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-NINTH 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 August 8, 2006.

C O N T E N T S

August 8, 2006

TRANSCRIPT LEGEND

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-- (sic) denotes an incorrect usage or pronunciation of a word which is transcribed in its original form as reported.

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(By Group, in Alphabetical Order)

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BEHLING, KATHY, SC&A
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MAKHIJANI, ARJUN, SC&A
MAURO, JOHN, SC&A
MILLER, RICHARD, GAP
NETON, JIM, NIOSH
ROLFES, MARK, NIOSH
STAUDT, DAVID, HHS

P R O C E E D I N G S

(10:05 a.m.)

WELCOME AND OPENING COMMENTS
DR. PAUL ZIEMER, CHAIR

DR. ZIEMER: We are, according to my clock, about five past the hour, so I think we should proceed. We do have a quorum.

DR. WADE: Yes, we do.

DR. ZIEMER: Again, officially, Dr. Wade, if you would take the roll call for the record, and then we will proceed.

DR. WADE: Okay. Dr. Ziemer?

DR. ZIEMER: Present.

DR. WADE: Dr. Lockey?

DR. LOCKEY: Present.

DR. WADE: Dr. Poston?

(No response)

Gen Roessler?

DR. ROESSLER: Present.

DR. WADE: Bob Presley?

MR. PRESLEY: Present.

DR. WADE: Dr. Melius?

DR. MELIUS: Present.

DR. WADE: Mark Griffon?

MR. GRIFFON: Present.
DR. WADE: Mike Gibson?
MR. GIBSON: Present.
DR. WADE: And Brad Clawson?
MR. CLAWSON: Present.
DR. WADE: And Lew Wade is on line.
DR. ZIEMER: Thank you. And the court reporter, Ray Green, is here and is in -- in action.
Thank you, everyone. This is the official August 8th Advisory Board on Radiation and Worker Health Conference call. The agenda has been distributed by e-mail. It is also on the web site for members of the public. I hope everyone that's involved has got a copy of the -- of the agenda.
You will note in the agenda that there is a public comment session scheduled for this morning that will focus particularly on the issue of conflict of interest. We do want to hear from members of the public on that issue, if -- if they have such comments.
We also have a lunch break scheduled at 12:15, and the other items on the agenda you see, presumably, before you. We will follow the

agenda, at least sequentially. The time schedules are always sort of estimates. We may reach a certain point sooner or later than we estimate, so we'll -- we'll just proceed in the order given and see where we end up in terms of the time. And we have the flexibility of adjusting the times if necessary.

I do want to thank everyone, particularly the working groups that have worked very hard outside the meetings themselves -- that is outside our official Board meetings -- and worked since our Washington meeting just a little over a month ago, and we appreciate all that work.

I'm going to ask Lew Wade, the Designated Federal Official, also to make some additional comments, particularly concerning our membership today.

DR. WADE: Thank you, Paul. Let me begin by -- and this is Lew Wade. Let me begin by thanking the Board members and, as Dr. