It's just a matter of fine-tuning the -- the Board actions, as well as a couple of the -- of the NIOSH resolution fields. And we're also getting copies of that. I think there's -- I'm not sure how this will appear in the black and white copy, but there's a few NIOSH resolutions that I left highlighted that we're still trying to resolve, so -- but that's a handful, maybe four or five out of the -- out of the 40-page matrix, so...

DR. ZIEMER: So it appears that what we would be looking at would be final closure at the next Board meeting to approve the final column, which are the Board actions. Is that correct?

MR. GRIFFON: Yeah. I believe so, yeah.
DR. WADE: Next Board meeting meaning the June meeting?
MR. GRIFFON: Yeah.
DR. WADE: Okay. And again, if -- it's possible we could also have a draft letter to the Secretary, or you may want to wait until after that meeting to -- to do that.
DR. ZIEMER: And I would suspect the draft letter would look somewhat similar in -- in -- at least framework-wise. Not in specifics, but it would be constructed in a similar manner.
MR. GRIFFON: And my -- my -- my hope would be that we'd have a third set, which is out there which we've also had deliberations on the workgroup level, and -- and we -- we also in most cases came to resolution on all the findings. However, there are -- are several -- and this is more than in the second set; there's quite a few where my NIOSH resolution says that NIOSH needs to further investigate, and I think we don't -- we don't want to leave it that open-ended, so we're -- we're holding off on the third. But I would -- I would hope that we could have the second and third set

closed by the next meeting. That would be my hope. We'd have a couple of months in between meetings and I think we're far enough along on both those sets that we can close them both out and maybe transmit them under one letter report.

DR. WADE: And then where do we stand on the fourth set and what on --

MR. GRIFFON: On --

DR. WADE: -- our plan?

MR. GRIFFON: On the fourth set I believe where we stand -- and I might need some help here, but I -- I -- SC&A submitted their report and we -- they are in the process of developing a matrix from their -- their full report, but they haven't provided the matrix to the workgroup or to NIOSH, so we --

DR. ZIEMER: No, we -- the Board has just --

MR. GRIFFON: -- we haven't started the deliberation process.

DR. ZIEMER: The Board has just --

MR. GRIFFON: Right.

DR. ZIEMER: -- received, within the past week, I think, roughly --

MR. GRIFFON: Right.

DR. MAURO: That's correct.
DR. ZIEMER: -- the set -- or the comments on the fourth set. John, any -- any other --
DR. MAURO: Yes, really we're -- we're at the point where the product has been delivered. It's a big report. As you may have noticed there was a supplement submitted because of some production problems that everybody on the Board received where we had to replace the --
DR. ZIEMER: There were a couple of page replacements, yeah.
DR. MAURO: -- page replacements, which is the checklist. So in effect right now, what we have before the Board and the working group is our work product. We are now at the stage now to begin the closeout process where we build a matrix and go through the process. So we're at what I would consider to be the beginning of the issue resolution/closeout process for the fourth set.
MR. GRIFFON: And I -- I should say, in between the last meeting and this meeting SC&A did conduct the meetings with individual Board members --
DR. MAURO: Oh, yes.

MR. GRIFFON: -- over -- over their particular cases and --

DR. MAURO: Yeah, I'd like to point out that -- yeah, to -- to get to that part -- the product, the thick report, to get to that point -- of course before we put that out, we do have our what I call one-on-one dialogues where we -- where the -- each designated members of the teams, the two-man teams, have a chance to spend a couple of hours with Hans and Kathy going over the designated cases where there is inter-- interchange, clarification, then we revise our drafts that went out to those individuals and put out the product that you see. So the product you have now is in fact our draft deliverable that now brings us over that what I consider the watershed into the closeout process where a matrix needs to be built and the process needs to be -- to begin, as we did for the last set.

DR. ZIEMER: Thank you.

MR. GRIFFON: And I believe we'll -- we'll -- you know, I -- I would say we -- we'll roll that right into our workgroup process and -- and those -- I mean tho-- those -- they're --

they're difficult on the Board level, but they work very well on the workgroup level where we go through finding by finding and have the technical discussions about each finding. So I would assume we'd roll that right into the workgroup process.

DR. ZIEMER: Right. Any comments on any of these first four sets? So good progress being made and thank you to the workgroup for helping to facilitate that.

