

1 and knowledge of the sites -- hopefully, in fact,  
2 knowledge of the specific sites. So we're -- you  
3 know, we're sort of starting at a running start,  
4 and the expectation is that we know the  
5 operations, we know the histories, we know some of  
6 the issues in the past and presumably if, again,  
7 we have access to the kind of information that we  
8 need to have and are able to talk to the workers -  
9 - I have to tell you that probably the most  
10 important thing is to get beyond the paper. Most  
11 of my perspective is as the further you go back in  
12 DOE operational history, the less the actual  
13 practice resembles the paper that you're looking  
14 at. And I think if there's a mantra, that's going  
15 to be the mantra in terms of looking back through  
16 what essentially is forensic health physics, in a  
17 way, and that's how we're going to treat it.

18 **DR. MELIUS:** Just in -- follow up that -- I  
19 agree it'd be nice to start with something less  
20 complex, but going back to the -- sort of the  
21 efficiency issue and so forth before, I think  
22 Savannah River's fairly complex to deal with and  
23 there's -- when you're -- in another task,  
24 presumably, that's awarded and for individual dose  
25 reconstructions, given what's been done already,

1 there's going to be a number -- you know, randomly  
2 selected from Savannah River to look at. So  
3 having that site profile underway I think's going  
4 to be necessary, and I think NIOSH has --

5 MR. FITZGERALD: Right.

6 DR. MELIUS: -- ended up -- you know, there's  
7 a lot of -- how they prioritize and --

8 MR. FITZGERALD: Savannah River wouldn't be  
9 one that I would consider a killer in the early  
10 phases. And that may sound contradictory, but in  
11 terms of what knowledge we have on the team and  
12 the source terms involved, even though it's a  
13 large site and has a long history, it's a fairly  
14 public history now, as compared with some other  
15 sites where, you know, the history is less known  
16 and the source terms are more diverse.

17 Los Alamos would frighten me a little bit in  
18 the beginning because, unlike Savannah River,  
19 there just hasn't been -- Savannah River has been  
20 turned inside-out over the last ten years, so to  
21 some extent we are the beneficiaries of all that  
22 information. Other sites, the information isn't  
23 quite as organized, available and picked over, so  
24 that's going to cause for a lot more digging.  
25 Savannah River, the challenge I think is in a

1 couple of areas -- tritium comes to mind -- where,  
2 you know, one has to go back and reconstruct some  
3 of the history of the dosimetry and how that was  
4 recorded. And I think it's important there to  
5 sample workers, because I think there and again,  
6 you know, the actual practice versus what was  
7 detailed on paper diverge as you go back in time,  
8 and that's what would worry me about perhaps  
9 relying on what the written records suggest. So  
10 that -- answer to that question, Savannah --

11 DR. MELIUS: (Off microphone) (Inaudible).

12 DR. ZIEMER: Wanda?

13 MS. MUNN: It helps a great deal to have this  
14 overview, I think. From my point of view, anyway,  
15 it's reassuring that it sounds as though your plan  
16 is very close to what I, and I think many of my  
17 colleagues, had in mind when we were putting  
18 together the task proposals. But I think I heard  
19 a real challenge for us in the last of the data  
20 that you were giving us, John, insofar as  
21 identifying the fields that we want to see in the  
22 database is concerned. I think we may have only  
23 scratched the surface when we started talking  
24 about how to opt for the sites that we wanted to  
25 look at and pull together that information for us

1 to review. Actually considering the data fields  
2 that we want to see in their product appears to me  
3 to be a potentially significant activity.

