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

convenes the

THIRTY-FOURTH MEETING

ADVISORY BOARD ON

RADIATION AND WORKER HEALTH

ABRWH BOARD MEETING

The verbatim transcript of the Meeting of the Advisory Board on Radiation and Worker Health held telephonically on January 9, 2006.

C O N T E N T S

January 9, 2006

TRANSCRIPT LEGEND

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(By Group, in Alphabetical Order)

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CLAWSON, BRAD, INEL
ELLIOTT, LARRY, NIOSH/OCAS
HENSHAW, RUSS, NIOSH/OCAS
HOMOKI-TITUS, LIZ, HHS
LOCKEY, JAMES, UNIV. OF CINCINNATI
MAURO, JOHN, SC&A
POSTON, JOHN, TEXAS A&M
ULSH, BRANDT, NIOSH
WALKER, ED, BSAG

P R O C E E D I N G S

(10:00 a.m.)

WELCOME AND OPENING COMMENTS

DR. PAUL ZIEMER, CHAIR

DR. ZIEMER: Let's take an official roll call again here. I'm going to call the meeting to order. This is Ziemer, and I'm in Cincinnati actually. We're having an orientation session today for three new Board members who will be joining us after our January meeting, newly appointed by the White House. Let me pause here for a moment and make sure that Ray Green, Ray, are you on board and recording?

COURT REPORTER: Yes, sir.

DR. ZIEMER: Thank you.

The new members that are here with us today in Cincinnati are Brad Clawson who's from Idaho INEL, John Poston who's from Texas A&M, and Jim Lockey who's here locally at the University of Cincinnati Medical School, I believe it is. So we welcome them here. They're basically observing today in part of their orientation. Also present here, Larry Elliott and Jim Neton are here and Lew Wade with us here in Cincinnati. So Lew, could you call

the roll, and we'll see what we have in terms of a quorum.

DR. WADE: Roy DeHart.

DR. DeHART: Present.

DR. WADE: Robert Presley.

MR. PRESLEY: Here.

DR. WADE: Paul Ziemer.

DR. ZIEMER: Here.

DR. WADE: Mike Gibson.

MR. GIBSON: Here.

DR. WADE: Gen Roessler.

DR. ROESSLER: Here.

DR. WADE: Wanda Munn.

MS. MUNN: Here.

DR. WADE: Henry Anderson.

DR. ANDERSON: Here.

DR. WADE: Jim Melius.

DR. MELIUS: Here.

DR. WADE: Mark Griffon.

MR. GRIFFON: Here.

DR. WADE: Richard Espinosa.

(no reply)

DR. WADE: And Leon.

DR. ZIEMER: Leon Owens is not on at the moment.

DR. WADE: I make it that we have nine Board members present. We have a quorum. We can conduct business if we need to.

DR. ZIEMER: Also, there are a number of members of the public that are on. We don't need to take a roll, but I just make sure that everybody's aware that this is an open meeting and members of the public are, have been invited to observe by phone as it were, and I believe there are a number of those aboard also this morning. We do ask that, we always have trouble with these telephone conferences in terms of background noise and so on. And in some cases if you're simply listening, you may want to push the mute button on your phone to cut out background noises that would come in from your phone, particularly if there's other conversations going on in your office or wherever you're located. With that let me make sure that everybody has a copy of the agenda. Is there anyone that did not get a copy of the agenda? And for members of the public I alert you to the fact

that the agenda is on the website that's available to you there. Dr. Wade is going to make a couple of remarks. I want to mention to you that this particular meeting of the Board was primarily intended to bring us up to speed on the actions of our working groups that have been working since the last meeting and in preparation for our full face-to-face meeting later this month. So we largely will be having discussions and hearing reports. The actual actions will probably be minimal though there are a couple of actions recommended by at least Mark's working group. Lew, you have some introductory remarks.

DR. WADE: Yeah, just a couple of things. First of all, let me thank you on behalf of the Secretary and the CDC Director and the NIOSH Director for making this time available. I would like to talk just a little bit about we are in transition on the Board and as Dr. Ziemer mentioned, we have three new members who are with us today formally involved in orientation and a transition onto the Board. The way we intend to work this is at this meeting we do have a quorum present of the former Board members, and we can conduct business. If there are votes, the new members will not be voting at this

meeting. There's also our expectation they will not be voting at the end of January meeting in Oak Ridge. Any meetings after that the new members will be voting and the old, the members rotating off will be, will no longer be voting and not present as Board members. They can certainly be present as members of the public. Relative to conflict of interest, let me talk a little bit, on our agenda today as you would look at it, we will be talking about two site profiles, Bethlehem Steel and Y-12. I'll remind you of the Board's policy on conflict of interest. If a Board member is conflicted on either of those sites, since we are talking about site profile work, the Board member would be allowed to participate fully in the discussion. They can stay at the table, but they would not participate in any votes. They would have to recuse themselves from voting if they are conflicted. And again, at this meeting the only two we'll be talking about are Bethlehem and Y-12. I would like to -- some thanks are in order. Two working groups have been working very hard, one chaired by Dr. Melius and one chaired by Mark Griffon. I thank all of the members of those working groups for what has been quality work. I

thank Dr. Melius for his leadership and the writing that he's done. And you'll be hearing his report today. But I would be remiss if I didn't single out Mark Griffon for special thanks on the part of the government. Mark's efforts have been considerable. The quality of his work has been worthy of note. In my time dealing with boards like this, I've never seen anyone make the contribution that Mark has made, so I think it's important that for the record we thank Mark.

DR. ZIEMER: Thank you, Lew, and certainly Mark and Jim, on behalf of the Board we echo those same thoughts. We really appreciate the input and leadership that you both have provided in these areas.

REPORT FROM WORKING GROUP ON BETHLEHEM STEEL SITE PROFILE
MR. MARK GRIFFON, GROUP CHAIR

Let's begin then with the work on the Bethlehem site profile, and I might also mention just so the members are aware also of Ed Walker who's, I think all the Board members know from the Bethlehem site, is on the phone today as well, and we welcome Ed with us this morning.

Mark, your group's been working with the contractor and with NIOSH to address a number of

issues relative to the site profile, so why don't you lead us through your report and your recommendations, and we'll have an opportunity for any discussion that any of the Board members wish to have.

MR. GRIFFON: Yeah, I think we, I want to start with making sure that people got the materials. I mean, I sent a one-page document which is basically a recommendation from the work group for a full Board motion. So it's --

DR. ZIEMER: Yeah, let's make sure that everyone got that. That was -- it went out by e-mail. The e-mail was dated actually, Mark, I believe -- no --

MR. GRIFFON: The day before.

DR. ZIEMER: -- yesterday or the day before. It went out over the weekend. And then a recommended action item, and then also a summary matrix was also sent out.

MR. GRIFFON: Right, and we've been, if you have those materials, we've been, the work group and the full Board have seen this matrix before. And we've been working on an ongoing basis with SC&A and NIOSH to come to resolution on these six findings. And I think the way it now stands as of the last

phone call, November 28th, I believe that was. We had a phone call, and you can see the Board actions on the right-hand column of the matrix. I wasn't planning on going through all of those, but basically the sense from our work group was that NIOSH's responses to SC&A's original six findings have now been met in terms of the Bethlehem Steel site profile. Based on information we've reviewed so far that's what we've come to that conclusion. Now, it also should be pointed out that in some of the Board actions there's an ongoing action recommended for NIOSH to work on a general policy in certain areas, such as, I believe, that comes up in the oronasal breathing issue, finding number three, and I think finding number four as well. You can look at, some of these issues we believe, finding three, four and five especially I'm looking at, several of these issues, as we were going through these we realized that these are going to be recurring issues on many sites potentially. And therefore, NIOSH certainly wants to handle these in a consistent manner; and therefore, should develop some more generic guidelines on how to handle these issues. And we should also review those.

So those are sort of outstanding actions, but any

site-specific actions we feel have been addressed in the resolution process thus far. And therefore, we bring forward this motion which I wrote this as a recommendation to the full Board, but the motion is written in terms of of the Board. So I don't know if we want to have a discussion before the motion or how --

DR. ZIEMER: If you are prepared to make this, actually, this comes as a product of the work group and constitutes a motion. It doesn't require a second. So I'll simply declare that the motion is open for discussion. In that context we can discuss the matrix or any related item.

As you discuss this, identify who you are for Ray Green's reporting purposes.

MS. MUNN: Mark, this is Wanda. I haven't had a chance to check my e-mail this morning so I don't know whether you did put together your specific motion incorporating Bob's comment or not.

MR. GRIFFON: Yeah, I did. Mike also sent a response to that, Wanda, and the nature of Bob's modifications for those on the call was to change the first part of the motion to read that it is the working group's recommendation to the Board that

based on this information -- and I just thought if we're going to -- I can go either way with this I guess. But I thought if it's written in terms of a motion that the top of my letter that I sent out to everyone says that this is a motion from the working group for the entire Board to vote on is the way I was kind of writing it. So I wrote it in terms of the Board, where mine says it is the opinion of the Board.

DR. ZIEMER: Let me simply make a ruling on this that will help move us along. Whatever is adopted would be the adopted as a motion of the Board. And Mark, I'm interpreting your group as recommending some wording for the Board to adopt. But we understand that this is the, the working group's recommendation is that the following statement be adopted by the Board, and then your words would follow.

MR. GRIFFON: Is that clear, Wanda? Then so we're going with the first draft that I --

MS. MUNN: Yes.

DR. ZIEMER: But whatever the, if the Board chooses to pass this motion, then it would read as an opinion of the Board.

DR. ANDERSON: It's pretty short. If others don't have it, maybe you could just read it.

DR. ZIEMER: I will read it as it was distributed in case members of the public don't have it or others. It's, basically, it's a single sentence and here's how it reads: "It is the opinion of the Board and the Board's contractor that based on the information available at this time, the Bethlehem Steel site profile as modified through the comment resolution process is acceptable for use in the NIOSH dose reconstruction program with the understanding that the action items listed in the attached matrix will be completed, and that NIOSH will track all ongoing action items and provide the Board with quarterly updates on each of the six items listed in the matrix."

And that is the motion. By implication the matrix becomes part of the motion 'cause it's referred to, and I'm not proposing to read the whole matrix here. But the matrix has six findings. It has the original, our contractor's findings, NIOSH's response, and the final resolution of those listed as what the Board agrees -- the Board's actions.

Is there further discussion on this motion?

DR. MELIUS: Yes, this is Jim Melius. What I'm a little confused about is what happens next. NIOSH will then revise the site profile further or what exactly will take place going forward?

DR. ZIEMER: I'm going to let Larry or Jim respond to that, but let me point out that the generic items which are part of findings three, four and five which basically are anticipated to be items which will show up again in other sites, not necessarily the developing of generic guidance is for future applications I assume, but that, the Bethlehem site's not dependent on that. I believe that's correct, but let Jim and Larry...

MR. ELLIOTT: There are some general, generally, general issues relevant to other sites, and what will happen next is we will revise the Bethlehem Steel exposure model and any other technical information bulletins that we, that are associated with these issues. We'll bring those back to the Board to show them how we've made those revisions. We will proceed with doing dose reconstructions under the intent of these changes.

DR. ZIEMER: Let me ask the question. These would be the sort of generic models which would then be used for both Bethlehem and other applications --

MR. ELLIOTT: As appropriate.

DR. ZIEMER: -- as appropriate.

Jim Melius, does that answer your question?

DR. MELIUS: Yeah, that helps. Assuming -- maybe I shouldn't assume -- any questions, sir, what's roughly the time frame for this?

DR. ZIEMER: Jim Neton's going to answer.

DR. NETON: Yeah, this is Jim Neton. Are you speaking relative to the specific changes we're making at Bethlehem Steel or the more overarching issues raised in findings three, four and five?

DR. MELIUS: I would think the, both information if you've thought about it. I don't know.

DR. NETON: I think that we've come to a pretty good agreement as to what the path forward is for the Bethlehem Steel issues, and I would hope that we could get these put to bed fairly quickly, probably not before the next Board meeting but shortly thereafter.

I would like to be able to resolve those, you know, modify the site profile and incorporate the, our actions as we indicated here. But the longer lead-type issues for three, four and five might

take a little while. I think we're on the order of months.

DR. MELIUS: Okay, good. I was just, Mark's motion that spoke to the idea of quarterly updates, and I was just trying to separate out --

MR. ELLIOTT: It would be our interest to bring these to closure as soon as possible and move on to other, other --

DR. MELIUS: And I understand, I'm just trying to understand what was happening.

DR. NETON: I would hope that we would have the disposition well before the quarter is out.

DR. ZIEMER: Other questions or comments?

MR. WALKER: Yes, Dr. Neton, this is Eddie Walker. Am I allowed to comment on that?

DR. ZIEMER: I think we'll allow Ed to comment since he's been involved in the process.

Ed, please go ahead.

MR. WALKER: I received a letter from Mr. Elliott on the 30th, 12/30/05, that was in response to a letter that I had faxed him or e-mailed him back in September 20th, 2005. I finally got my response. It was sent to me by mail. I understand it was

sent out by e-mail, but I didn't get that. It didn't come through.

And it didn't give me much time to prepare, but I do have a considerable amount of issues that I really think should be looked at. I think they're important, and I think if we're talking about having worker input, I think it's very important that these be gone over before any final decision is made.

DR. ZIEMER: Ed, can you transmit those to NIOSH or have you already or...

MR. WALKER: Well, I was trying to but with the time that I had, I didn't have quite enough time. I hope to have them finished within a day, possibly get them out tomorrow. There's quite a few issues on the whole program as I see it from the worker input.

DR. ZIEMER: Well, if you would transmit those to Larry Elliott, and I think the Board would appreciate getting copies of those as well because if we had those, thank you, that would be useful.

MR. WALKER: Okay.

DR. ZIEMER: I don't know that that will affect this action per se since we're, but you're

suggesting it might, Ed? Is that --

MR. WALKER: I would certainly think so. From what, you know, from what I've put together. I've gone back over all the findings. A lot of the items are from the findings of the facts that conflict with some of the stuff that I've been told as we've been going along. And it's just a black-and-white type thing.

DR. ZIEMER: Well, let me also comment to the Board that even if the Board passes this item, if there are issues that arise, I think if things are not, this is not the situation that closes the doors to future changes. I mean, the nature of how we do site profiles is with new information we always have the opportunity to go back and readjust if needed. So certainly that input can be looked at and it's, if this impacts on this that can be handled.

MR. ELLIOTT: We certainly welcome any comment, any input. We've welcomed it in the past. I think clearly one of these six issues that we have on, that have been presented in this matrix speaking to us following up with former workers about an issue on the cobbles, and we would certainly welcome any comment or constructive criticism that we can

follow up on.

DR. ZIEMER: Thank you, Ed.

Board members, any other comment or questions?

MR. GRIFFON: Paul, one other thing. You forwarded a letter yesterday or the day before. It's from Clinton's staff, I believe.

DR. ZIEMER: I think the letter I forwarded was the letter from Hillary Clinton. Is that the one?

MR. GRIFFON: Right. Does that have any bearing on this discussion or --

DR. ZIEMER: Well, it deals with Bethlehem Steel, and I was going to handle that separately after we discussed this. I don't know that it necessarily impacts on this action. Do you feel that it does?

MR. GRIFFON: I'm not sure, and I just glanced at it. And I wasn't sure if we ever received it before, but I didn't remember receiving it before.

DR. ZIEMER: No, I hadn't distributed it. I got it after our last, you know, we had a number of letters from the New York delegation which we responded to after the last meeting. And then I got the Clinton letter, I thought that probably a similar response would be appropriate to describe

the Bethlehem Steel situation, but again, under the Board's mandate. I have not responded to this until we had a face-to-face meeting. And in any event, it's similar to letters we've received from the other members of the New York delegation, representatives and senators and --

MS. MUNN: This is Wanda. I didn't see any new items brought forward in Senator Clinton's letter which would require any response other than the ones that we have already given.

DR. ZIEMER: I was going to suggest that we take separate action. The Board needs to authorize the Chair to respond to the letter, but if you think there's something in the letter that affects this motion, we certainly can deal with that.

MS. MUNN: Mark, did you see anything other than what was --

MR. GRIFFON: I just wanted to pause because I must admit I've been pretty busy with Y-12 this weekend so I just glanced at this. And I just wanted to make sure --

DR. ZIEMER: The content to me looks very similar to the other letters that we received from the New York delegation; and therefore, I thought a

response similar to the others but updated with a newer --

DR. WADE: Since it's been raised -- this is Lew Wade, why don't I just read the letter for the record?

DR. ZIEMER: Sure. And for the record I think this letter goes on the website so, but --

DR. WADE: But just since it's been raised and the context of possibly this vote, let me read the letter. It's addressed to Paul Ziemer, dated November 7th, 2005, from Hillary Rodham Clinton.