DR. WADE: One consideration could be -- embodied in the first three sets we have a year's worth of work. We're doing these dose reconstructions by year, and that's -- we have -- if you'd remember, we have some -- I forget the terminology we used for the -- the various reviews, but it might be appropriate to offer an annual report of dose reconstruction reviews. Some -- take the first three, roll them together and then issue some summary statement to the Secretary. Again, I think it shows that the Board is indeed on task and producing product, and I would suggest that we do that for the first 60 at the next meeting.

DR. MAURO: I'd like to add to that and that is

very much within our scope of work, as defined explicitly in our Task IV work. So yes, we owe you that product, and it's probably an appropriate time to do that.

DR. WADE: And that's the first year's worth of work.

DR. MAURO: First set of three, the three sets of 20, which constitute one year's worth of work.

DR. ZIEMER: Right.

DR. MAURO: It -- it is ap-- an appropriate time to -- to regroup and sort of capture the -- and we're in a very good position to do that because we can -- all that data, those -- those checkmarks, they're all sitting in a relational database, and there's a lot we can do. In fact, how we present that material and capture it probably is a -- is a good subject for a working group meeting on how to summarize that information.

DR. ZIEMER: Okay, thank you.

DR. WADE: So can we assume that the working group, with input from SC&A, will consider the issue of the -- the first annual review before the next Board meeting, and then product would

come to the next Board meeting so the Board could close on this issue?

MR. GRIFFON: Yeah. Yeah.

DR. WADE: I think that's an excellent -- an excellent milestone.

DR. ZIEMER: Okay, without objection, we'll proceed on that basis then.

DR. WADE: And this is the hardest working working group I've ever encountered in my time in government, so...

DR. ZIEMER: Mark, do we have the materials ready for the Y-12 --

DR. WADE: Well, we'll have to look...

MR. GRIFFON: Okay, this'll be hard without the matrix.

DR. ZIEMER: Without the matrix?

DR. WADE: We can go on to the -- the next it--

DR. ZIEMER: What about -- yeah.

SITE PROFILE REVIEWS

DR. WADE: If you remember, the Board set up working groups to look at individual site profile reviews, and I thought maybe we could just review that and -- I don't know that there's any status to be given, but just sort of to remember where we are on that and then

see what our path forward is.

DR. ZIEMER: Right.

DR. WADE: For example, if we look at the working group on the Savannah Test Site (sic), that working group was chaired by Dr. DeHart, included Gibson, Griffon and Lockey. What say you, Mr. Chair?

DR. ZIEMER: A quick status report, in other words.

DR. DEHART: Currently we're waiting the two documents for purpose of comparison and seeing how they could be matrixed, as we've done with the other sites.

DR. WADE: Those two documents are the -- the NIOSH report and --

DR. DEHART: The NIOSH report and the -- our research group who -- who are yet to conduct that. They -- they've been kind of heavy-hit --

DR. WADE: I understand --

DR. DEHART: -- recently.

DR. WADE: -- completely.

DR. ZIEMER: Savannah River.

MR. GRIFFON: Who's on that team?

DR. WADE: DeHart chairs, Gibson, Griffon and

Lockey, in my notes. You don't have to chair that --

MR. GRIFFON: I didn't know I was on that one.

DR. WADE: Well, there -- okay, and then we have the Nevada Test Site group chaired ably by -- by Robert Presley, Clawson, Munn, Roessler.

DR. ZIEMER: Robert, are you still on the line? Robert Presley? Maybe he went --

MR. PRESLEY: (Unintelligible)

DR. ZIEMER: Can you give us a quick update on the status of the workgroup on Nevada Test Site?

MR. PRESLEY: Everybody should have their (unintelligible), and I had hoped (unintelligible) update (unintelligible) and said that we're going to have a -- the agenda I have says that we're going to go through (unintelligible) and all tomorrow. Is that correct?

DR. ZIEMER: That's correct on -- on the --

DR. WADE: SEC.

DR. ZIEMER: -- on the SEC. Right now we're simply talking about the site profile, not the SEC per se.

MR. PRESLEY: We haven't met on the site

profile.

DR. ZIEMER: Has not met yet, so that is the status of it. Okay. Two different things. Okay.

DR. WADE: Then Hanford, chaired by Dr. Mel--

MR. GRIFFON: Can you go over who was on Nevada Test Site?

DR. WADE: Nevada Test Site is Presley chair, Clawson, Munn, Roessler. These are my notes, anyway. And then Hanford group chaired by Melius, Clawson, Poston, Ziemer.

DR. ZIEMER: Right. Melius is not here, but we -- we have not met on the Hanford material -- we're --

DR. WADE: And I think in all these cases --

DR. ZIEMER: -- awaiting some materials.

DR. WADE: Right. In all of these cases, events have overtaken these groups. There's been just a tremendous burden on everyone, but our purpose here is just to remind you that these are -- these are works in progress and, you know, as hopefully, you know, the road clears a bit -- he says naively -- there'll be an opportunity to -- to take on this work. We know who Y-12 is, that group.

DR. ZIEMER: Okay. So --

MR. GRIFFON: I've got to go look for --

DR. ZIEMER: Are we -- are you looking only for Y-12 material, or Rocky --

MR. GRIFFON: Y-12 and Rocky both.

DR. ZIEMER: Both -- both... Any preliminary remarks you want to make in terms of what's been done before we would look at the...

MR. GRIFFON: Yeah, I can -- I can --

DR. ZIEMER: And again, I want to emphasize that we're talking here about the site profiles. We are not talking about the petitions for SECs on either of these sites. We're only talking about site profile issues here.

WORK GROUP REPORT: Y-12 SITE PROFILE UPDATE
MR. MARK GRIFFON, WORK GROUP CHAIR

MR. GRIFFON: Yeah. Okay. On -- on -- I can give an update on -- until we get the matrices, at least. On Y-12 what -- what's happened is we -- we initially st-- just as a little bit of a background, it's difficult 'cause we're so involved at the workgroup level, but I'm trying to step back and remind others that weren't involved in it of the -- of where we've come from. There was initially a -- a site profile

review done by SC&A, and then they developed a matrix from that of the findings for the site profile. And at some point -- and I have a -- some of this we'll -- we'll clarify a little more as far as time lines with some of the reports that we have for tomorrow morning, but at some point we -- we requested, the Board requested, that -- that SC&A narrow down all the findings on their matrix to findings that they felt could be potential SEC-related findings. In other words, they weren't -- they weren't -- they were large enough or important enough or -- or of -- of a certain nature that they could affect a Special Exposure Cohort determination, and so they refined their matrix and -- and we had a -- a much smaller list of -- of findings, albeit very difficult and sometimes multiple findings within one matrix item. But we -- we narrowed it down to SEC issues. And then we've had several workgroup meetings, either conference calls or physical meetings in Cincinnati, even in Boston -- they accommodate me at one meeting and came up to Boston -- where we've -- we've gone through all these site profile issues.

Now what -- what you'll see in the matrix is that for both Y-12 and Rocky all matrix items, I believe, have been basically closed out in the sense that NIOSH has provided a response. But this has been -- again, I've got to emphasize, this has been real time, and we've got -- we had a meeting on April 11th or 12th, and then we had another conference call meeting on April 20th. In between time we're getting sample DR cases. We're getting a lot of new materials in response to these things. So what I tried to indicate in the matrix that you'll receive is that these it-- if an item was closed out but SC&A didn't really review it, the final resolution proposed by NIOSH, then I tried to capture that by saying that SC&A will include their review of this item within their review of the SEC evaluation report. So we're kind of pulling those things out of the site profile SEC issues and into the official review of the SEC evaluation report. And you know, this is the problem with these things kind of overlapping, but that's where we stand. And -- and also in generating the review report of the SEC evaluation report -- and we anticipated

this -- SC&A may have -- have some different findings that we didn't necessarily anticipate within the site profile review process, but -- but they came up out of reviewing the evaluation report that NIOSH provided for that SEC.

So that's where we kind of stand. We kind -- tried to close out the matrix items in the site profile review. Anything that wasn't completely addressed or we just recently got materials and hasn't been completely reviewed, I tried to -- to capture that by saying it's been rolled over into the SEC review that -- that'll -- that we'll discuss tomorrow morning in depth.

DR. ZIEMER: Okay.

MR. GRIFFON: I hope that makes sense.

DR. ZIEMER: We'll open it up here in a minute for questions. Lew, give us an update on where we are on this -- on the matrix paperwork that Mark --

DR. WADE: Well, we --

DR. ZIEMER: -- was just discussing.

DR. WADE: LaShawn is nowhere in sight, so I -- I can't give you an update. She has not

answered her cell phone. My suggestion is that we have our brief discussion and then break for lunch. We have time on the agenda for the full Board to discuss these issues. Rather than keep people waiting, maybe we could take a lunch break and start promptly at 1:00, and then use that time more wisely.

DR. ZIEMER: Yeah. And Mark, just for clarity here, on both of these what we'll be looking at is the matrix for the site profiles -- or site profile reviews.