4 MR. FITZGERALD: Yeah, I might add to that  
5 that if it turns out that some of the data fields  
6 we can identify will have to be obtained and  
7 reviewed, you know, that's sort of a do-loop that  
8 if it's the first time, you know, it's going to  
9 take -- take time, as you can imagine, as NIOSH  
10 has already experienced, to get access and to make  
11 heads or tails of it. But you know, the site  
12 profile being a living process, to some extent,  
13 you know, we certainly won't stop and -- you know,  
14 and stop everything and go back to it. It'll be a  
15 process where we'll try to improve the analysis by  
16 virtue of being able to get the additional  
17 information. You know, those are some of the  
18 vagaries of, you know, trying to dig deep and  
19 finding perhaps sources of data or data fields  
20 that may not have been accessed in the original  
21 profile. And understandably so. I mean this is  
22 the first pass at the site profiles. They're  
23 living documents. They're going to improve over  
24 time. When we dig and do samples and verticals, I  
25 think what we can contribute is perhaps some

1 indications of data fields or information sources  
2 that ought to be reflected in whatever upgrades or  
3 iterations. So I see it as very positive feedback  
4 when we do the vertical. I think that was perhaps  
5 the intent of the Board is to have that kind of a  
6 check. So you know, hopefully we can actually  
7 answer some of the questions in terms of what data  
8 fields have been looked at on one hand, and what  
9 sources information data fields might be  
10 identifiable if -- if we do this kind of  
11 independent digging, as well.

12 DR. ZIEMER: Joe, I want to kind of clarify  
13 one point, and I have to keep reminding us of the  
14 difference between an audit and the difference  
15 between what the Agency does. And for example, if  
16 -- if our contractor, you folks, identified an  
17 area and said, you know, here's an area that we've  
18 got to dig into and get this information, I think  
19 in general we would pass that information along to  
20 NIOSH and say here's an area that has been  
21 identified.

22 MR. FITZGERALD: Uh-huh.

23 DR. ZIEMER: One thing we don't want our  
24 auditors to do is to do the work of the Agency, so  
25 we always need to be careful --

1           MR. FITZGERALD: Right.

2           DR. ZIEMER: -- and differentiate between  
3 what is the audit and what is the work. And I  
4 think you folks will also probably need to keep  
5 that in mind 'cause there will be a tendency to  
6 say here's an area where there needs to be more,  
7 we need to get out there and see what's there and  
8 so on. And it may be that if you identify an area  
9 like that and -- and bring it back to the Board  
10 and the Board says to NIOSH our contractor has  
11 identified this, is this something that should be  
12 looked at. The Agency is being, in a sense,  
13 tasked with doing that, so our job is to identify  
14 those areas. So I need to continually remind us  
15 and remind you as -- what our part of the job is,  
16 so...

17           MR. FITZGERALD: Actually --

18           DR. ZIEMER: 'Cause we will -- we will  
19 otherwise get overly ambitious and NIOSH will have  
20 nothing to do then.

21           MR. FITZGERALD: That sort of resonates in my  
22 past career. Yeah.

23           DR. ZIEMER: You understand.

24           MR. FITZGERALD: I understand exactly, and if  
25 one looks at it in terms of feedback, that we're

1 feeding back issues that need to be unpacked, the  
2 level of review I think that is appropriate is  
3 determine whether in fact to sniff again. I would  
4 not want to divert or distract the Board or NIOSH  
5 with, you know, we found this, this, this and  
6 that, but we haven't really spent time deciding  
7 whether it's important or not. It's got to be  
8 relevant and pertinent and something that's  
9 significant enough that would influence the dose  
10 reconstruction process; and if it isn't, then I  
11 don't think it's something that we'd want to  
12 surface. And that -- just that level of analysis,  
13 how important is this and how significant is it,  
14 is the level that I think we would contribute.  
15 And if that's the case, then we would pass it on.  
16 We certainly would not try to run those numbers or  
17 try to do anything more than point to it.

18 Now what I was raising a little earlier was  
19 the fact that to judge, you know, whether there's  
20 any there or there -- this is the trouble I have  
21 sometimes with requesting data from DOE. It's  
22 sort of like, you know, you have to know what you  
23 want, even if you don't know what you don't --  
24 what you don't want, you know. It's sort of one  
25 of these things that you -- well, how can I ask

1 for it if I don't know what it is? That's --  
2 that's the dilemma that, you know, I -- you almost  
3 have to at least look at the information to  
4 determine what's there and whether it's relevant  
5 or not, and that's the part where I think clearly  
6 we have some challenges. But you know, again,  
7 persistence and knowing the right kind of  
8 questions and being able to work with the Board, I  
9 think, you know, we certainly will get there.

10 DR. ZIEMER: Any other questions for John or  
11 Joe? Comments?

12 (No responses)

13 Thank you very much. We appreciate the  
14 exchange this morning. As you know, we will be  
15 deliberating this afternoon and you will hear back  
16 from us after that -- those deliberations.

17 In this connection, we may want to proceed  
18 with the issue of the site profile selections.  
19 Well, it's almost break time I guess. Let's take  
20 a break. People are getting a little antsy.  
21 We'll take our 10:00 o'clock break and then  
22 resume. Thank you.

23 (Whereupon, a recess was taken.)

24

25

**BOARD DISCUSSION/WORKING SESSION**



## 1 DOSE RECONSTRUCTION REVIEW PROCESS

2 DR. ZIEMER: I want to take just a moment and  
3 delineate the items we need to address here. We  
4 have the issue of selection of our initial group  
5 of site profiles. We have agreed to take from the  
6 table a motion to send a letter to Secretary  
7 Thompson relating to the Special Exposure Cohort  
8 rule-making. And it's been requested that we have  
9 the group look at or review the letter that I  
10 wrote to several Congressmen. Were there other  
11 items that we need to look at? I think those are  
12 the three. Anyone identify any other items we  
13 need to address? Okay. Yes, Jim.

14 DR. MELIUS: Let me -- I mean add to that  
15 list one specific sort of contract issue. We were  
16 asked to -- if we had suggestions for additional  
17 elements to the database that we relay them to the  
18 contractor, and I think we just need to understand  
19 how to do that procedurally since that  
20 deliverable's due in a month and it's easier to  
21 add things ahead of time. So I think we just need  
22 to figure out how to -- how to do that efficiently  
23 and not get in trouble.

24 DR. ZIEMER: Right, we can look at that  
25 database -- and my guess is that -- based on what

1 we provided and what they plan to do, they  
2 probably have most of it covered, but we -- if we  
3 can identify things, that's fine.

4 DR. MELIUS: (Off microphone) (Inaudible) us  
5 relaying individual comments to you and you  
6 relaying them in some way to (Inaudible).

7 DR. ZIEMER: Well, if we can identify things  
8 here as a group, that would be fine, too.

9 DR. MELIUS: (Off microphone) (Inaudible)  
10 after a meeting if we sent something (Inaudible).

11 MR. ELLIOTT: You can do that either way,  
12 open session discussion and tell them what you  
13 want, or you can send them a letter or written  
14 information, written direction.

15 DR. MELIUS: (Off microphone) I don't think  
16 (Inaudible).

17 Another item that I think we should discuss  
18 is at least lay out a plan for how we deal with  
19 the issue of a subcommittee and this further  
20 interaction with the contract and -- there's a  
21 whole bunch of issues there that I think --

22 DR. ZIEMER: In fact --

23 DR. MELIUS: -- have to be -- I don't think  
24 we -- I don't think we can --

25 UNIDENTIFIED: (Off microphone) Delegation of

1 authority?

2 DR. MELIUS: Yeah --

3 DR. ZIEMER: Delegation --

4 DR. MELIUS: That, but I think we need to  
5 plan on how we do that and probably complete it at  
6 the next meeting.

7 DR. ZIEMER: Particularly those items -- this  
8 included everything from the invoice approvals to  
9 our working with our subgroups to work on the dose  
10 reconstructions, so that's -- that'll be an  
11 ongoing thing.

12 Let's direct our attention then to the site  
13 profile issue. We have now -- you have a handout  
14 which is Jim Neton's chart with the 15 facilities  
15 for which site profiles are either completed or in  
16 process, plus a number of AWEs. You also have the  
17 information on the site statistics that were --  
18 was provided by Larry and is now included in the  
19 handout.

20 MR. ELLIOTT: Could I make a comment on that?

21 DR. ZIEMER: Yes.

22 MR. ELLIOTT: I think on that -- this is your  
23 third page on that -- what's been provided. Jim  
24 included a column there that says estimated work  
25 force, and I guess I would like to offer this as a

1           qualification. I think these numbers came from --

2           **DR. NETON:** Labor.

3           **MR. ELLIOTT:** -- Labor's presentation, but I  
4           don't believe that these numbers in all cases  
5           represent all the workers that worked at a site  
6           over the course of history of that site. For  
7           example, Hanford has more than 60,000 workers have  
8           ever worked at that site. They have many more  
9           than that.

10          **DR. MELIUS:** If I recall right, it excludes  
11          the construction work force. It's only the  
12          production work force at each of these facilities.  
13          That's what he said when he presented it now.

14          Isn't that right, Pete?

15          **MR. ELLIOTT:** Pete, is that -- are we correct  
16          in understanding the numbers that you presented at  
17          a given site didn't include construction trades,  
18          are just the production work force?

19          **MR. TURCIC:** That's correct.

20          **MR. ELLIOTT:** And in some cases is that the  
21          estimated current population or is that the  
22          estimated population who have ever worked there in  
23          production?

24          **MR. TURCIC:** (Off microphone) That was the  
25          estimated (Inaudible) program (Inaudible)

1 production people who had worked at that site.

2 DR. ZIEMER: Now I think as we proceed, we  
3 also may need to have some internal ground rules.  
4 If one is propos-- and this could work both ways,  
5 but if one is proposing to include a site, I  
6 suppose that we should ask people to recuse  
7 themselves from proposing or voting for a site  
8 with which they are -- are or have been  
9 affiliated. Is that fair enough? In other words,  
10 Tony perhaps would not vote on whether Los Alamos  
11 would be included in this list, for example.

12 Roy, you have a comment or a question?

13 DR. DEHART: I'm not sure when I look over  
14 the --

15 When I look over the diagram that we have  
16 here, the table, just which of these facilities  
17 have a complete -- a full, complete profile site  
18 status that would be able to be audited over the  
19 next --

20 DR. ZIEMER: Jim --

21 DR. DEHART: -- several weeks --

22 DR. ZIEMER: Jim Neton can --

23 DR. DEHART: -- or months?

24 DR. ZIEMER: -- help us or Larry -- looks  
25 like -- as I look at this, it looks like Hanford

1 and Savannah River are complete, but is that true  
2 or not?

3 DR. NETON: That's correct. The only two  
4 that have all chapters or Technical Basis  
5 Documents finished are Hanford and Savannah River,  
6 although you can see Y-12 is very close with one  
7 green dot that is undergoing comment resolution  
8 with NIOSH at this time.

9 DR. DEHART: Jim, is there an estimate over  
10 the next two to three months? That's probably as  
11 important.

12 DR. NETON: I figured that question would be  
13 coming. It's difficult to say. Some -- some of  
14 these comment resolutions go very quickly, they're  
15 just minor technical issues. Sometimes we end up  
16 with some -- some serious discussion about, you  
17 know, how to resolve an issue with missed dose or  
18 something of that nature. So it's hard to say,  
19 but -- but -- you know, I wish I could put a  
20 little better -- better time frame on that.

21 DR. MELIUS: But the --

22 DR. NETON: I could go with past history,  
23 maybe. You know, past history would dictate that  
24 we could resolve these --

25 DR. MELIUS: I guess is there a corollary to

1 that, is there some that we shouldn't -- can you  
2 go the other way and say some that we shouldn't  
3 start now because you know it's --

4 DR. NETON: Where there are --

5 DR. MELIUS: Where they are that -- that  
6 there isn't just going to be enough there in the  
7 next few months.

8 DR. NETON: I'm honestly not up to speed  
9 enough on all of these individual chapters. Maybe  
10 perhaps Dick Toohey could help -- he may be more  
11 aware of where -- where our more serious  
12 discrepancies lie.

13 MR. ELLIOTT: Obviously Iowa Ordnance Plant  
14 is not close.

15 DR. NETON: No.

16 DR. ZIEMER: Mark?

17 MR. GRIFFON: Yeah, just before -- before  
18 Dick went into that, I had a question for  
19 clarification. When you say "approved", that  
20 means that they could theoretically be audited  
21 right -- today or --

22 DR. NETON: Yes, they've been signed by OCAS  
23 and they're either on our web site or will be  
24 within -- as quickly as we can get it out there.

25 MR. GRIFFON: Okay, 'cause that was my point.