"Dear Dr. Ziemer: I am writing in regards to your ongoing review of the site profile of the Bethlehem Steel facility in Lackawanna, New York. I understand that at the October meeting of the Advisory Board on Radiation and Worker Health you discussed issues raised by Sanford Cohen and Associates about the site profile as well as new information introduced by Mr. Eddie Walker. I appreciate the Board's consideration of this new information and the Board's commitment to include Mr. Walker in future discussions about the site profile.

"In my view, the new information presented by

Mr. Walker is further evidence that the Bethlehem Steel site profile is faulty and cannot form the basis for accurate dose reconstructions. It is now more than five years since the Energy Employees Occupational Illness Compensation Act (EEOICPA) was signed into law on October 30th, 2000. After passage of that act it took more than three years for the National Institute of Occupational Safety and Health (NIOSH) to issue the first site profile for a Bethlehem Steel facility.

"The original site profile was flawed, and it was subsequently revised in June of 2004, but only after an audit of the June 2004 site profile by Sanford Cohen & Associates did NIOSH take seriously the comments of former workers such as Mr. Walker. As a result, NIOSH has made corrections to the site profile in the last year. But as your recent Board meeting demonstrates, there are significant outstanding questions about the site profile. In addition, relevant information that is not reflected in the site profile continues to be brought forward.

"For all of these reasons I strongly believe that the only fair course of action is to establish a special exposure cohort of the Bethlehem Steel

workers, and I have introduced legislation to accomplish this goal. The reason that a special exposure cohort is necessary is that the data we have at Bethlehem Steel is woefully inadequate. There is no personal monitoring information for Bethlehem Steel workers. The small amount of air monitoring data that does exist was taken far from the rollers where the uranium work took place, and the use of surrogate data from the Simonds Saw facility ignores important differences between the two facilities.

"It is too late for the federal government to meet the promise of 'timely' compensation made by Congress when EEOICPA was passed in 2000, but there is still an opportunity to treat Bethlehem Steel workers and their families fairly. In light of the lack of exposure data, the outstanding questions about the site profile and the many years that claimants have been waiting, I urge you and the Advisory Board to act at your next meeting by recommending a special exposure cohort for the Bethlehem Steel facility.

"I thank you for your consideration of my views on this important matter and look forward to your prompt reply. Sincerely yours, Hillary Rodham

Clinton."

DR. ZIEMER: Thank you, Lew.

That is the letter and as I say, much of it is similar to letters that we've received from other members of the New York delegation. So I do need to respond to it in some manner, and we can actually discuss the response after we deal with the motion. I think the immediate question was does the letter itself impact on the motion?

And Mark, I think that was basically the question you were asking.

MR. BROEHM: Dr. Ziemer?

DR. ZIEMER: Yes.

MR. BROEHM: This is Jason Broehm in the CDC Washington office.

DR. ZIEMER: Yes, Jason.

MR. BROEHM: I just wanted to make sure that you had also seen a November 14th letter from Senator Schumer. It was sent to your attention in Cincinnati.

DR. ZIEMER: I --

DR. ROESSLER: The one that was sent out on November 28th, and I think we all have copies of it.

MR. BROEHM: It was forwarded by you to all Board members.

DR. ZIEMER: Oh, okay, I don't have that letter here, and so when you gave a date, I've received over this past year several letters from Senator Schumer so. I think it's been distributed to the Board or was sent to all the Board members.

Questions or comments now? We're still dealing with the original motion.

(no response)

DR. ZIEMER: I'm going to raise a sort of a parliamentary question here. The motion, I'll ask Mark, it says it's the opinion of the Board and the Board's contractor. I'm wondering if the Board can take an action to express the opinion of our contractor. Might we -- and there are contractor representatives on the phone, and I don't know if the contractor is authorized to include this. But I was going to suggest if we could say something like it is the opinion of the Board based on input from our contractor, but I -- Mark is that --

MR. GRIFFON: Yeah, that might be better. That was, the intent was really just to indicate that, you know, the contractor was involved in this

resolution process. So I think you're right. We can't give their opinion, but based on input from the contractor.

DR. ZIEMER: Well, I wonder if the working group would consider that to be a friendly -- well, the Chair shouldn't be amending the -- does someone wish to propose that as a friendly amendment?

MR. PRESLEY: This is Bob Presley. I will, I had sent something in to leave that statement out of there, but I will be the person to offer that friendly amendment.

DR. ZIEMER: Okay, the friendly amendment, and I think we could put it parenthetically, it is the opinion of the Board, parenthesis, based on input from the Board's contractor. Would that be satisfactory, Mark?

MR. GRIFFON: Yeah.

MR. PRESLEY: That's satisfactory to me. This is Bob Presley.

DR. ZIEMER: Okay, that's the friendly amendment from Bob Presley, agreed to by the mover of the motion.

MS. MUNN: Well, Wanda has a little concern about --

DR. ZIEMER: Okay, Wanda.

MS. MUNN: I believe our contractor has agreed to all of the items that are listed in the matrix. We've gone through them rather extensively. And in each case the contractor has agreed to all the items that were dropped off of the matrix because they were resolved, and has agreed to the stipulations that are shown on the matrix.

This was not just input from the contractor that brought us to this point. It was a rather arduous effort with the contractor's involvement. Therefore, I guess if we're going to, if we're going to say that we cannot speak for the contractor, then since the contractor is on record as having agreed to all the things that we have there, it's my feeling we should either leave the wording that it is the opinion of both the Board and the contractor, or we should eliminate the contractor comment completely. Or we should expand it further more than just by input from the contractor.

They haven't, this has not been casual input is the point I'm trying to make. And anyone who reads this statement I would like to have understand very clearly that the contractor has indeed agreed that

this is the circumstance now, and these have been, these actions have been agreed to.

DR. ZIEMER: Thank you for that input.

What do the other Board members feel about it? Do you want to leave it as it was?

In other words, Wanda, from what you said it sounds like actually the working group was somewhat intentional about including that statement, and it has a certain strength of its own. Unless the contractor objects, we could certainly leave it in.

MS. MUNN: Well, let's say that the working group has discussed this specific point. And if there is objection from the contractor, we have contractor personnel on the call here. Is there an objection?

DR. WADE: Is John Mauro on the call?

DR. MAURO: Yes, I am. Either way is certainly fine with us.

DR. ZIEMER: You have no objection to having --

DR. MAURO: Whatever the decision is, whether to leave some language in there making reference to the contractor or not, that's certainly, it's appropriate from our perspective either way.

MR. GIBSON: This is Mike Gibson. I think we

should leave it as is.

MR. GRIFFON: I guess that was my original thought. I agree, Wanda. You're correct on this.

DR. ZIEMER: We're hearing from Mark, Wanda and Mike who are all on the working group that it was their intent, the objector, or the contractor doesn't object.

So Robert, the friendly amendment was not sufficiently friendly, I guess. Do you object to withdrawing that?

MR. PRESLEY: This is Bob Presley. I had offered up something to the working group about leaving the wording totally out, prior. I can live with it either way.

DR. ZIEMER: It seems like most of the working group thinks it should be in. Board members, any objection to leaving it in as original?

(no response)

DR. ZIEMER: There appears to be no objection so we're back to the motion as originally presented.

I noticed, Wanda, in the version you sent out, you had asked that it be in parentheses, however.

MS. MUNN: Well, I had -- this is one of the

reasons why I said the working group has discussed this point. We've gone back and forth about it. And I am one of those who originally questioned whether we could speak for the working group. And then after discussion it was very clear to me the working group has been, that the contractor's been part and parcel of everything we've done in the working group, and they have agreed to this. So there's no reason why we shouldn't state that, in my view now.

MR. GRIFFON: I think most of the discussion we had was can we speak for the contractor, not how much they weighed in.

DR. ZIEMER: Thank you.

Further discussion. We're dealing with the motion as distributed by Mark. Board members are you ready and comfortable with taking action on this motion?

DR. ROESSLER: Yes.

MS. MUNN: Yes.

DR. ZIEMER: Okay, we're going to do it by roll call so if you're in favor of the motion, say yes. If you're opposed, say no. If you're abstaining, say abstain. Lew will call the roll.

DR. WADE: Dr. DeHart.

DR. DeHART: Yes.

DR. WADE: Robert Presley.

MR. PRESLEY: Yes.

DR. WADE: Mike Gibson.

MR. GIBSON: Yes.

DR. WADE: Gen Roessler.

DR. ROESSLER: Yes.

DR. WADE: Wanda Munn.

MS. MUNN: Yes.

DR. WADE: Henry Anderson.

DR. ANDERSON: Yes.

DR. WADE: Jim Melius.

DR. MELIUS: Yes.

DR. WADE: Mark Griffon.

MR. GRIFFON: Yes.

DR. WADE: Leon Owens.

(no response)

DR. WADE: Richard Espinosa.

(no response)

DR. ZIEMER: I vote, too.

DR. WADE: Let the record show we have not heard from Leon Owens or Richard Espinosa.

Paul Ziemer.

DR. ZIEMER: Yes.

DR. WADE: The motion passes.

DR. ZIEMER: Thank you very much.

In connection with Bethlehem Steel, let me now raise the issue of responding to the Clinton letter. Does the Board wish to have me respond in a manner similar to the other letters to the New York delegation? If I did so, I would simply update the numbers to, say, the end of December rather than the end of October. But, or do you wish to propose that anything else be said?

DR. DeHART: This is Roy. I think since the letter is very similar, if not identical, I would recommend that we respond in kind.

MR. PRESLEY: This is Bob Presley. I agree.

DR. MELIUS: This is Jim Melius. I disagree. The reason -- I don’t have the other letters here, but I have the response to the other letters. And I think Senator Clinton raises some slightly

different issues, and I just think it would be more sort of polite to craft a letter that may have only a few changes in it. But I think the issue of the special exposure cohort status at least, was not addressed in our responses to the other letter. And I would just caution that we look and make sure that we're responding to the points raised in the actual letter.

DR. ZIEMER: I don't recall actually whether that was or not, Jim. I'll have to go back and look. What I'm going to suggest, if everyone's agreeable, that I draft a letter and have it ready for you to review at our full meeting. I don't think we want to wordsmith this now by phone. It would simply delay things by a couple of weeks. But I think rather than try to go back, I don't have the other letters here with me in Cincinnati, but we could get them. But does anyone object to us using the, drafting a letter, and I would distribute it in advance of the meeting and then you'd have an opportunity to look at it? I'd take into consideration the comments on SEC and any other specific things, otherwise I think it probably is quite similar.

DR. WADE: I think just to be clear on this, Jason

Broehm, are you with us?

MR. BROEHM: I am.

DR. WADE: Do you have the letter you referenced from Senator Schumer?

MR. BROEHM: I do have it here.

DR. WADE: Could you read that letter just so, I want to be sure that if that letter has been responded to, we acknowledge it. If it's not, that Dr. Ziemer also draft a response to that.

MR. BROEHM: It's a letter from Senator Charles Schumer from New York dated November 14th, 2005, addressed to Board Chair, Dr. Ziemer.

"Dear Dr. Ziemer: First of all, thank you for recommending to the Secretary of Health and Human Services that a special exposure cohort be granted to the former workers of Linde Ceramics. The Board's decision to apply the special exposure cohort to long-suffering Linde Ceramics' workers is just, enlightened and humane.

"Prompt approval of this approach will provide former workers who were exposed to harmful and even lethal doses of radiation while they toiled in America's nuclear weapons program long overdue access to justice. Today I wrote to Secretary

Leavitt, urging his final approval of this recommendation.

"However, the intelligence of the Linde decision only underscores the festering injustice that continues to be visited upon the former workers of Bethlehem Steel. Those workers have waited far too long for the opportunity to seek justice for the injuries they suffered while building the arsenal of weapons that underpinned our nation's security during the Cold War and beyond.

"Therefore, today I am also urging the Advisory Board on Radiation and Worker Health also grant a special exposure cohort to Bethlehem Steel workers. As you know the Linde decision was made using a 42 CFR, Chapter 1, Subpart (c), Section 83.6 which allows NIOSH to grant a special exposure cohort to workers if there is 'insufficient information to estimate the radiation doses of the claimant with sufficient accuracy.' I believe that this clause is also applicable to the former workers at Bethlehem Steel.

"Currently, data from the era when Bethlehem Steel workers were exposed is incomplete. In an attempt to devise a dose reconstruction model,

NIOSH is using air sample data from Simonds Saw and Steel. It is very possible that an accurate dose reconstruction model cannot be formulated, a situation that will exacerbate delay. Simply put, further delay in granting compensation to former Bethlehem Steel workers is unconscionable. A better, simpler, faster and infinitely more just approach is to grant a special exposure cohort to these workers as soon as possible, perhaps at the next meeting of the Board.

"Secondly, I ask you to hold the next full meeting of the Board scheduled for January 25th through 27th, 2005 (sic), now scheduled to be held in Knoxville, Tennessee, in Buffalo, New York. I believe all of the former Cold War era nuclear workers have the right to witness actions taken on the site profile and to directly participate in the public comments session.

"Despite having one of the greatest concentrations of facilities involved in nuclear weapons production and related activities, western New York continues to be severely underserved by the Energy Employees Occupational Illness Compensation Program. During the Cold War, New York was home to 36 former atomic weapon employer

sites and DOE clean-up facilities. In the eight counties of western New York there are 14 facilities that participated in the manufacture of America's nuclear arsenal. The time is now to allow these beleaguered Cold War soldiers to directly participate in the program that was designed to provide the justice and compensation their sacrifice merits.

"If you have any questions, please do not hesitate to contact me. I can be reached at 2-0-2-2-2-4-6-5-4-2. Sincerely, Charles Schumer, United States Senator."

DR. WADE: Thank you.

For the record, I think that letter has been distributed to Board members.

DR. ZIEMER: I believe that's correct. So both of these letters will require a response, and both of them reference the issue of a special exposure cohort for Bethlehem Steel. So that would require a specific, or a somewhat different response than the original letters did.

So what I will propose then is drafting both of these letters for Board review. Now, I don't know, this issue of meeting in Buffalo, I'm not sure we

can do anything about that at this time since that Oak Ridge meeting's been established for quite some period there, right, Lew?

DR. WADE: Correct. I don't think that's an option.

DR. ZIEMER: Any comments, Board members, on that Schumer letter?

MR. GIBSON: Dr. Ziemer?

DR. ZIEMER: Yes.

MR. GIBSON: This is Mike Gibson. Since, as far as I know, we haven't made our travel plans or anything else other than maybe booking the motel in Oak Ridge, or not -- yeah, Oak Ridge, and I understand that we're not going to be able to deliberate the Oak Ridge or the Y-12 SEC petition, is it, in fact, too late to try to get a motel in Buffalo and change our meeting place?

DR. WADE: This is Lew Wade. I think logistically, Mike, it could be done. I think that we will have substantial discussions in Oak Ridge on the Y-12 site profile. Again, the issue of a special exposure cohort really needs to be sorted. There is no such proposal on our table; and therefore, it would be my sense that we would continue with our

plan to meet in Oak Ridge in the end of January.

DR. ZIEMER: Both of these letters indicate that some legislation has been or is being introduced by both individuals to designate Bethlehem Steel as an SEC. We don't have a petition I don't believe.

MR. ELLIOTT: No, sir. This is Larry Elliott. We do not have a petition.

MR. GIBSON: I'm sorry; I misspoke. I meant the site profile was on the agenda I believe.

DR. ZIEMER: Right, right.

DR. ROESSLER: This is Gen Roessler. Paul, on the letter, I have one in my file that you responded to Senator Schumer on November 28th. Is that a different letter?

DR. ZIEMER: Yes, there was an earlier letter that we had at our last meeting. There were several letters from different ones in the New York delegation, and we approved a response which basically provided them information on the awards already made at Bethlehem Steel and the status of the claims there at least through, I think, October.

Basically, it was an information letter. And that was based on the fact that the earlier letters

seemed to imply that no one at Bethlehem Steel had been, no cases had been dealt with or something to that effect. And a large number have been already, doses have been reconstructed, and actually quite a large number of awards were actually made. But it was simply an information letter.

DR. ROESSLER: Okay, I think I --

DR. ZIEMER: These two came in after our Board meeting, and therefore, have not been responded to.

Yeah, go ahead.

DR. ROESSLER: Thank you.

DR. WADE: I just think I would -- this is Lew. I'd be pleased to hear from the Board as to its desires on the location of the next meeting. I just stated my view.

DR. ZIEMER: Any other comments?

MR. WALKER: Dr. Ziemer?

DR. ZIEMER: Yes.

MR. WALKER: Eddie Walker. I certainly obviously would like to see it in Buffalo being that I understand that Bethlehem Steel was the largest AWE facility in the country, and we're the ones that we had the first dose reconstruction along with the

site profile and technical based document, that it would only be fair to the group up here that it be discussed and a settlement made up here of some sort or a decision made up here. So I think Senator Schumer asking for it to be held in Buffalo is certainly a reasonable request.

DR. ZIEMER: Thank you.

Other comments, Board members?

MR. PRESLEY: This is Bob Presley.

DR. ZIEMER: Bob.

MR. PRESLEY: As I understand it right now, we do not have any action that can be taken in Buffalo until we get an SEC petition from them. Is that correct?

DR. ZIEMER: I believe that’s the case. Is that -- let me defer here.

MR. ELLIOTT: That’s correct. We have no petition on Buffalo on the Bethlehem Steel site and with the Board’s motion being passed just now , we will, you know, make revisions to the site profile, but I don’t believe that we have any business relevant to Bethlehem Steel for the --

DR. ZIEMER: Well, I think that Jim told us that

those revisions would not be ready for our next meeting anyway. Is that correct?

DR. NETON: Right, the --

MS. MUNN: I think that's correct.

MR. PRESLEY: That's what I heard him say. This is Bob Presley. I can see -- I hate to say that, but I can see no reason right now for changing this meeting, and then maybe down the road we schedule one for Bethlehem Steel when something comes up.

DR. ZIEMER: Other comments?

MS. MUNN: This is Wanda. I understand the concern that everyone has for timeliness here, but I also understand the need for timeliness with respect to all of the other sites that are involved. And we do have a basketful of sites. We are currently working on several activities in the Oak Ridge area, and Y-12 is taking an incredible amount of time and an incredible amount of effort for all of the agencies and the contractors involved. We probably need to be at Y-12.

MR. WALKER: That burden -- pardon me, Dr. Ziemer?

DR. ZIEMER: Yes.

MR. WALKER: That burden wasn't caused by Bethlehem

Steel workers. I thought there was ample time that we could have come to a decision by now, but I can't see where Bethlehem Steel, as far as having a meeting in Buffalo or down at Y-12, you know, it doesn't make much difference to me except I don't think any final decision should be made outside of Buffalo.

DR. ZIEMER: Okay, thank you.

MR. WALKER: And we have been working on it a considerable amount of time, and I know everybody's put a lot of work into it. But I just feel that we should, it should be done up here being that other facilities are waiting on our decision on how you do your dose reconstruction program. And as far as not putting in a special exposure cohort, the reason that wasn't done because our site profile was completed, and we were being denied in 2003.

So what's the sense of putting it in in 2004 when you've already been denying our claimants and judging our claimants whether they get approved or disapproved? Why a year later would we put in a special exposure cohort when I was told by one of the executives that we wouldn't get it anyway because of the dose reconstruction, that they can construct one at Bethlehem Steel? So what would be

the purpose of me going through that, of putting our group through going through all of that when we know we're going to have a dose reconstruction?

DR. ZIEMER: Okay, thank you.

Board members, any further discussion on either the letters or the siting of the next meeting?

(no response)

DR. ZIEMER: Just let me make sure that I have some kind of consensus or at least agreement. Are you agreed that I should go ahead and develop a proposed response to these two letters for action at the January meeting? Any objections to that?

MS. MUNN: No, this is Wanda. I think you should do that. My only concern is whether the senators will continue to think that this is an additional, unnecessary delay. They're concerned with timeliness. But I see no other way that we can do it fairly.

DR. ZIEMER: Well, I think it's quite possible, sort of off-line that NIOSH and maybe Lew is able to keep their staffs apprised of, I think they're aware of our own internal limitations on responding to these letters. So they understand the situation and that the response will be shortcoming, and they

can be kept apprised of, you know, the situation in that regard.

MS. MUNN: I would appreciate your drafting it for, on behalf of the Board.

DR. ZIEMER: Unless I hear objections, I'll plan to do that.

At this point it doesn't appear that we have any strong sentiment to move the meeting, so and that's really not an agenda item, but unless the Board members wish to make specific motions, I'm going to proceed here with the agenda.

REPORT FROM WORKING GROUP ON BOARD REVIEW OF SEC PETITIONS
DR. JAMES MELIUS, GROUP CHAIR

Our next item on the agenda is the report of the working group on SEC petitions, and Dr. Melius has chaired that working group, and Jim if you would -- let me make sure everybody has a copy of Jim's draft document. It's called "Report of the Working Group on Special Exposure Cohort Petition Review". It's a draft dated December 29th. Jim, thanks for putting the date on that.

DR. MELIUS: I figured it would make it easier --

DR. ZIEMER: Right, we always have these problems with drafts, which one came first. So Jim, if

you'll proceed and present, walk us through that and any comments you wish to make.

DR. MELIUS: It just indicates that the draft dated 12/29/05 does not incorporate all of the comments from other working numbers. Paul has actually sent me some comments, and Mark has, that are not yet incorporated into the draft. And Roy was also looking over it, and I think, will be sending some comments. So I think everything can be blamed on me and probably on the transcript because I did go over, try to reference some of the stuff back to the transcript at the time.

DR. ZIEMER: Jim, before you just take us through that, let me point out that I don't think we need to necessarily take action on this today. This is basically an information report for the Board, solicitation of additional input perhaps with the opportunity to update the draft and maybe come to closure at the next meeting or later depending on how we progress. Is that, was that your understanding as well?

DR. MELIUS: Correct, yeah. What I will just try to do is sort of walk through the process (inaudible) the report, but leave it open for comments. And then we'd also obviously be open to

raising comments from both Board members as well as others. And we can then incorporate and probably produce another draft in time for the next Board meeting in a few weeks.

DR. ZIEMER: Okay, thanks, proceed.

DR. MELIUS: There was a meeting held in mid-November of the work group. We've had, at that one meeting, members of the work group were myself, Roy DeHart, Mark and Paul. Also attending the meeting in Cincinnati was Lew Wade, Larry Elliott, Jim Neton, Stu Hinnefeld and a number of other NIOSH staff members, and I believe Brad Clawson also sat in for much of the meeting.

And the purpose as we discussed at our last meeting was sort of to try to develop a document and a procedure and some criteria that would help both NIOSH and the Board in evaluating special exposure cohort petitions. And in doing that we determined that we would not, we would use, develop this document in the context of the current regulations, and we would not try to question or change or propose changes to those regulations.

So some of us would be, want to do that or certainly have concerns about the regulations.

This was developed within the context of the current regulations to that. And so really we're focusing on, you know, is the criteria of sufficient accuracy and so forth and NIOSH's current methods.

We identified a number of key points or what we labeled there the second page of this is "Key Considerations for Board Review". One was that these petitions needed to be reviewed and evaluated in a timely fashion. So what we, in that our Board's evaluation of NIOSH's evaluation or Board's review of NIOSH's evaluation of an SEC petition also needed to be able to be completed in a timely fashion. And so we needed to sort of stay focused and there's a number of considerations that came up there.

We obviously were concerned that the evaluation and our review of that evaluation should consider, you know, should the fairness of our actions. Was this consistent with what was being done at other sites, and were we treating everybody potentially within the cohort in the same manner.

It also needed to be understandable or comprehensible to those involved. And that in itself can be quite challenging given how

complicated these sources of information can be and how much uncertainties there are.

And then as I mentioned, they needed to be consistent, we need to be consistent both within sort of evaluating a petition from a site, and treat everybody at that site fairly, but also we need to maintain consistency from site to site in evaluating petitions.

We also then focused on sort of the scope of the review recognizing that each petition was different, every site was different, and we could develop some general criteria, several steps for evaluation but again recognizing that these would have to be modified going from site to site, and even petition to petition within a site, so would do that.

One of the key areas that we focused on because it had become a area of concern, and we'd spent a lot of time on it dealing with Iowa, Mallinckrodt and SEC evaluations was the credibility and validity of the datasets that were being under consideration. And so in our evaluation, NIOSH's evaluation and our, the Board's review of the evaluation, we thought that we needed to sort of try to pin down what were the key criteria that we

would, type of criteria that we would be looking at in evaluating the credibility and validity of the datasets.

I think one key concept is that we wanted NIOSH to be able to hone in on what were the important or key datasets that in a sense would be key for making a determination of a special exposure cohort. If they weren't, those sources were, the particular exposures were not going to make a significant contribution to a person's overall exposure, you know, a person who worked at that site, their overall exposure, we didn't need to spend as much time.

But I think our experience has been in both Iowa and Mallinckrodt was that there are certain key sets of data that were going to be critical for evaluation of people's exposure at that site, and those were the ones that we needed to focus on. And I think also as we found, I think, in Mallinckrodt that it may take some time for NIOSH to figure out what are the key, critical datasets.

So I'll describe a number of criteria or areas that need to be focused on in looking at the datasets. One was the pedigree of the data. Secondly, obviously, is the methodology that was

being used to monitor exposure. Whether it was either external or internal monitoring. What was the relation of that dataset or information in that dataset to other sources of information about the site, about the (inaudible) to other sources of exposure data from that site. And finally, NIOSH needs also to be looking at the internal consistency of that data.

And then another, I think, key concept was the representativeness of the data. What areas of the facility were represented in that dataset so that, did it include all the relevant areas where people were exposed? The time period of that dataset were critical. And particularly as we tended to look at particular time periods, sort of the border or the margins of those datasets, exposure datasets, become important where they shift to a more robust form of exposure monitoring. I think we spent a lot of time trying to figure out how do you extrapolate from one set to another, one time period to another.

The types of workers in processes covered by the exposure dataset were important. And again, one concept here was making sure that all the key types of work or job titles, however we split up,

are well-covered by that exposure dataset. That we needed to, it may be very good for one group of workers, but could conceivably be a very poor characterization of the exposures for another set of workers.

And I think that sort of flows into sort of datasets and subsets of that data in terms of what areas, geographic areas might be covered, what groups of workers are covered. And I think we've come up with sort of a set of key questions that need to be evaluated there.

Then we also talked about ways that NIOSH can demonstrate the feasibility and sufficient accuracy of that. You know, what did the evaluation of a special exposure cohort, what information needed to be presented to the Board in a way that would help us come to a decision or come to making our recommendation. Some of that was what was feasible to do, plausible in terms of being able to do the evaluation, but the timeliness of the overall effort, NIOSH has a time period put on them for evaluating petitions.

The Board needed to be responsive to that. We needed to be able to focus on the data at hand at that time, that while there may need to be further

work done on it in order to be able to do individual dose reconstructions, that needed to be able to be accomplished within a reasonable time period. We had to also void -- disburse the treatment of different groups of claimants to that.

And finally, I think we agreed that in, similar to how we've done in the most recent petition evaluations, I believe at Mallinckrodt, that sample or representative dose reconstructions were a useful way of demonstrating, of NIOSH demonstrating to the Board that there are methods that might be proposed if they believe it's feasible to do individual dose reconstruction, that that would be, that was a good way of demonstrating that to the Board, and the Board evaluating NIOSH's plan.

We also proposed, talked about some procedural changes to the way that throughout the process. One was that NIOSH in presenting to us their evaluation plan, that at some point this plan becomes a little bit more detailed than what's being developed now. Right now, NIOSH because really puts out a plan before they really had much of an opportunity to explore the data and develop a specific and comprehensive plan for how they're going to evaluate that data in relationship to the

petition.

Like we were looking for a, it may be somewhat later in the process, a more detailed plan thinking that that would help the Board focus on how it would need to do to review this petition or this evaluation of the petition as well as NIOSH in going forward. And also, I think as we've discovered in doing the past few SEC petition evaluations was that the review of the site profile, or at least the parts of the site profile that are relevant to the petition were extremely useful in being able, the Board being able to evaluate and review NIOSH's evaluation of that SEC petition.

So that's a thumbnail sketch of the summary of a three-hour meeting. I believe the transcript of our discussions and deliberations is found on the website that may contain more detail. There are certainly some things that I think that are left, that haven't been sort of fleshed out in this. I think we were trying to give time for people to react.

But it may very well be that either as part of this work group plan or as part of some later Board deliberations or the work groups that we may want

to more fully develop some of these criteria that, at least critical criteria that keep coming up over and over again in our SEC petition evaluations. What is, what do we mean by feasibility, representativeness and issues like that that we may want to spend more time on.

I think it's fair to say, and I'll let Larry or Jim or Lew, whatever, that even though this was a work group of the Board, there was significant input from NIOSH at that, a really good exchange so I think we're hoping that our final set of recommendations is something that will help NIOSH in terms of how it evaluates SEC petitions. And in turn, might just focus for the Board in our review of those evaluations.

DR. ZIEMER: Jim, thanks for leading us through that. There are some comments here from Larry Elliott first of all.

MR. ELLIOTT: Jim, I think you did an excellent job of giving us an overview of the discussion that was held. I think it was a very valuable discussion. I certainly appreciated hearing the thoughts and comments of the working group, and we tried to be, from NIOSH's side of the table, very contributory to the discussion as well.

I think it's clear to us that while we may have been doing some of these things that are, that you identified in this document and from our discussion, we weren't doing them as openly and as transparently as we should be. And we certainly take note of that and we'll work and strive harder to show how we proceed with our evaluations of these petitions.

I think it was very helpful to us to have the discussion about sufficient accuracy and feasibility and representativeness of data, and we look forward to continuing this discussion. I would offer that, you know, I think a lot of these considerations are being factored now into how we proceed in developing our evaluations of SEC petitions, how we proceed in our review of site profiles. And we're taking this all to heart as we move forward.

DR. ZIEMER: Thank you, Larry.

DR. MELIUS: This is Jim Melius.

DR. ZIEMER: Jim, go ahead.

DR. MELIUS: I think it's also important that I think also we as a Board, and I'll speak for myself here, not necessarily for the whole Board, but I

don’t think we’re always being as consistent and careful in terms of how we were evaluating your evaluations or reviewing the evaluations produced at NIOSH.

I think we’re all sort of searching and trying to find what would be the best way so we weren’t always asking the questions at the first meeting. And maybe the third meeting or whatever, the third time something came up that we’d say, no, let’s look at this. Or we’d have this question or that question.

And I think what we’re both trying to look for is, both the Board and NIOSH, is a way, sort of a path forward that is more efficient so we don’t end up on some of these, spending a lot of time or a lot of meetings trying to go over territory that’s not really, turns out not to be very helpful, and so in the same time provides an overall a fair and sound review of these petitions. So hopefully what we’re trying to achieve here is something that would help and work for both of us in this process. So I don’t believe it’s trying to be critical of what NIOSH has done or not done. I think it’s been sort of a, whether it’s fault, it’s mutual. And I think we just needed to really sort of focus in now

that we've had some experience dealing with these evaluations.

MR. ELLIOTT: Jim, I agree, and I think it's going to lead us to a more efficient operation. We're going to be able to handle these petitions more in their reviews, their evaluations and your review of that in a more efficient way than we have.

DR. ZIEMER: Yeah, and Lew has some comments here as well. Lew, go ahead.

DR. WADE: I have no comments about the excellent work product, but just to remind the Board of a conundrum that we face and will continue to face. That is, once a petition is qualified, NIOSH has 180 days to put a petition evaluation report before the Board. As this piece of work points out in several locations, particularly the last two sections of petition evaluation and site profile review.

Quite often during that period there is very active work going on in terms of site profile review and resolution. This creates a problem for all of us. I think what this document begins to ask NIOSH to do is to -- and I'll read from it. "To extent that it is feasible for NIOSH to

delineate the planned scope of their evaluation including the actual steps they plan during the SEC evaluation, this will help to facilitate the planning and preparation to the necessary schedule of meetings, conference calls, et cetera."

So there is an understanding here that it's quite possible that while NIOSH might put out an initial evaluation report, that evaluation report might have to delineate some specific actions that are planned and underway. I think it's also important that the message of this report and it's -- I read from the last element, number two site profile review. "Whenever possible the Board's review of the site profile for the site where an SEC petition is being considered, should precede the SEC evaluation review." It's a lesson we learned at Mallinckrodt. I think it's a lesson we need to take to heart.

I would like to talk just a bit about Y-12. We're actively involved in now discussions of the Y-12 site profile. It appears to us at NIOSH that we will not be prepared to discuss the SEC petition to closure at the meeting at the end of January because we haven't completed the SEC evaluation review.

So, you might have heard it in other locations. It is, therefore, our position that we will not take up the SEC petition for Y-12 at the end of January meeting. We will delay it as we continue to work on the petition evaluation issues.

MR. ELLIOTT: And I would offer that have treated, there were three petitions on Y-12, all three were merged together. And we treated two of the three fully and one of the three partially. And we have the remainder years that were proposed in that petition, 1948 to 1957, under current evaluation. That's why it's critical in our minds for us to resolve the issues around a site profile and answer those questions on those years.

DR. ZIEMER: Thank you for those comments.

Board members now a couple items here. I think Jim is really soliciting your comments on the draft, correct, Jim, so that before our next meeting we can consider and include the appropriate comments.

And then the other thing that we would like to do today, the Chair would like to do is, if any Board members believe that there are major concepts or considerations that have been missed or

overlooked by this work group, we need to identify what those are or if there's any significant flaws in this approach in your mind identify what those are so that we can be sure to address those as the revisions are made.

So let me just call on Board members. Is there anyone who wishes to point out some what you think is a concept or area that needs to be added or significant changes? I'm not looking for word-smithing right now.

MR. GRIFFON: Paul, before we move on to that, can I just ask Lew or Larry a question about the Y-12 petition?

DR. ZIEMER: Sure.

MR. GRIFFON: Is there a calendar issue here? When did the clock start ticking, and when is the deadline for this evaluation report? Are we --

MR. ELLIOTT: Well, the clock started ticking when the petition became qualified, and we met the 180 day deadline and provided an evaluation report to the Board that spoke to the early years of Y-12. And we are still pursuing the remainder years for that one petition.

MR. GRIFFON: The clock for the rest of the

remaining years? I don't understand it, but it's not an issue any more or...

MR. ELLIOTT: Well, I don't believe we see it as an issue, that we met the 180-day mark by providing a recommendation to the Board, an evaluation report on the early years, and we have provided a recommendation essentially to the Board that we're continuing our evaluation on the remainder of that petition pending the resolution of the site profile issues.

DR. ZIEMER: We've also, those initial deadlines have been met. Now action is with the Board and there's, the clock doesn't really run for now. Is that correct?

MR. ELLIOTT: I believe that's the way we would see it.

Mark, does that answer your question?

MR. GRIFFON: Well, it's an answer, yeah. I just, I thought that the entire, that an SEC petition had to have an evaluation report for all members of a class by that given deadline. I know this is a little different because it's been sort of merged, it merges three different petitions, but I'm a little unclear, but --

MR. ELLIOTT: I think it's a matter of how one interprets the amendment language, and I don't believe the merger contributes to the issue here, the merger of three petitions. It's actually one petition that we haven't provided a complete resolution for the petition. We've provided a recommendation in the evaluation report that resolved the early years and recommended a class.

And we stated therein that we were pursuing the evaluation for the latter years. And now we feel that we need to hold on coming forward with any recommendation on those latter years until we have resolved the site profile questions.

DR. ZIEMER: Thank you.

Let me return to my previous remark now Board members. On the work group product any comments or recommendations for Jim before we leave this subject?

MR. GIBSON: Paul, this is Mike.

DR. ZIEMER: Yeah, Mike.

MR. GIBSON: I just have a little bit of, I'd like to ask Jim maybe if he could comment for me. The difference in feasibility and plausibility seems to be kind of just intermingled. To me there seems to

be a difference between feasible and plausible. Plausible to me means something that it's just, it's seemingly or apparently that you could or could not do something as opposed to feasible.

I mean there seems to be a distinct difference, but yet these words seem to be used interchangeably, and I just wondered if Jim could comment on that or if they feel the same way, or they might consider changing that language a little bit.

DR. MELIUS: Yeah, Mike, this is Jim Melius. As I indicated while I was presenting this, that is a little bit confusing and it has something to do with sort of the outline that we wrote this from. And we were using them somewhat interchangeably when we were talking in the work group meeting in Cincinnati. And I think they just need to be separated out a little bit. And that may be the easiest way of doing it.

DR. ZIEMER: But perhaps some clarification of the use of those terms in the document. Okay, thank you, Mike. That's a good point.

DR. DeHART: Roy DeHart.

MR. ELLIOTT: If I might, Roy, I'd just jump in on

top here and say that we certainly agree from the NIOSH side that we need to be clear on what plausibility and feasibility mean. But in a, after number one, plausibility and feasibility, at the end of that passage there it speaks about the upper bound estimates must be plausible. I think that is appropriate use of that word in that context. And when we were talking about feasibility, we were talking about the feasibility of doing dose reconstruction. And then when you start applying the different methods (inaudible) data you bring in plausibility.

DR. ZIEMER: Yeah, there is a distinct difference and we need to clarify that. I think the point's well made.

Jim, we need to make sure that that's clear in the document.

MR. ELLIOTT: I'm sorry, Roy.

DR. DeHART: Not a problem. It was simply a comment that addresses both issues. And that is in the discussion that was held, it became very clear that evidence based is one of the major decisions on what NIOSH is doing as it applies (inaudible) and technology against the petition. And I think

that the fact that evidence based is so critical that in the information section where we're trying to explain to the world what's happening, there needs to be an incorporation of the phrase and an explanation of what is meant by evidence based.

DR. ZIEMER: Thank you, Roy. Where would that be in the document?

DR. DeHART: I don't think it's in the document per se that you have, you've been reviewing. It's in the discussion that occurred in Cincinnati.

DR. ZIEMER: Oh, okay, but where would it be incorporated in the --

DR. DeHART: In the early section, Section Three, Understandable.

DR. ZIEMER: Thank you.

DR. MELIUS: Yeah, this is Jim. I agree with that. I was a little hesitant to use the term since it's so widely used now in the medical world, but I think it is a good concept, and I'll add it in there.

DR. ZIEMER: Thanks, other comments?

DR. ROESSLER: Yes, this is Gen.

DR. ZIEMER: Gen.

DR. ROESSLER: Under the section representativeness, for example, number four where it talks about sufficient data, i.e., is it statistically robust. And then there's another area where something with regard to statistics is mentioned. I think I'd like a little clarification as to what do we mean by, in that case, statistically robust? How would that be identified or, you know, what would the test be?

DR. ZIEMER: Actually, and Jim, I guess this is considered you have to determine whether that's something that has to be in the document or whether the burden is simply on NIOSH in each case to demonstrate that something is statistically robust. I don't know whether a definition is called for here or not. Maybe that should be considered, but the point is made.

And Jim, I assume you're taking notes on these?

DR. MELIUS: I am.

MR. GIBSON: Dr. Ziemer?

DR. ZIEMER: Yes.

MR. GIBSON: This is Mike again. Is this just an internal Board deliberation or is the public going to have, once we get this policy --

DR. ZIEMER: Well, the document will certainly be made public. I'm not sure it's on the website yet, but it'll be part of our deliberations for the next meeting so it's going to be a public document.

MR. GIBSON: I'm just saying at that point is the public going to have input on what determines the approach for an SEC petition as far as our criteria?

DR. ZIEMER: Well, I think let me answer that in part and maybe NIOSH can also. I think on any petition the public has opportunity in the public comment period to comment on any issue in the petition. Members of the public could, for example, try to make the case for why something isn't statistically robust for example or whatever issue they have with, relative to our procedures. So I think that, I believe that opportunity exists, and I'll call on Larry if you want to comment further on that.

MR. ELLIOTT: Well, I think you're absolutely right. It does exist at that point. There's opportunity for public comment also when the Board takes up this document for further deliberation at your next meeting. There'll be a public comment period, and this document I'm sure will be at the

public table.

DR. ZIEMER: Mike may be asking for its application in particular, Mike you can speak for yourself, in particular cases will the public have an opportunity to, for example, indicate that they think that the procedure is not being followed in some way or was that the issue you were raising?

MR. GIBSON: Yeah, I'm discussing this house in particular. When we deliberate this, will the public have input?

DR. ZIEMER: Oh, yes.

MR. GIBSON: Okay, thank you.

DR. WADE: I think -- this is Lew Wade -- I think another strength to this document once it's been vetted and exists, is that it could be read by people who were contemplating preparing a petition, and they could use this document to frame their argument given the fact that this is the Board's sense of how it would be evaluated. I think that's providing really a great service.

DR. ZIEMER: Thank you.

Other comments or issues?

MS. MUNN: This is Wanda.

DR. ZIEMER: Thank you, go ahead.

MS. MUNN: I have a little bit of a problem with this robust, too. I always have. I think it goes back to the nebulous nature of, or perhaps I should say the individually interpreted nature of what a term might mean. As I'm sure all of you are aware, prior to the last decade the term robust was usually applied to a person's health. And suddenly it became a very popular term in term, in the business and academic world. And I've never been able personally to identify when something becomes robust and when it does not. I think it may depend, like beauty, on the eye of the beholder.

DR. ZIEMER: I can't define robust, but I know it when I see it. Is that right?

MS. MUNN: Yeah, that's exactly --

DR. ZIEMER: Well, I think perhaps in the document we might have, we might be able to discuss it in a little more definitive way, and then as I say in particular cases it may be up to NIOSH to show that statistically something is strong. And obviously there's a continuum.

MS. MUNN: It would be helpful I think, even Mr. Webster doesn't help. I'm staring at him right

now, and he's talking about things that exhibit strength or vigorous health and it's...

The one other thing, a completely overarching concept which may or may not be appropriate for this document, but it's one that concerns us continually and comes up time and time again, is the issue of timeliness. We have concerns ourselves about, very strong concerns about the timeliness of what we do, and how we can do it. And certainly, every single one of the claimant population regardless of whether or not they're in a special exposure cohort, are very concerned with the timeliness of our activities. It is, when we issue documents like this, it would seem judicious for us to consider the possibility of phrasing our timeliness issues in such a way that we incorporate something about the limits of resources that are available to accomplish these things. I know we're trying to outline here how we feel things can be most expediently done, but realistically, if we do not help identify for the public that there are limits to the resources involved in producing these documents and doing dose reconstructions, then I don't think anyone else is going to make that obvious. It would, in my view, be very helpful if

we at least make reference when we talked about timeliness to the fact that all of the things we do are of necessity.

DR. ZIEMER: Certainly a good point. You may want to provide some suggested wording that Jim might be able to incorporate into that part of the document, if you would please.

MS. MUNN: I didn't say a thing. Yes, I'll try to do that.

DR. MELIUS: Well, even if you don't -- this is Jim, Wanda, I will. I've made notes here so I will try.

MS. MUNN: Thank you.

DR. ROESSLER: Paul, this is Gen.

DR. ZIEMER: Yes, Gen.

DR. ROESSLER: In offering our critique, I didn't mean to overlook the fact that I wanted to comment on the overall document. I think this group has done an excellent job. And I agree with Wade that, or Lew Wade, that I think by doing this, this helps everybody and it helps possible petitioners and so on. And in particular I think they've done a good job of identifying the four key principles. Thanks to all the participants that we've got it in

writing now.

DR. ZIEMER: Other comments?

MR. GIBSON: Paul, this is Mike again.

DR. ZIEMER: Yes, Mike.

MR. GIBSON: I think what Wanda was pointing out, I think may have just kind of alluded better to what I was saying about feasibility and plausibility. There is a limit on technical information and time and money and et cetera. And is it feasible to do an accurate dose reconstruction as opposed to using the word plausible? I think that further --

DR. ZIEMER: Right, I think you're right, Mike, and that in some cases has to do with resources available and even some of the other parameters that were identified. The point is appropriate, yes.

Other comments?

(no response)

DR. ZIEMER: If not, this does not require action today, but we will look for a revised copy to come before the Board hopefully at our next face-to-face meeting later this month. Again, thank you, Jim, and work group, and for all the work done on this

document. Another comment?

MR. GIBSON: Yeah, this is Mike again.

DR. ZIEMER: Yeah, Mike.

MR. GIBSON: So if I understood NIOSH correctly, just let me clarify this, we're going to deliberate this draft at the next meeting, and there will be room for the public comment --

DR. ZIEMER: Yes, that's correct.

MR. GIBSON: -- before it's adopted? Is that true, Lew?

DR. WADE: Correct.

MR. GIBSON: Okay, thank you.

DR. MELIUS: This is Jim Melius. I will try to get a copy to Lew after I get comments in from people and the comments have been raised so far, get a copy over to Lew, say ten days or a week or so before the next meeting so they can post the draft we will be discussing on the website. That would be helpful.

DR. ZIEMER: And perhaps at least to address Mike's concern about public input, we need to make sure that we schedule this on the agenda for a time which is perhaps after the regular public comment

period so that those, we might alert the public to it. It'll be available, and if people wish to comment on it, they could. Or we could have our discussion and defer action until after the public comment period.

DR. WADE: Right, I think what we'll do is we'll schedule two public comment periods. At the first we'll make sure that everyone is aware of this and the fact that it will be discussed. And then we can hear comment from them as we might like, then we would have a discussion of the issue.

DR. ZIEMER: So we'll try to make sure that happens that way, Mike.

MR. GIBSON: Okay, thank you.

DR. ZIEMER: And you make sure it does, too.

DR. WADE: Let me be clear. I wasn't clear on my words. There are two public comment periods. The first public comment period will alert people to this. Then we'll have a second public comment period where they can come, and then after that second public comment period we'll deliberate. So I think that meets your intention, Mike.

MR. GIBSON: Right, thank you.

DR. WADE: I'd like to go back to the issue that

Mark raised because I don't want to gloss over it. And that is that the 180 days and the issuance of an evaluation report that, it's our interpretation, the interpretation at least how that speaks to me that that requirement only applies once to the issuance of the initial evaluation report.

Once that requirement has been met, there could be long discussions with the Board as there was in Mallinckrodt. There could be iterations in the issuance of further evaluation reports. There is no clock running there, only the initial clock for the issuance of the initial evaluation report.

So Mark, that's in part an explanation to what's going on here. Certainly NIOSH, if it was going to modify that report substantially, would have to do that before the Board was to take up the discussion of the SEC petition at a Board meeting.

MR. GRIFFON: I mean, I guess I, you know, I just am, I was a little surprised, Lew, because I know there's been a lot of push. Even at the last Board meeting you seemed to suggest that we really needed to move with the working group and move so that NIOSH could complete an evaluation report to present at the next Board meeting. I just had that like there was still some kind of time deadline in

mind. And I'm just a little concerned that now is a completely open-ended. I'm sure that all of us will be trying to close it out ASAP, but I guess that I just wanted a little more clarification on how this opinion was arrived at.

DR. WADE: I think there's always a timeliness pressure on the Board regardless of the 180 days. And I think it would have been ideal if we could have voted on the Y-12 later years SEC at the end of January. But what I hear from NIOSH is they are not in a position to issue an evaluation report substantially at this point; and therefore, I think the only prudent thing to do is to wait.

MR. ELLIOTT: I don't know if it's of any consolation, but I have spoken with the petitioners and explained the current status and the decision that we have made regarding evaluating the remainder of their petition. They were certainly thrilled, of course, that we added a class for the early years, and they seemed very understanding and accepting of our need to resolve the issues around the site profile before we move forward with the remainder of their petition.

DR. WADE: But the alternative we face, Mark -- and we can talk about this at the meeting -- would have

been to force NIOSH to issue an addendum to their evaluation report that would have been incomplete and likely changing. And we would have been down a Mallinckrodt path, and I don't think we want to do that again either.

MR. GRIFFON: Well, yeah, I understand the technical constraints certainly, but --

DR. WADE: This is the conundrum I mentioned earlier. We're going to have to deal with this in many shapes and sizes as we move forward because of the Board's desire to be complete in its deliberations with the site profile before it takes up an SEC, and the fact that there are time pressures associated with an SEC. So this is something we're going to have to get better at.

MR. GIBSON: Paul, this is Mike.

DR. ZIEMER: Yes, Mike.

MR. GIBSON: Does anyone have the exact language on the law for the SEC's because it seems like I remember it -- I'm kind of like Mark. It seems like something to the effect that all the documentation must be ready within 180 days or something like that, not just parts and pieces or, you know, parcel it out.

MR. ELLIOTT: We don't have it here in front of us but the language reads, "a recommendation".

DR. WADE: We will read the language either, right after lunch we'll get the language, and we'll read it.

DR. ZIEMER: We can return to this -- can you have it now?

Hold on just a minute here, we're trying to get --

MR. ELLIOTT: The language that specifies --

DR. ZIEMER: Well, let's, we'll get the language and see what, and clarify it here in a little bit, Mike and Mark, and make sure. I think NIOSH believes that they have met the requirements --

MS. HOMOKI-TITUS: Dr. Ziemer?

DR. ZIEMER: Yes.

MS. HOMOKI-TITUS: I'm sorry. This is Liz Homoki-Titus. I just joined the call. I have the language. "Deadlines, not later than 180 days after the date on which the President received the petition for designation as members of the special exposure cohort, the Director of NIOSH shall submit to the Advisory Board on Radiation and Worker

Health a recommendation on that petition including all supporting documentation."

DR. ZIEMER: We have received a recommendation.

MR. GIBSON: But, this is Mike again.

DR. ZIEMER: Yeah, Mike.

MR. GIBSON: Including all supporting documentation would be provided within 180 days?

MR. ELLIOTT: On the recommendation.

MS. HOMOKI-TITUS: Right, it's all supporting documentation on the recommendation.

DR. ZIEMER: I believe Larry had told us that the one part of the recommendation was that additional work be done, and the basis for that was documented.

MR. ELLIOTT: Yes, in the evaluation report we said specifically that we would continue the evaluation for the latter years.

DR. ZIEMER: That was the recommendation.

MR. PRESLEY: This is Bob Presley. I have a question.

DR. ZIEMER: Yeah, Bob.

MR. PRESLEY: If you get another petition of

similar action, and we roll it, or you all decide to roll it into the SEC, does the clock start all over again or is it still a 180-day clock?

MR. ELLIOTT: The clock starts all over again on that petition when it becomes qualified.

MR. PRESLEY: Okay, all righty.

MR. ELLIOTT: But if it is qualified, the 180-day clock for that petition starts.

MR. PRESLEY: That's what I thought. Thank you.

DR. ZIEMER: Any further comments on that?

(no response)

REPORT FROM WORKING GROUP ON Y-12 SITE PROFILE
MR. MARK GRIFFON, GROUP CHAIR

DR. ZIEMER: I think we can move ahead on our next agenda item, which is a report from the working group on the Y-12 site profile. You should have Mark's report which is a draft report. I believe he sent it out over the weekend, maybe the seventh. Mark's group, the working group just met last Thursday so he had to scramble to get this report out.

But anyway, there's a working group report, which is -- I'm looking for page numbers to see how long it is. But is there anyone that didn't get

Mark's report that was e-mailed out over the weekend? It's called "Summary of Work Group Meeting Discussion and Action Items".

MS. HOMOKI-TITUS: Dr. Ziemer?

DR. ZIEMER: Yes.

MS. HOMOKI-TITUS: I didn't get it. I don't know if LaShawn didn't get it or didn't have the opportunity to send it out to us. So if somebody has it by e-mail, that would be great, otherwise I'll just look at a copy of it later.

DR. ZIEMER: Can somebody e-mail it to Liz right quick? Or can we get it out to Liz?

MR. GRIFFON: The same with the matrix.

MS. HOMOKI-TITUS: I didn't get any of these documents so Emily can just fax them to me at lunch. That's fine.

DR. ZIEMER: One way or the other we'll get them to you.

MR. GRIFFON: Are we going to start these after lunch, Paul, or do you want to move into them now or?

DR. ZIEMER: Well, let me ask what the Board would like to do. Do you want to take a break now, or do

you want to --

UNIDENTIFIED SPEAKER: There is no matrix with this.

DR. ZIEMER: No, the matrix was sent out in, I have the matrix as dated at November 12th.

DR. NETON: That November 5th matrix will -- I don't want to speak for Mark, but a matrix will be coming out of the product of the working group, I think.

DR. ZIEMER: An updated matrix.

DR. NETON: An updated matrix which will be a summarized version of --

DR. ZIEMER: The original matrix was a 50-page document.

MR. GRIFFON: Yeah, I sent an updated matrix --

DR. ZIEMER: -- that Mark distributed that last November.

MR. GRIFFON: Did I not distribute the updated matrix? It should be a shorter matrix.

MR. ELLIOTT: All we got was the summary notes and action items.

DR. ZIEMER: Do we need the matrix for the discussion, Mark?

MR. GRIFFON: Not really. I have a five-page matrix which sort of puts in matrix form what's in the summary notes so it's really just maybe an easier way to look at it. But I can also try to e-mail that at lunch. I, myself, I would like to take a lunch since I've scheduled a phone call for that time.

MS. MUNN: I don't think the shorter matrix may have gotten --

DR. ZIEMER: I didn't get a shorter matrix and NIOSH doesn't appear to have it here either, Mark. Would you e-mail that out?

MR. GRIFFON: Yes, I will. I think I e-mailed it to Joe Fitzgerald for his quick review from SC&A's standpoint.

MS. MUNN: Yeah, I think that may have been the case because --

MR. GRIFFON: I probably didn't distribute it to everyone. I'm sorry.

MS. MUNN: Yeah, I still have that monster with 135 items on it.

MR. GRIFFON: I'll e-mail that right now, and then people over lunch can read it or whatever.

DR. NETON: Mark, who are you going to send it to? Will you send it to me, maybe?

MR. GRIFFON: Yeah, can I send it just to Jim and John --

DR. ZIEMER: Well, the Board members will need it, too.

MR. GRIFFON: -- and then the entire Board I'll send it to.

DR. NETON: I can print out my copy here and --

DR. ZIEMER: Liz, do you need a copy?

MS. HOMOKI-TITUS: I would like to get one, but I'm sure that somebody who gets it can just forward it to me.

MR. GRIFFON: And Lew, you're on my mailing list. Can you forward it to others that need it?

DR. WADE: Yes, I will.

DR. ZIEMER: Okay, then we'll take a recess for, till one o'clock. And just for housekeeping, does everybody call back in on this number? Is that how that works?

MR. ELLIOTT: Yes, you call back in and use your pass code.

DR. ZIEMER: Okay, any questions on that? If

you'll call back in in one hour, one o'clock eastern time, 12 o'clock central and so on, early morning out there in Hanford.

MS. MUNN: And waking up time for Wanda.

DR. ZIEMER: You can go get breakfast now, Wanda, and then come back. Okay, we're recessed till one o'clock.

(Whereupon, a lunch break was taken at 11:52 a.m., and the meeting reconvened at 1:00 p.m.)

AFTERNOON SESSION 1:00 P.M.

DR. ZIEMER: I think we can go ahead and get underway. During the lunch hour we had a request that the motion that was approved this morning on Bethlehem Steel be reread into the record, and Lew, do you have that -- yes, I have it here. Let me read that motion again. It's the motion that was approved by Board vote this morning relative to Bethlehem Steel. Here it is.

"It is the opinion of the Board and the Board's contractor that, based on the information available at this time, the Bethlehem Steel site profile as modified through the comment resolution process is acceptable for use in the NIOSH Dose Reconstruction Program with the understanding that the action items listed in the attached matrix will be completed and that NIOSH will track all ongoing action items and provide the Board with quarterly updates on each of the six items listed in the matrix."

And that is the action that was taken this morning.

DR. WADE: Thank you, Paul.

This is Lew Wade. I -- again, evolving our technique in terms of holding these kinds of conference calls so if at any point there's someone on the call who feels compelled to ask that a bit of information be shared or read,

please don’t be shy. Whether we’re, we’ll be able to do that or not, I don’t know. But don’t be shy in terms of making a request. We really want not only transparency but enlightened transparency so people can understand what we’re talking about.

DR. ZIEMER: In some cases such as the matrix, we can make it available by e-mail.

Hang on, we’ve got an extraneous phone going off. The Chairman forgot to turn his phone off. I think that was a call to order exactly what it was.

MS. MUNN: The Chairman is to be complimented on his choice of musical --

DR. ZIEMER: Yeah, in place of a gavel we have to use that.

I already took a roll call. The only one that was missing from this morning is Anderson. Did Dr. Anderson come online yet?

(no response)

DR. ZIEMER: Still not back. Well, we’ll proceed.

DR. WADE: We have a quorum and --

DR. ZIEMER: We have a quorum and perhaps he’ll be joining us shortly.

The item that’s before us now is the report from the working group on the Y-12 site profile. We have two documents done. We have the narrative report that Mark

had distributed over the weekend, and now we've added to that the five-page matrix to support that document.

So Mark, with that, do you want to --

DR. WADE: Might I -- just before Mark begins, this is on the altar of conflict of interest. We're going to be talking about the Y-12 site profile. There are three members of the Board who are currently identified as conflicted on Y-12: Dr. Ziemer, Mr. Presley, Dr. DeHart. Again, our procedures on a site profile are that those individuals can be involved fully in the discussion. They can stay at the table. They can contribute as they would. If there was to be a vote, they would recuse themselves. We don't anticipate a vote on this issue, but just again to be transparent, that's the situation.

MR. PRESLEY: Understood.

DR. ZIEMER: Thank you.

Okay, Mark, let me turn the mike over to you, and you can proceed.

MR. GRIFFON: I just wanted to make sure that there's a narrative and the matrix, and the other thing I should say right up front is that the both of those refer back to a December 19th report put together by SC&A, I believe, and edited by NIOSH, which was the conference call notes from the December 19th, 2005 meeting.

And the reason I say that is because in some cases

in this draft you'll see like Issue 1-A and Items 1, 2 and 3. Items 1, 2 and 3 are laid out explicitly in the previous set of notes. So you might have to do a little bit of cross-walking to completely follow these documents.

And then one other bit of information for this is that, and we tried to highlight this in the summary notes, that these items, while this is a site profile review, the focus clearly has been on the issues which the work group and which SC&A actually identified them out of their overall findings.

And they basically looked at the overall findings and said, of these, which ones are likely to affect or may affect the SEC petition before us. So we clearly focused on sort of these major items that could likely affect, and it doesn't necessarily reflect all the findings in the original Y-12 review that SC&A did. As an additional homework assignment this weekend, I did take these and sort of cross-walk back to the original findings.

And it's not always that straightforward. There was a very lengthy matrix that NIOSH put together, and if you look back at SC&A's original report, there's eight basic findings but under each one of those findings there's several items, many items actually in some cases. I just

want to be clear that this is not necessarily the universe of findings in the original SC&A report, but rather the work group's evolved to these sort of findings that we believe are the major items of interest or of concern with regard to the SEC petition before us. And then just walking through them, the format, there's internal dose is divided up or is up front, and each, under each issue there might be some items listed within a certain issue. And then for each, there's sort of a discussion of each, of what went on at the work group session. And then below that there's the actions related, or actions that came out of the discussions. And we felt like, I mean, it's actually good that we did this quickly from the Thursday meeting because we want to make sure we stay on top of these actions as we move forward. As you can see -- well, let's walk through the pages.

Issue 1-A, validity of data, items 1, 2, and 3, I rolled those together because in our discussion of this topic, items 1, 2 and 3 sort of overlap a bit and we sort of discussed all three at one time. Basically, there has been progress from the last meeting. NIOSH has made some data, some data available on the website, on the server actually, on the O drive so that SC&A and the Board have had access to an Access database for both uranium

urinalysis records from ’50 to ’57 and external monitoring records. But there remains to be quite a bit of work done in terms of validity of, and verification of that data.

Is somebody going to ask a question or...

DR. ANDERSON: This is Andy. I just came on.

DR. ZIEMER: Okay, thanks, Andy.

Go ahead, Mark.

MR. GRIFFON: Let’s see.

MS. MUNN: Reliability.

MR. GRIFFON: Yes, and Wanda, I hear Wanda’s comment. We did have a discussion during this, and it’s captured in the discussion topic here, of as we were talking about validity, validation of the data, there were some concerns about that term being used for this process and people interpreting it differently. It has a certain relevance in the research arena, and, you know, we’re in a compensation program.

So I think we’re trying to clarify through the work group process what exactly we, we’re, you know, what exactly they need to do to prove or to demonstrate, I guess, that this is reliable is the new term that we threw around at the work group sessions, that the data’s reliable to use for dose reconstructions.

And with that in mind we, I think where the

discussion sort of ended up was that more needs to be, there is going to, I think that NIOSH raised some concerns about the fact that it's going to be likely very difficult to uncover raw records, raw laboratory logbooks or data cards, et cetera, associated with this data. So, you know, how can they demonstrate the reliability of the data?

And we've discussed other possible means such as cross-walking with health and safety reports such as looking for quality control reports, past quality control reports from the time period, other items like that which are, some of which are outlined in the action items. So I don't think, I think we're still asking NIOSH to pursue whether there exists raw data, but I think they might report back to us, you know, how easily or not so easily accessible that data is. So I think that's the crux.

The other --

DR. ZIEMER: Mark, can I interrupt --

MR. GRIFFON: Sure.

DR. ZIEMER: -- just for clarification? And in this case by reliability, you're asking how well the secondary set of information represents the original dataset?

MR. GRIFFON: Yes.

DR. ZIEMER: Okay. And this has nothing to do with how good the data is, but whether it's a fair representation

of what is actually in the record. What you have is on a disk did you say?

MR. GRIFFON: Yes. So we have a database, electronic database.

DR. ZIEMER: Electronic database.

MR. GRIFFON: And also the other part of --

DR. ZIEMER: But that was generated by who? By DOE?

MR. GRIFFON: Well, this was by, yes, apparently this was Y-12 data transferred directly to the Center for Epidemiological Research, CER, because I use that acronym in here.

DR. ZIEMER: Not associated necessarily with this program but sometime in the past?

MR. GRIFFON: Right. My understanding, Jim, Jim Neton, correct me if I'm wrong on that.

DR. NETON: Right, this is an exact, we believe, a copy of the database that Y-12 uses for their radiation protection program.

DR. ZIEMER: So if there were some way to even sample selected pieces of this against an original, that would be a validation procedure, but that's the issue then.

MR. GRIFFON: That's the issue, right.

DR. NETON: We believe that these records may be in the Atlanta Records Center or some place like that which could take quite awhile to retrieve. Then the question

arose as to what, when you have hundreds of thousands of records, what's a representative, you're going to say it's verification or validation, then you get into the scientific issue --

DR. ZIEMER: Yeah, well, you need a robust sample is what you need.

DR. NETON: We did spend some time debating what that really meant.

DR. ZIEMER: Okay, thanks.

Mark, proceed.

MR. GRIFFON: Jim, I could hardly hear you on that last comment, but --

DR. NETON: I think Paul's paper may be covering up the --

MR. GRIFFON: Anyway, the other part of the database is the, one other factor in there was in the urinalysis database I believe there is this question of a lot of the values say calculated values, and they're dpm for 24-hour period I believe. And a question was raised as to how, you know, how these were calculated.

And we received some information on that from an annual report of 1965. We asked for some more follow up on that, just how were raw data values converted to dpm per 24-hour period as entered in the database? So that's the other, the other side, they're sort of tied together,

but they're a little different.

And I think that covers, I mean, I'm not going to read through every action item, Paul, unless --

DR. ZIEMER: No, actually these action items are fairly recent, right?

MR. GRIFFON: Yes.

DR. ZIEMER: So these are things that NIOSH will be working on --

MR. GRIFFON: Yes, and I --

DR. ZIEMER: Lew, for clarification, are these things NIOSH has already agreed to?

MR. GRIFFON: As of an e-mail this morning, I think, Jim.

DR. NETON: By eight o'clock, I got the e-mail over the weekend, but I wasn't aware that --

DR. ZIEMER: Well, I wasn't clear whether you'd agreed to this in the working group and Mark is just recording it or --

DR. NETON: No, actually as of about, that's right, about eight o'clock this morning I reviewed this document, and we have nothing of substance to add or --

DR. ZIEMER: Okay.

MR. GRIFFON: I would also note to all, you know, SC&A and NIOSH and work group members, I think these are still draft and I can still make edits to these after this meeting I believe.

DR. ZIEMER: Yeah, and keep in mind this is just a status report here. We're not taking action on this today. You're just giving the Board a status report.

MR. GRIFFON: Right.

DR. ZIEMER: -- giving the Board a status report.

MR. GRIFFON: And I should note, if you look in the matrix, I don't know if it came across in the summary notes as well, but in the matrix these pretty much tracked one to one, they should anyway. But in my third column I say outstanding action items, and the reason I put it that way is because the last conference call notes that you have, December 19th, there are other actions in here which, you know, I want to give NIOSH credit on progress they have made.

And I started to go back to the original findings and make the matrix, but it was just becoming too confusing over the weekend for me to pull all that together because the number schemes are different and everything. But they have, all these actions that we have now are outstanding ones, but that doesn't mean that in between December 19th and last week's meeting there wasn't any progress.

There was some progress. We have access to some databases and things like that, and they have responded to questions in other documents that we've received. So

I just want to make that point that these are now new action items. They might have been carried over, but they're essentially the outstanding action items.

MS. MUNN: Mark, this is Wanda. I made very few notes during our meeting. I was relying on other people to be my memory for me. But I did have three comments down here, and one of them is clearly covered in the compressed, the matrix that we have here.

But a couple of them I'm not sure whether they were covered. And actually the first one I am not certain whose action it was and precisely what we were talking about. But I made a note, "will track through manuals to find out where the conversion numbers came from." Was that covered in this last item you were just discussing?

MR. GRIFFON: Yeah, the conversion factor. That should be item 4, item number four, yeah.

MS. MUNN: Right, just wanted to make sure that was covered. And item 1, back on the third page, 1-c-1 under Action Item 2, when you were talking about NIOSH was sending a copy of the spreadsheet, I had noted "action NIOSH get to SC&A the key for collapsing the data into these larger categories." Was that captured?

MR. GRIFFON: I think that is the spreadsheet.

DR. NETON: Yeah, there were two spreadsheets, Wanda, and actually, I sent those Friday.

MR. GRIFFON: It might be spreadsheets, yeah.

MS. MUNN: Okay, I had thought somehow that there was another step in there somewhere that was necessary to make that conversion clear, but if this spreadsheet does it, great.

MR. GRIFFON: Yeah, I think it does it, yeah. And as Jim mentioned, this is real time. And I saw Jim Neton's e-mail come across that said that they've updated one of the external, I think the external monitoring database. They've added job titles now, and that's what the action, so they've already partially completed some, you know, they're working on these. It's real time.

MS. MUNN: Yeah, my sense is they're moving quickly on this.

DR. ZIEMER: Okay, Mark, proceed.

MR. GRIFFON: All right, I guess we can then go to page three which is item 4. We're under -- this is not my numbering system by the way. Issue I-a, item 4 is what we're kind of looking at, and intake of insoluble uranium and there is an action item. There's one action item for this, which is basically to, that NIOSH agreed to further look. I think this is a carryover action to further look at this question of high-fired uranium oxide. And I think we did, well, I guess that's just a carryover item, right, Jim?

DR. NETON: Yes, we discussed this and I think we stated our position, but we need to follow up with the references that SC&A provided us to verify that what we think is the case --

MR. GRIFFON: Right.

DR. NETON: -- fleshed out a little bit. SC&A has posited that there may be super Class F uranium at Y-12 and these two references that are listed here are offered in support of that position. And we need to look at that and see if they really do (inaudible) to it or whether it speaks really more to the type F.

MR. GRIFFON: But we did have a discussion on the effect on the dose reconstruction, and I think for the most part, I mean, correct me if I'm wrong, Jim, but for cancers of interest here, lung cancers primarily, you would assume Class S, and they would likely be compensated under the current model anyway. Is that --

DR. NETON: That's right, anyone who had any, anyone who was on a monitoring program, for example, missed dose alone for lung under solubility Type S which would be over the 50th percent mark or PC. Then you're left with systemic organs, and if you assume that the materials were very insoluble in the lung, that would tend to reduce the doses to the systemic organs. So we believe in using Type M, it would tend to maximize the non-lung

doses.

It doesn't, in our opinion, it does not have a real practical significance on dose reconstruction outcomes for the --

MR. GRIFFON: It may be less of a issue in terms of this SEC evaluation than was originally thought, but that action's still on the table for this one.

DR. NETON: We did agree that it is a generic issue related to, it particularly affects a large number of uranium (inaudible) to address it in some way.

MS. MUNN: It would be a good thing to put to bed.

MR. GRIFFON: Moving on unless there's any other comments, Item 5, In Vivo Results and Coworker Models, and the real question that was raised was why there weren't in vivo results used in any way in the coworker models. And I guess the primary point for our discussion here is in the oldest part of my text. That, you know, that there's no data prior to 1960, and therefore the issue does not really affect the '50 to '57 petition at hand.

And then from the other respect, I guess, the, generally speaking, we had a discussion on the detection limits of the in vivo versus urinalysis and the fact that in most cases the in vivo will be used to sort of, maybe to corroborate the dose, the intake applied but not

really used in terms of calculating the actual intake. Is that correct, Jim?

DR. NETON: That's correct.

DR. ZIEMER: But there's no action item --

MR. GRIFFON: No actions under that because of the highlighted section. That's why the action, it doesn't mean that it's not still an entry --

Section 1-b then moves into the question of other radionuclides, and the primary discussion here at Y-12, well, there's several twists and turns to this discussion actually. But the question of how the site profile addresses exposures to other radionuclides other than uranium and these include, but not, but I'm not going to state that they're limited to, polonium, plutonium, thorium, gallium, the transuranics from the recycled uranium. I think that's some of the primary ones. And I think -- oh, Uranium-233 also and possibly this radium improgeny (phonetically) associated with radium and radon, et cetera.

And then, I guess, this, you know, we had some discussions about several things here. One is just, apparently one of the big things that came out of this meeting was that they have recovered a, ORAU, I guess, has recovered or identified a CD or a set of data that's been scanned onto a CD which has approximately 6,000

images, and it's a little unclear how much data that actually is.

There might be some repetitious pages in there I guess, but it does have some thorium, some of this data: plutonium, thorium. I'm not exactly sure what isotopes of interest might be on there, but it seems to be stuff that might be related to the cyclotron, calutron operations. Is that accurate, Jim? Maybe you can describe that better.

DR. NETON: Yeah, I guess that's the best we can say because neither of us has seen it. It's hard to say.

MR. GRIFFON: Right, so which leads us to one of the action items which is that they need to follow up on this, Action Item 2 actually, "Follow up on additional data currently under classification review." And that's something for us also to keep in mind is that this CD rests down there at Y-12 under classification review. And it's unclear, at least to me from our meeting, how long that might take to be declassified, or if it can be all declassified. So it's just something to keep in mind.

MR. GIBSON: Jim, Mark? This is Mike.

DR. ZIEMER: Who's speaking?

MR. GIBSON: Mike.

DR. ZIEMER: Okay, Mike, go ahead.

MR. GIBSON: If this new data involving the plut (sic) and the thorium if it cannot be declassified, obviously it would require Q-clearance. How's this going to affect the impact on the SEC evaluation?

MR. GRIFFON: I'll defer that question.

DR. ZIEMER: I don't know if Jim or Larry can answer that. And also while they're thinking about that, in declassification, does anyone know if things can be sort of partially declassified? For example, can we learn the identity of nuclides even though they may not be able to tell us quantities?

DR. NETON: Yes, I think that's true.

DR. ZIEMER: So we can get at least partial information.

DR. NETON: Right, and maybe, like I say, it might not be possible to get the job and the department codes for the different bioassay results, that sort of thing, job titles.

MR. GRIFFON: I think that's going to be the biggest, knowing a little bit about Y-12, I think the biggest concern is going to be linking those isotopes to certain areas, the buildings or --

MR. GIBSON: Doesn't it -- this is Mike.

MR. ELLIOTT: I think you've already said enough on that, but yes, the way we would proceed on this would be that we'd have our Q cleared folks here look at it as well as

ORAU's Q cleared folks. We'd understand at that point what is being held still as classified information after the classifiers review.

We would make some decisions on whether or not we'd be able to move forward in our SEC evaluation report or would we need to call the Board's attention to what was being held back. And perhaps you would have your contractor or your classified or your cleared Board members peruse this as we did for Iowa.

MR. GIBSON: Yeah, I guess the question I'm getting back to is how do the petitioners, how are they going to have basically due process? They're trying to get information to prove their point on their SEC petition, if they, you know, they obviously don't have a Q clearance.

MR. ELLIOTT: That certainly would be taken into consideration as to whatever is being held back, and we'd have to see what information is being retained as classified and make a determination as to whether it prohibits us from making a clear evaluation publicly about the petition or not.

MR. GRIFFON: Yeah, I guess we've got to take this a step at a time.

DR. NETON: I think it's a little premature to judge because what Mark hasn't talked about yet is the CER or X-10 database that has similar bioassay results in it to

the extent that that is a subset maybe or part of the 6,000, you know, pages. We don't know.

MR. GRIFFON: Right.

MR. ELLIOTT: But just to be clear on Mike's question, we have to (inaudible) counsel's advice and led to understand that there's no requirement on presenting an evaluation report that all information that supports that evaluation report has to be out in the open. We would like it to be. We want it to be. We want to be as transparent as possible. And then too, if it were to be a finding and determination that we would, say, deny the class, and by the way, there's information that is of a classified nature that we can't speak about that enables us to provide this recommendation and say that we can do dose reconstructions, I think that's the worst case scenario that we'd have to think about, and think about how we could do that in as transparent as possible format without divulging national security information.

MR. GIBSON: This is Mike again. I just want to get it on the table. I know it may be, may or may not be an issue in the future, but it's still something that I think we need to keep that a consideration so we won't possibly have a train wreck down the road.

DR. WADE: Certainly, certainly, Mike, you're correct.

DR. MELIUS: This is Jim Melius. Just to remind

everyone. I believe that we're owed an explanation of that policy that came up at a, several meetings ago, and the Board had requested further information and also a briefing on that, and had suggested a discussion of how we would implement that. And to date we've received absolutely nothing.

DR. ZIEMER: You'll get a follow up on that.

DR. MELIUS: If it's basically going to become an issue with this particular site, it's all the more reason that we need to move ahead and have some discussion of this.

DR. ZIEMER: So noted, thanks.

Mark, you want to proceed?

MR. GRIFFON: Sure.

MR. GIBSON: Mark, one more thing. This is Mike. Is there, the advice from counsel that you mentioned, will that be made available to the Board?

MR. ELLIOTT: It has been made available to the Board. I believe Liz Homoki spoke to this on the record at previous meetings. There's nothing in the act and nothing in our rules that prevent us from using classified information to do dose reconstructions.

DR. MELIUS: Again, Jim Melius, a reminder, I don't believe we've ever received the decision. All we've had is your transmittal of that information to us through you and through you, Larry, and through the counsel. We

asked for and have never received a copy of that --

MS. HOMOKI-TITUS: That's because there was no written decision.

DR. MELIUS: Well, then we, all the more reason we need more explanation and more time for discussion of this.

DR. ZIEMER: Okay, thank you, so noted.

Mark, you want to proceed?

MR. GRIFFON: Sure, we all done with that?

DR. WADE: We're not all done with it, but --

MR. GRIFFON: We're not all done with it obviously.

DR. ZIEMER: But the issue's been noted.

MR. GRIFFON: Yeah.

And Jim is right in pointing out the fourth action item on that was that there's an X-10 Department 4,000 data and Department 4,000 is basically departments that were X-10 operations that were housed in Y-12 facilities, so it was X-10 work being done at the Y-12 facility.

And anybody, I guess the understanding is anybody that was doing that kind of work was assigned to the Department 4,000 series in the department number codes. And they're going to look at this data as well to see what kind of information is available there regarding these other radionuclide exposures.

And I think that's, one, I guess the fifth item also is, it was a little discussion on the recycled uranium

issue, and I think that currently the internal dose section of the site profile uses a, basically a, the same ratios used throughout for the transuranic (inaudible) or (inaudible) exposure to the transuranics.

And there was some questions about whether the material in any of the operations at Y-12 could the transuranic materials concentrate in any form whereby causing for greater ratios in some operations than in other areas. And the feeling from NIOSH and ORAU, I believe, is that it wasn't likely that there were any operations, but they were going to follow up on that.

DR. NETON: Mark, I thought also that SC&A was going to review the relevant section of the internal dosimetry document.

DR. ZIEMER: Yes, this --

MR. GRIFFON: I think you're right, yeah.

DR. ZIEMER: -- is going to review --

MR. GRIFFON: That's right, I did say SC&A, okay.

DR. NETON: (Inaudible) had a version that had the recycled uranium addressed. And we agreed at the working group meeting that they would go back and look at it and comment.

MR. GRIFFON: That's correct, it was a later version, that's right. I'm sorry.

DR. ZIEMER: So John Mauro, you're still on?

DR. MAURO: Yes, I am, and I agree with that.

DR. ZIEMER: I'm not sure it's your understanding, too, that, have you guys been made aware of this?

DR. MAURO: We are very much aware of it.

DR. ZIEMER: Thank you.

Okay.

MR. GRIFFON: Thanks for that correction, sorry.

Then Issue 1-c, let's see, this is the, I think this relates to the -- I'm having trouble cross-walking myself so I can only imagine others. Oh, this relates to the choice of the 50th percentile intake rates, and there's some discussion on how, when workers didn't have monitoring, what distribution would be assigned. Would it be the entire distribution, the mean of the distribution, the 95th percentile?

And I think it varies depending on information about the individual claimant. You know, what type of job, what areas, et cetera. And I think that SC&A was just looking for clarification on how that coworker model was going to be used to assign individual doses. And some action items out of that are listed one through four there mostly which I believe is to clarify the department and the job function, the job titles and job functions listed in the databases that we received.

There also was a question raised during this, or a

comment came up during the discussion as to whether the sampling involved the, the database covered the monitored people likely to be most exposed. And I think there was some discussion as to whether it was the most exposed individuals or more likely it seems like it might have been the most exposed departments were sampled from.

There's a comment that random sampling was sort of done at departments of highest exposure potential. Bob Presley actually as a site expert I think may have a comment for us, and I think we just need to, I think that needs to be better understood, in my opinion anyway. I think that was one of our actions.

I think that's it. Any comments on those action --

DR. ZIEMER: I have one question. Is it, do we know at this point how the monitored people were selected? Were they selected at random from the highest exposed groups as opposed to identifying the highest exposed individuals? Is that what you're saying?

MR. GRIFFON: Yeah, that's what we, I think that's what we need to follow up on.

DR. ZIEMER: Because a priori they wouldn't know who the highest exposed individual was going to be; and therefore, took the randomly assigned monitoring?

DR. NETON: That's action item number three under 1-c.

MR. GRIFFON: Yeah, I think we just need a little more

resolve.

DR. ZIEMER: -- how that was done.

DR. NETON: We thought we understood it pretty well, but Bob Presley provided more information that indicated that it might not have been quite on the mark. So we just need to go back and see exactly what that --

DR. ZIEMER: Go ahead.

MR. GRIFFON: Items 1-d/e, I think they kind of got merged together, in the last report. And this involves the, I think it's the Type F uranium. Let me find it. Yeah, Type F uranium exposures and the 48 hour delay in sampling. And really the, I guess the two questions that are outstanding is just if, there is apparently a policy for a 48-hour delay in sampling after the exposure, sort of the Monday morning policy, although it might have not been a Monday morning all the time depending on what shift people worked. If this 48-hour delay was in practice, SC&A pointed out that the results could be underestimating when you use, the coworker models could be underestimating the intakes by a factor of, what, two to four? Is that --

DR. NETON: Yeah, I think we decided a maximum of three at this point.

MR. GRIFFON: Okay, maximum of three, yeah. So I think that Dave Allen and Joyce Lipsztein, Joyce Lipsztein from

SC&A and Dave Allen from NIOSH are walking through this issue to try to determine whether in fact that this is the predominant pattern in the database, whether there was usually 48-hour delays in the sampling. And if that was the case, they're going to agree upon a method for correcting the data that way.

Is that accurate, Jim?

DR. NETON: Yeah, I think so. I think I'd like to say also if we can generally agree that this is not necessarily an SEC showstopper, it really would result in a, some sort of correction factor being applied to the bioassay coworker model. But it is important to get this issue ironed out and do an accurate dose reconstruction.

MR. GRIFFON: And the other thing, I guess, is the question of Type F uranium exposures and whether there were, I think in the current -- I might be wrong on this, but there's just a question of whether Type F assumptions are used in doing dose reconstructions for any, any organs or if the worst case, non-metabolic always use Type M.

DR. NETON: Mark, I think what happens here, and we didn't talk about this last week, or is it this week? Last week, was that if the 48-hour sampling issue can be shown not to be a problem, in other words, if they did, if we have enough data to demonstrate that there were

other sampling periods we could use, then the Type F issue goes away because then I think what happens is Type M and F become the bounding dose reconstructions.

MR. GRIFFON: Yeah, I did, yeah.

DR. NETON: Under the, if they exactly followed 48-hour delays then Type F becomes a player. If we can show that that's not really the case then the Type F issue kind of goes away, but we're not there yet.

MR. GRIFFON: Right, but we're not there yet so that action, I left that for that reason. Because one sort of depends on the other; they're intertwined.

And Issue 1-f is the job descriptions of unmonitored workers lacking is what the original issue is described as. And mainly I believe this focused on the unmonitored workers that SC&A had interviewed that didn't appear to be, to fall into other job categories or departments. And therefore, it was a question of how they were going to be assigned from the coworker model I guess. I might have this wrong. SC&A or NIOSH can clarify that issue.

DR. MAURO: This is John Mauro. I'll take a shot at it. When, my understanding was when we run into those circumstances where you're not quite sure whether the person is unmonitored and you're having difficulty judging what his responsibilities might have been, you resort to the 95th percentile value for the distribution

for that particular internal emitter. So there is a fallback position to deal with when you're confronted with these types of uncertainties with regard to the job responsibilities.

And I'd kick this over to Jim or to Joe if he's on the line and see if I correctly characterized that.

DR. NETON: Yeah, I think you got it, John. This is Jim. I think there's one additional issue here and that was the exposure to the roving workers to the non-routine isotopes like plutonium and such. How would you handle that? And I think we discussed that if we did have access to a sufficiently, I use the term robust, database for plutonium and polonium and thorium, this issue would tend to go away.

And as John characterized then it becomes the decision do we use the 50^{th} percentile or the 95^{th} percentile on those distributions for the, what we would call, the roving worker? So this is some way tied in with the answers to the other action items.

MR. GRIFFON: Well, that's why, and if you look at my matrix, I tied it back to C actions and 1-b items one and two and 1-c-1. I think they are overlapped in the 95^{th} percentile. You know, the how is the coworker dose assigned question, and the other radionuclides question, yes.

DR. NETON: I agree.

MR. GRIFFON: But there's no actions actually listed under 1-f that are covered by the (inaudible).

DR. NETON: For a second there I thought we had it all put to bed, but --

MR. GIBSON: Mike. I have a question here. We had, I think, talked something about on these roving workers that, you know, they may have been employed by Y-12 or to X-10 or vice versa and stuff. And we'd talked about trying to resolve whether or not they were going to be included in the Y-12 site profile or SEC or the X-10 site profile or if there would be an SEC. Did that, did I miss that or did that get resolved?

MR. GRIFFON: I think Jim -- that's a good question actually. I mean I think currently the way we've been discussing is that for employees working in those Y-12 operations, we're covering them under this SEC petition evaluation. Is that --

DR. NETON: That's correct. At one point NIOSH raised the issue of ownership -- and I use that term loosely -- that the calutrons and cyclotrons at Y-12 were transferred from Y-12 to X-10 in 1951, the question became under what facility should those dose reconstructions or those SEC petitions be evaluated. And I think the answer we have at this point is if the

activities occurred on the Y-12 site, we're going to address them as a Y-12 issue.

MR. GRIFFON: Right.

DR. ZIEMER: Where are you working at? Who's paying the bill?

DR. NETON: Right, because there's issue. Ownership is sort of a loose term when you talk about the fact it's all owned by the Department of Energy. It's really more, in my estimation, a bookkeeping function more than anything.

MR. PRESLEY: This is Bob Presley. That is one hundred percent correct.

MR. GIBSON: This is Mike. If I'm hearing you right, it doesn't, it's not a matter of who they were employed by as far as a contractor; it's where they were.

MR. PRESLEY: This is Bob Presley. That's correct. We were all Union Carbide employees, and you either worked at one of the three sites.

DR. ZIEMER: Okay, okay, Mike?

MR. GIBSON: Yes, so it doesn't really matter who managed the operation. It was where they worked.

DR. NETON: If the work was performed on the Y-12, within the confines of the Y-12 fence line, I guess is the way I'd put it, we're going to consider that as a Y-12 exposure for SEC petition evaluation purposes.

MR. ELLIOTT: (Inaudible) based, the petition (inaudible)
DR. ZIEMER: And can I ask a related question? This is Ziemer. Do they show up in the Department of Labor records when the Department of Labor is determining eligibility? Do they show up as a Y-12 person even though they may have been an X-10 employee? Or is that an issue that is handled separately. I mean, we may be calling them that. I want to make sure Labor does when they --
DR. NETON: That's a good question. I --
DR. ZIEMER: -- because Labor has to establish their eligibility for the class, does it not?
(no response)
DR. ZIEMER: And if they show up as being an X-10 employee is Labor going to say, well, they weren't?
MR. ELLIOTT: They will have to verify the eligibility for each member of the class based upon the time they worked at that facility.
DR. ZIEMER: At that facility.
MR. ELLIOTT: They're going to have to develop that aspect of a person's claim. If you were employed at X-10, but you say here you, in the interview with NIOSH that you worked at Y-12 on the calutron operation x number of days or months, they need to establish that.
MR. GRIFFON: Sometimes it's not that easy. You're

right, Paul, good point there.

DR. ZIEMER: Go ahead, Mark.

MR. GRIFFON: External dose I think we're up to. Yes, Issue 1, Data Validity and Coworker Models. Items 1, 2 and 3 actually are very similar to what we discussed under internal dose which is the question of the validity or maybe now the reliability. I haven't changed words because the titles were there before, but we did, as I said, we did discuss the difference.

And this again is looking at the Y-12 external data which is also CER data which I also understand was directly taken from the Y-12, a direct copy of the Y-12 database. So this question originally Item 3 in the December 19th report was questioning whether the CER or HERB electronic data files included all the Y-12 workers or a subset. And by subset there, we're talking about like a subset for research purposes, like all white males before a certain time period or something like that. And it's pretty clear it's not. It's just a direct copy of the Y-12 database. That's our understanding now.

Okay, and the action items listed, as I said, Jim has already responded I think to one of these. We asked for a larger query on the overall database to go up to 1965. 'Fifty to '57 covers the petition at hand, but part of the coworker model relies on later data that back

extrapolate earlier exposures. So to evaluate this, we really need the later data as well. That's one action item.

We also asked for the, the second one's very similar actually in my mind. That might be a duplicate. The third is a specific subset related to the coworker model. The 147 monitored workers had to be in a separate file for review.

And then Item 4 goes back to this. We asked NIOSH to at least assess whether and how difficult it would be to compare the database against hard copy records, data cards, et cetera, to check the reliability of the data.

And then Item 5 is very similar also to the internal dose section where we ask for, that they provide or review quality control reports or procedures from the early years as a reliability check. So I think that's it for the --

DR. ZIEMER: Okay, go ahead, Mark. Something broke in there.

MR. GRIFFON: All right, Item 4 under this was going back to the original. On the December 19th report it says, "NIOSH to rationalize how a 90 percent match between the electronic record and the Y-12 monitoring records are sufficient for dose reconstruction purposes in contrast to an epidemiological purpose." And this is provided in

ORAU report 22. And I think that still is an outstanding item that hasn't, we didn't get a report back from that so that was just a kind of a carryover action item.

Is that correct, Jim?

DR. NETON: That's correct.

MR. GRIFFON: And Item 6, I don't even know if we discussed it, but there was a carryover action item I guess. Let's see, oh, the coworker models, I think it actually came up in the earlier discussion and they, NIOSH did agree that they would make available the analytical files. These are Excel spreadsheets. I think at least one of them is a crystal ball analysis-type model for the coworker models versus any external dose. And to my knowledge, I don't think SC&A had reviewed these.

Is that correct, John?

DR. MAURO: That's correct. One of the decisions we came to at the meeting was the protocol where you use the 1961 through '65 data to go back to pre-'61 involved a set of data and also a set of statistical procedures in order to reconstruct the pre-'61 data. And during the meeting we agreed that SC&A would look at that protocol and those data.

DR. ZIEMER: So there's an SC&A action item.

DR. MAURO: Yes, there is, and it's not listed here. But

at the meeting we did agree that we would have our statistician take a look at that protocol. There was at one time, you may recall, we did review that procedure, and there was some discussion back and forth where there was some general agreement. Yes, this procedure is valid; we had certain questions regarding it. I don't believe those issues yet have been engaged. So it's a matter of having our statisticians talk to your statisticians along with the dataset that that statistical tool will be operating on.

DR. NETON: That's one good point you raised, John. I think we did agree at the working group meeting that it was appropriate for us to set up small technical discussions among our various parties to iron out these details and then report back with a, you know, transcript or a summary of the work that transpired.

DR. MAURO: Yeah, I think that that item is missing from the –- that we're looking at it. I think that item is missing from the matrix, probably should --

DR. NETON: I think in some ways that's sort of been our standard operating --

DR. ZIEMER: Right, it's kind of built in here, but in some cases we may want to identify the specific SC&A actions. This is directed toward the NIOSH actions, but if we have a related SC&A action that we want to track,

we may want to make a note of it as well.

Thanks.

Okay, Mark. Still there? Mark? Hello. Anybody?

(no response)

MS. MUNN: I don't know that Mark is still there.

MR. PRESLEY: This is Bob Presley. I'm still here.

DR. ZIEMER: We're still on the phone call. We thought we lost everybody.

DR. ANDERSON: Andy's still here, too.

DR. ZIEMER: Okay.

MS. MUNN: I have a question of John with respect to the SC&A item we were just identifying as being an action item. Where do you see that going on this compressed matrix that we --

MR. GRIFFON: Hi, I just got cut off. I'm sorry.

DR. ZIEMER: We were just asking where the SC&A action would be in the matrix. Is it 1-a-6?

DR. MAURO: It's 1-a-6 in my mind, yes.

MS. MUNN: Okay.

DR. ZIEMER: That's where I put it.

Okay, Mark, we're ready.

MR. GRIFFON: What was that SC&A action?

DR. ZIEMER: One-a-6, we just talked, John Mauro had mentioned that they were doing following up on that as well.

MR. GRIFFON: Oh, going to review the spreadsheet?
DR. ZIEMER: And we're going to add that in our matrix to make sure we track it even though the focus is on the NIOSH actions.
MR. GRIFFON: Right, right.
DR. ZIEMER: But there is an SC&A action involved there as well.
MR. GRIFFON: Sure. I don't know what happened. I got cut off there.
MS. MUNN: We missed you.
DR. ZIEMER: I think we're ready for 2-a, Mark.
MR. GRIFFON: All right, Issue 2-a, Badging of Maximally Exposed -- I think again this is a question of a coworker model and how it's going to be applied I think. Is that accurate?
DR. ZIEMER: It overlaps to what we talked about before.
MR. GRIFFON: Right, except for the internal versus external.
DR. NETON: It's just the external dosimetry version of the internal --
MR. GRIFFON: Yeah, right.
MS. MUNN: Yeah.
MR. GRIFFON: And I don't know if in this case --
DR. NETON: There was this criticality issue that Kathy DeMers raised, I remember, and we've gone back, I haven't

written this up yet, but we determined that that area was actually clean before they went in there, and the uranium leaked by a valve that was supposed to be shut.

DR. ZIEMER: Are you talking about the June ’58 criticality?

DR. NETON: Right.

DR. ZIEMER: Well, you know, there was an extensive mockup to assign dosimetry to those workers.

DR. NETON: We have a dosimetry, and we’ve actually reconstructed some doses for those cases. But the issue raised by SC&A was that how could we argue that people were, the highest exposed individuals were badged when people that were working in the area where a criticality occurred did not have badges?

And the answer, I think, is that that area was not supposed to be contaminated, that the tanks that they were working on had already been cleaned at one point. And unbeknownst to the workers the valve had been open that leaked enriched uranium into the tank. And then when they poured it in the drum, it became critical.

So it doesn’t defend whether those workers should have been monitored or not, but it does not negate the policy we think was in place which was that people who were the highest exposed workers were thought to be the highest exposed workers were monitored. It’s something

we need to write up and demonstrate.

DR. ZIEMER: They probably had blood sodium from them as well.

DR. NETON: I think everyone that got a security badge had (unintelligible) --

DR. ZIEMER: Yes.

DR. NETON: Which is, I think, how they triaged those workers. But I think Kathy agreed that it wasn't the fact that a criticality occurred. It was that they were working with uranium-bearing materials, and they weren't badged. And it's up to NIOSH to demonstrate that we don't believe at that time there was sufficient external exposure in that area to have been badged under their typical operating procedure.

MR. GRIFFON: That's actually not why I paused, but that's such a good point, Jim. The reason I paused was I was wondering whether a similar question that Bob raised on the internal monitoring, I don't know if it is or is not applicable here. You know, was there a question as to whether there is, I think you, I don't know if it's been determined whether the maximally exposed, all maximally exposed individuals were monitored or there were, you know, you certainly have heard of cases where the monitor, certain individuals from work groups have assigned the dose to all of the work group. But I don't

know if that --

DR. NETON: If you remember, Mark, ORAU's done a lot more work in this area, and we're much more comfortable saying that we believe the workers who should have been badged, who had the highest exposures, were, and we don't believe that it was cohort badging at all. In the internal area I think we need to do a little bit more work.

MR. GRIFFON: That's what I thought. That's the only reason I paused when I saw that badging of maximally exposed, and I wasn't sure if that had been cleared up or not cleared up or --

DR. NETON: Well, in my mind it is, but then again, I can't (unintelligible).

MS. MUNN: This is another one of those instances in which the issue that Mike raised earlier comes up, whether it was plausible or whether it was feasible. It was probably feasible to have everybody monitored, but it wasn't plausible to expect that these people would be exposed. There ought to be with any luck at all enough evidence from the post-accident scenario and information to be able to make that decision clear I would think.

MR. GRIFFON: Oh, yeah, I'm not necessarily talking about that action anymore, but I was talking in general in the database.

MS. MUNN: Yeah.

MR. GRIFFON: Anyhow, I think we'll leave that, I mean, I think we can leave that with those two actions unless there's any input on that.

DR. ZIEMER: Mark, does that complete this?

MR. GRIFFON: No, there's a couple more in there.

DR. ZIEMER: I'm sorry. We have 2-b.

MR. GRIFFON: Two-b is Coworker Dose Assessment. The main discussion that we had here was about TIB-51 which I think is related to neutron exposures and whether the NTA film needs to be corrected or can monitor for neutron exposures of the lower neutron energy levels. And also, I guess, the characterization question. And I think this has been just recently provided to SC&A. So SC&A is going to review TIB-51, provide comments to NIOSH, and then have a discussion of that. And that can be prior to a work group meeting or a Board meeting, in between, whatever.

And the second issue is more or less a carryover issue which is on the skin extremity dose reconstruction procedures which I don't think were really addressed in the original site profile.

Is that correct, Jim?

DR. NETON: That's correct.

MR. GRIFFON: So those are under development, and I also would assume that once they are developed, SC&A will

review those.

And finally, the last thing there, I just wanted to capture the fact, and it didn't really, these notes are organized in the order that they were from the December 19th meeting. These example cases were actually presented in the middle of the internal and external discussions in this meeting. But I just tore out the back of these notes.

We did, Dave Allen primarily, although I don't know if other NIOSH staff members were involved in the development of these cases, but Dave Allen presented 11 cases. And these were adjudicated cases.

Is that correct, Jim?

DR. NETON: I believe so.

MR. GRIFFON: Or are these completed DR cases? And they were for the most -- well, let's see, six lung cancers. We didn't go through every one of the lung cancers obviously. Dave did one or two of those to demonstrate sort of how the coworker model was used at least in a few of them. And I think the upshot of a lot of this was that I think we, as the work group moves ahead, and as we get more information back from NIOSH, I think we need to outline parameters for other cases that we'd like to see dose reconstructions performed on.

And maybe not entire dose reconstructions, but sort

of proof of principle. How they're going to go about a dose reconstruction for, you know, a person who worked in the calutron or, you know. I'm not sure what the parameters are yet, but these cases that we looked at looked fairly straightforward, and we may want to choose other cases that better demonstrate that they can do it for all members of the, they can complete dose reconstructions for all members of the class within the petition.

DR. NETON: Mark, this is Jim. I think the intent of those cases was that we would demonstrate the application of the coworker data for uranium workers only.

MR. GRIFFON: Right.

DR. NETON: And we tried to throw in the recycled uranium component and demonstrate the plausibility of doing these dose reconstructions with either the full distribution or the 95th percentile. And I think the numbers look fairly reasonable, but I agree. There's a lot of other examples that would be necessary to flesh out all the other subtle exposure types that may have occurred here.

MR. GRIFFON: And at this point, I mean, it wasn't criticism necessarily. Just where we are right now I think that we can't really select other types of cases until we know a little more about these other radionuclides of interest and it's a work in progress.

MS. MUNN: I think it's also worthwhile to note -- this is Wanda -- that nine of those 11 cases were compensable.

MR. GRIFFON: Right.

DR. ZIEMER: Okay, Mark, thank you.

Let me ask if there's any further questions or comment on the report?

(no response)

DR. ZIEMER: We'll then be expecting an update on this at our face to face meeting in a couple of weeks, and Lew wants to address this relative to the petition.

Lew.

DR. WADE: Let me just walk through this issue in some detail so that we're all on the same page. And I apologize if I add confusion to an already confusing issue. It's certainly not my purpose.

About a month ago it would have been my hope that following the working group meetings that Mark chaired and then following this Board meeting, we would have reached resolution on the pertinent issues of the Y-12 site profile that impacted the Y-12 SEC petition. This is for the years '50 to '57.

After this meeting I was assuming that NIOSH would issue an addendum to its evaluation report, and then we would go to the meeting in Oak Ridge. And the Board would make a recommendation on that SEC petition. I

confess now that that was a naïve belief on my part. What we've now learned is that there is still more work to do to reach intellectual closure on the site profile as it impacts the SEC petition.

So what I see happening now is that between now and the meeting at the end of January, NIOSH and SC&A will be working hard to advance according to this resolution matrix. At the meeting at the end of January in Oak Ridge, the Board will have a robust discussion of the technical issues related to the site profile. The Board will then have a robust discussion of Dr. Melius' thought piece, "Report of the Working Group on Special Exposure Cohort Petition Review", we'll hear from the public on that.

And then with these two discussions behind us, the Board will then discuss how it would like to proceed from a time point of view towards the issue of closing on the site profile and the SEC petition. And you'll be seeing a modified "Federal Register" notice for the meeting at the end of January that will reflect the things that I've just talked about.

I am sorry for the confusion that was brought about over this issue, but I do think it's terribly important that we try and reach closure on the issues related to the site profile before the Board is presented with an

addended evaluation report by NIOSH. So that's where we stand now. I see nothing but the highest quality work go into this. Sometimes that work takes time though.

DR. ZIEMER: Thanks, Lew, and thanks to Mark and Wanda and Mike and Robert for all their work on this Y-12 site profile, and we will then take this up again at the next meeting.

DR. WADE: And one final word to the new Board members, it looks like the Y-12 SEC petition will really happen on your watch. So I'm glad that you're here hearing these discussions.

UPDATE ON SCIENCE ISSUE: LYMPHOMA DOSE RECONSTRUCTION TARGET ORGAN SELECTION
DR. JIM NETON

DR. ZIEMER: We have another item now on our agenda, and that is an update on science issues and more specifically the issue of the lymphoma dose reconstruction target organ selection. And Board members, you should have received now -- well, we had a presentation actually in a meeting last year on this issue.

And then you should have received recently from Larry the proposed change in the IREP program. Help me if I -- it is a proposed change in the IREP program. No, it's not a change in the program. It doesn't change the program per se. It does affect the outcome of the IREP calculations.

And you have that together with an evaluation, I

think outside, independent evaluations that were provided by Dr. Crowther and Keith Eckerman. And make sure you have those, and then there's the, just a summary -- I think this came from you, Larry -- called "Summary of NIOSH's Re-examination of Lymphoma Target Organ Selection". So those are the pieces of documentation that you should have. And Larry, he's going to lead the discussion. I know Russ is here today, Russ Henshaw.

DR. NETON: The record should show that we have Brandt Ulsh and Russ Henshaw joining us for this discussion, and they're from NIOSH.

DR. ZIEMER: And Brandt's going to lead us or Russ.

DR. NETON: I will --

DR. ZIEMER: Jim will kick it off and the others will support.

DR. NETON: I think there's not much more to add here other than to refresh Board members' recollections of what we proposed at the Board meeting in Knoxville.

And that was that we had come to conclusions looking at the scientific evidence related to lymphomas that our target organ selection for non-Hodgkins lymphoma in particular was not scientifically correct. We went to some lengths to get expert opinions from a Board-certified hematologist as well as a expert health physicist in internal dosimetry to assist us.

The end result of that analysis revealed to us that for internal dose in particular, we were previously using what we would call the highest non-metabolic organ, that is, we would calculate the dose to all the organs and select the organ that had the highest dose among the ones that weren't explicitly modeled for our metabolic model and assign that for lymphomas.

We are proposing at this point to use, particularly for internal exposures, the tracheal-bronchial lymph nodes, thoracic lymph nodes, for reconstructing internal dose. This would in effect raise the internal doses to a large number of previously processed cases, with non-Hodgkins lymphoma cases.

And we propose to go back and re-evaluate those 500. In addition to that there are 500 cases being held pending until the decision is made so that we can finish and complete those dose reconstructions. In our mind the internal dose reconstruction is the big change here. I mean, we're talking in the order of magnitude of more change in the internal dose for those organs, those lymphomas.

The external part of the organ is changed slightly but is not significantly. We're proposing to you the lung as a surrogate for dose to the lymphocytes for external dose reconstruction. And that's not a huge

change. These are percentage-type changes as opposed to the order of magnitude changes that occurred in the major target organs for internal dose.

If I haven't confused anybody, I guess I can answer questions on that.

DR. ZIEMER: This is a proposal that requires Board action. It is not mandatory that the action be taken here today, but if the Board is comfortable taking action today, we can certainly do that.

Let me open the floor for discussion. Basically, this comes as a recommendation from staff asking for the Board to approve this change in the methodology.

Board members, any questions or comments?

MS. MUNN: This is Wanda. It appears to me that as thorough a job of garnering expert counsel as possible has been done, and the draft dated 1/6/06 that's going to the "Congressional Record" appears to be very straightforward and comprehensive in my view. I'm willing to accept this as a reasonable and accurate motion, action for NIOSH to take.

DR. ZIEMER: Thank you.

Other comments, pro or con?

DR. DeHART: This is Roy. Returning back to when we had the presentation, I think there were a number of us that are somewhat familiar with the way pathological reporting

is done that we were assuming something that was entirely inappropriate for circulating lymphocyte cancers and so on that the biopsy site would be the site identified. And I think this makes total sense to return to what is physiological.

DR. ZIEMER: Okay, thank you, Roy.

DR. ROESSLER: This is Gen. I have a question.

DR. ZIEMER: Gen, go ahead.

DR. ROESSLER: A lot of this decision is based on the work of Dr. Mark Crowther. And I've looked at his credentials, and they look very good. But my question is when someone is selected to make an evaluation like this, who is involved in the decision making? And at this point does everyone pretty much agree that he is the expert in this area?

DR. ZIEMER: Who can answer that for --

MR. ELLIOTT: Well, I'll take a stab at this, Gen, and ask Jim and Brandt to fill in the cracks that I might leave.

Certainly, when there is a scientific element in dose reconstruction that's being called to question, the staff bring that forward to Jim Neton's attention and to my attention. We ask them who are the external experts that we could seek out for consultation on an issue. So we ask them to identify those folks.

Once we have a pool of viable experts assembled, we approach individuals in that pool and seek out their willingness to provide this type of consultation as you see from Dr. Eckerman and Dr. Crowther. It is not an exhaustive search for expertise, so I want to make that clear. And it is narrow in its –- it's shallow in the pool as far as the folks that are known or recognized by internal staff or other people that we talk to about the issue.

DR. ZIEMER: Gen, does that answer your question?

DR. ROESSLER: Yes, I think so. I know the other expert, Keith Eckerman, is certainly as recognized by health physicists, and in my view everybody would agree that he is the expert there. I just wanted a little more discussion on the other to make sure there was total agreement.

DR. ZIEMER: Okay.

MR. ELLIOTT: I would also offer this, that we are publishing in the "Federal Register" a notice that we're proposing this change. You see that in this 1/6/06 draft for the "Federal Register". We hope that that will be presented in the "Federal Register" tomorrow. I'm awaiting a call to confirm its publication, but we believe it will be there tomorrow.

It also calls for the public comment period will be

open for 15 days, and we would hope and welcome that the Board could make a, come to a decision on this today and then 15 days hence, the publication of the "Federal Register" notice, we would be prepared to consider any public comment and move forward in accordance.

DR. ZIEMER: Thank you.

Okay, other comments or questions?

DR. MELIUS: This is Jim Melius. I just am sort of trying to understand what we're approving. What we're really approving, if I understand it correctly, is the document called "Summary of NIOSH's Re-examination Lymphoma Target Organ Selection" dated October 31st, 2005? That is the detail, I mean --

DR. NETON: What we're asking for advice from the Board is the technical information bulletin that was issued is, in effect, is that is the change in our approach for target organ selection scientifically reasonable?

MR. ELLIOTT: And so we're asking the Board for consensus, comment or recommendation regarding that proposed change. And we've tried to spell out the proposed change and show you how it would look in our technical information bulletin on this topic as well as provide the Board with a summary statement of the issue along with outside expert consultation remarks, Jim Neton's PowerPoint presentation that was given to the

Board back in October. I think that's the extent of all the documentation we've provided.

DR. ZIEMER: I think, Jim, the official document is OCAS TIB-012.

DR. NETON: That would be revision one.

DR. ZIEMER: Rev. 1.

DR. NETON: It would help you garner what's changing in there though. We've provided you a summary of what the relevant changes would be and a rationale for such changes. So they're sort of two companion pieces, but ultimately the change would be reflected in this TIB-012 as to how would we go about doing dose reconstructions and re-doing them as well.

DR. ZIEMER: Procedurally, I'm going to ask the question, maybe I'll address it to Lew, if the Board makes a recommendation, and this will be published in the "Federal Register", and you'll get comments, and you'll have to take those into consideration as well, the Board would be another piece of that?

MR. ELLIOTT: Yes.

DR. ZIEMER: Does the Board's recommendation in this case need to go to the Secretary or is it simply a piece of input basically to the program?

MR. ELLIOTT: Your recommendation can come to the program. You should advise the Secretary though I think.

The (inaudible) calls for public comments to be sent to my attention. But you advise the Secretary so I think you'd want to --

DR. ZIEMER: We can at least inform him.

DR. WADE: Yes, you can do both.

DR. ZIEMER: Okay, Board members, you have the materials; you've heard this discussion. Does anyone wish to make a motion?

MS. MUNN: This is Wanda. I'll be glad to make the motion that the Board accept the proposed changes to OCAS TIB-012 as shown in rev. 1 and as condensed in the information being presented in the "Federal Register" during this coming week.

DR. ZIEMER: Okay, you've heard the motion. I think the initial wording was the Board accepts or –-

DR. WADE: The Board accepts the recommendation.

MS. MUNN: Accepts the recommendation.

DR. ZIEMER: I'm not sure it's a recommendation to the Board per se. It may be that we support the proposal, Wanda, if that's agreeable.

MS. MUNN: Accept the proposed changes to OCAS --

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

MR. PRESLEY: Bob Presley, I'll second it.

DR. ZIEMER: Okay, I heard a couple seconds. Presley is identified.

Discussion?

MR. GIBSON: This is Mike. I have a couple of questions.

DR. ZIEMER: Sure.

MR. GIBSON: NIOSH has said that if we adopt this they're willing to go back and re-look at the claims that have been denied if I understand them right, correct?

DR. ZIEMER: That's correct.

MR. ELLIOTT: That's correct, Mike.

MR. GIBSON: Does DOE, does DOL also put on record as stating that they would re-adjudicate these claims or re-look at these claims also?

MR. ELLIOTT: So they're aware of this proposed change and through the various program evaluation reviews that we do here. That's a term that we use, program evaluation review. When we make a change in how we do dose reconstruction or in our site profile, a technical information bulletin, there is an effort to go back and look at all cases that have been done under the previous version of that document, whatever document it may have been, and examine whether or not that change would have resulted in the claim being compensable. So we always look at those claims that are not, that have been done and were found not to be compensable.

DR. ZIEMER: In essence, you're saying that Labor is obligated to --

MR. ELLIOTT: Yes, they have an obligation.

DR. NETON: This is provided for in our regulation for dose reconstruction that if we identify a case where we believe that the new information would change compensability, we notify both the claimant and the Department of Labor of that.

DR. ZIEMER: Yeah, Mike does that answer the question?

MR. GIBSON: I guess what I'm saying is if a claim was, maybe NIOSH recommended the claim be compensated and DOE/DOL denied this claim, and you go back and re-do this claim again, is DOE/DOL prepared to look at the claim again with an open mind?

MR. ELLIOTT: Well, I think there's a little confusion in your statement, Mike. The claims that we have done thus far would be re-examined by us. And if we identify a dose reconstruction we've already done, and it was a non-compensable dose reconstruction, and this change made it cross the 50 percent line and become compensable, we would notify the claimant and we'd notify DOL. And DOL would pick up the revised dose reconstruction we'd provide to them and produce a probability of causation greater than 50 percent and pay the individual.

DR. ZIEMER: And they would be obligated to do that?

MR. ELLIOTT: Yes.

DR. ZIEMER: Okay, Mike?

(no response)

DR. MELIUS: This is Jim Melius. I have a sort of a procedural question. I mean, you have a very small amount of information on the medical condition of the claimants. Isn't most of that information handled by the Department of Labor?

MR. ELLIOTT: Yes, it is. They're the responsible party for determining eligibility of the claim, and that's one of the eligibility points of determination that the person has cancer. And they base that determination on the, you know, some very sparse information such as a physician's report of diagnosis to a death certificate.

DR. MELIUS: Right, and I'm just saying that implementing this policy I think is going to be difficult without, I don't know if we're going to have adequate information for categorizing people here.

DR. ZIEMER: I think that's probably the case in some cases.

MR. ELLIOTT: I think that's the purpose of the change that we're proposing. It's going to make it easier.

DR. NETON: It's going to make it easier, and Brandt should speak to that.

DR. ULSH: Yeah, Jim, in cases where we don't have the ICD code down to the fifth digit, and that's probably a large number of cases, we have in place in this revised

OTIB, I'm sorry, this revised OCAS TIB, procedures for handling that. And that is we default to the most claimant-favorable choice.

DR. NETON: But also for non-Hodgkins lymphoma the fact of diagnosis no longer is relevant. They will automatically default for internal exposures to the lymph nodes of the thoracic lymph nodes. Prior to this we have been requiring the Department of Labor to provide us as definitively as possible the site of diagnosis of a non-Hodgkins lymphoma which we now believe to be not relevant to the etiology of the illness.

DR. MELIUS: Correct, okay.

DR. ZIEMER: Because it should be an improvement if any.

MR. ELLIOTT: This aids us in doing our work, and your point is well taken, Dr. Melius, that in many of these diagnoses of cancers do not come forward with a clinical pathology that would allow us to reconstruct right down to the cellular level, but this is an attempt to get around that and to be more, to acknowledge that and to be, give the benefit of the doubt to the claimant.

DR. ZIEMER: Okay, additional comments or questions?

(no response)

DR. ZIEMER: Board members, are you ready to vote on this motion to, Lew Wade will read the motion back for you here.

Lew.

DR. WADE: The Board supports the NIOSH proposal contained in TIB-012, rev. 1 and summarized in the draft "Federal Register" notice dated 1/6/06, concerning a new process for selecting dose reconstruction target organs for energy employees with a lymphoma cancer.

DR. ZIEMER: Are you ready to vote then on the motion?

MS. MUNN: It sounds a lot better than what I --

DR. ZIEMER: I think he's just quoting you there, Wanda.

MS. MUNN: That's good.

DR. ZIEMER: Okay, we'll vote by roll call.

Lew, if you'll give us a roll call, we'll vote.

DR. WADE: Just give me a minute. Mr. Presley.

MR. PRESLEY: Yes.

DR. WADE: Mr. Gibson.

MR. GIBSON: Yes.

DR. WADE: Gen Roessler.

DR. ROESSLER: Yes.

DR. WADE: Dr. DeHart.

DR. DeHART: Yes.

DR. WADE: Wanda Munn.

MS. MUNN: Yes.

DR. WADE: Dr. Anderson.

DR. ANDERSON: Yes.

DR. WADE: Dr. Melius.

DR. MELIUS: Yes.

DR. WADE: Mark Griffon.

MR. GRIFFON: Yes.

DR. WADE: Dr. Ziemer.

DR. ZIEMER: Yes.

DR. WADE: And I assume that Leon Owens and Richard Espinosa are not with us?

(no response)

DR. ZIEMER: Apparently not.

DR. WADE: Okay, then the motion is carried.

DR. ZIEMER: Motion carries. Thank you very much.

MR. ELLIOTT: Thank you. We appreciate this and the 1,000 plus claimants that will benefit from this decision I think will be appreciative as well.

WRAP UP, DR. PAUL ZIEMER, CHAIR

DR. ZIEMER: Okay, we're ready to wrap up. I think that we've efficiently covered the business for the day. I thank everybody for their time and input.

Lew, do you have any final instructions for us in preparation for our next meeting?

DR. WADE: No, just rest, particularly Mark. But I think this worked well. I mean, I was worried about, you know, multiple issues, but I think we did our business well. We have to learn a little bit better how to practice the etiquette of discussing issues in a public forum and make

sure that other people have our materials. But I mean, I thank you for your preparation, and I thank you for your patience through this call. And I look forward to seeing you all in Oak Ridge.

MR. GRIFFON: Can I ask one final thing, Paul?

DR. ZIEMER: You bet.

MR. GRIFFON: Do we have an agenda for the meeting yet? We might have one. I just might not have looked at it.

DR. ZIEMER: The only thing you have is Lew sent us a kind of a narrative memo earlier which outlined the business that would come before us at the Oak Ridge meeting. You can use that as a starting point. We know now that we will not be acting specifically on the Oak Ridge SEC petition, but we'll be focusing again on the site profile.

MR. GRIFFON: Well, we have an opportunity to weigh in on the agenda items before it's published?

DR. ZIEMER: Yeah, we can do that.

And Lew, we can ask for input.

DR. WADE: What I'll try and do, Mark, is to draft an agenda based upon what's happened here today and get it to the Board by the end of this week and wouldn't finalize that probably until the end of the following week.

MR. GRIFFON: Maybe also a subcommittee agenda because my

feeling is that if we're not going to take up the Y-12 SEC petition evaluation, we may want to focus on some of the remaining tasks, the case reviews, the procedures reviews, et cetera.

MS. MUNN: Procedure reviews, I'm concerned about that one.

DR. ZIEMER: Yes, and also, Jim, depending on where we are on the SEC procedures document, you may want to have your subcommittee meet as well, but you can determine that after you see what input you get.

DR. WADE: Yeah, Jim's is a working group.

DR. ZIEMER: Or working group I meant.

DR. ANDERSON: And we need the travel information as well?

DR. ZIEMER: Yes.

DR. ANDERSON: Where to call for hotel and things like that?

DR. ZIEMER: Right.

DR. WADE: Yes.

DR. ROESSLER: I'd like to ask a question of Bob Presley. Is there transportation from the Knoxville airport to Oak Ridge?

MR. PRESLEY: Yes, there is. It is hard to get. I would suggest --

DR. ZIEMER: Give us your phone number, Bob.

MR. PRESLEY: Yeah, that we can do. I would suggest that NIOSH let people try to come in, you know, when they can and pick some cars up because the one problem, too, that you're going to have is once you get into Oak Ridge, is you're going to just about have to go somewhere to eat. The restaurant in the hotel is all right.

DR. ZIEMER: This is on the public record now, Bob. Your opportunity.

DR. ROESSLER: What hotel are we at?

MR. PRESLEY: You're at the Doubletree which is the old Garden Plaza I understand.

DR. ZIEMER: Some of you will need to rent cars probably. Is there any other thing that needs to come before us or anything for the good of the order?

(no response)

DR. ZIEMER: If not, we stand adjourned. Thank you very much.

(Whereupon, the meeting was adjourned at 2:40 p.m.)

CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA

COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of January 9, 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 9th day of February, 2006.

_____

STEVEN RAY GREEN, CCR

CERTIFIED MERIT COURT REPORTER

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