MR. GRIFFON: Right.

DR. ZIEMER: And at the moment, these do not require actual action. You would be simply updating us on where we are, what items are still sort of pending. Is that correct?

MR. GRIFFON: That -- that's correct, yeah.

DR. ZIEMER: So basically it's a status report on where we are on closing out issues that have arisen in the site profile review process, both for Y-12 and for Rocky. So after lunch what you will have will be simply the matrix at its current status, which is changed of course in real time over the past week or so. So there won't be any action actually required on this,

other than to become informed as to where they are, what the issues are.

Now it's also clear that some of these issues will relate to the Special Exposure Cohort petition, so there's -- there is a relationship there, but at this point we're looking at it strictly in terms of the site profile review process. In fact, when we reach the point where we are discussing the petitions, there -- there will be some conflict of interest issues that arise in terms of who's sitting at the table here, so --

DR. WADE: Right. Maybe just for -- since we have a moment, I could sort of -- since I'm the one who put this agenda together, I could sort of explain how I see the issues progressing. Let's take Y-12, for example. After lunch the Board will hear from the working group on the Y-12 site profile issues. And you know, we'll explore that item, an update will be given to you. Then this afternoon at 4:30 SC&A will be presenting an update on its task work for SEC petition and they'll talk about Y-12. There is a report in your presence that represents the SE-- the SC&A review of the Y-12 SEC. We'll

hear a brief report out from SC&A on that issue.

All of that is leading towards a discussion at 1:30 on Wednesday where we will deal directly with the Y-12 SEC petition. We will begin with the NIOSH presentation, followed by a presentation by petitioners, and then the working group will make its report on the Y-12 SEC issues. And then the Board will have time to deliberate and vote.

So that's how it will sort of cascade through the meeting. The same thing will happen with regard to Rocky Flats, although it'll be in a slightly different time frame.

You'll hear about the Rocky Flats site profile after lunch. You'll hear the SC&A report on their task looking at the Rocky Flats SEC petition at 4:30 this afternoon. And then on Thursday morning at 8:30 we'll have a three and a half hour session dealing with the Rocky Flats SEC petition, which will encompass the presentation by NIOSH, presentation by petitioners, workgroup report and then Board deliberation and decision.

So that's what's in front of you. I realize

that it's happening at different places on the agenda, but that was really to be true to our process of dealing with site profile issues, contractor reports, and then an SEC petition with deliberation. So if there's any questions --

MR. GRIFFON: Yeah, actually now that I'm looking at it -- I mean this was meant to be a report on these site profiles to the subcommittee, but since we're almost all here anyway, we can do it after lunch and it -- it would be redundant to actually --

DR. ZIEMER: Right.

MR. GRIFFON: -- to have done it here again.

DR. ZIEMER: That will work fine. Thank you very much, Lew.

Board members, did you have any questions or comments at this time on this particular matter in terms of the site profile reviews?

(No responses)

Also this morning -- I just want to take the opportunity to introduce Carolyn Boller -- is Carolyn still here in the assembly?

DR. WADE: She just stepped out.

DR. ZIEMER: Oh, she just stepped out, okay.

Carolyn Boller is a Congressional aide for Congressman Udall's office. She'll be with us all day today, and I believe will not be here tomorrow, so I wanted to be sure to introduce her, but we'll maybe catch her this afternoon, as well.

DR. WADE: Here's Carolyn right now.

DR. ZIEMER: Oh, okay. Carolyn, we're just introducing you and you had disappeared, but we're pleased to have you here with us today. We just wanted to acknowledge your presence with the group.

And you have another colleague that you brought in. Welcome, sir.

UNIDENTIFIED: (Off microphone) (Unintelligible)

DR. ZIEMER: Ray, did you catch -- could you, for -- for our court reporter, just repeat your name so we...

MR. HILLER: (Off microphone) I'm David Hiller. I'm with Senator Salazar's office.

DR. ZIEMER: Thank you very much.

(Whereupon, Drs. Wade and Ziemer discussed scheduling off microphone.)

DR. ZIEMER: I think this would be a good point

for us to recess for lunch, and try to be back here for 1:00. If you have some good ideas on where to eat, the Board would be glad to find out what they are.

UNIDENTIFIED: (Off microphone) (Unintelligible)

DR. ZIEMER: Thank you.

(Whereupon, the subcommittee meeting concluded at 11:50 a.m.)

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STATE OF GEORGIA

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I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of April 25, 2006; 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 26th day of May, 2006.

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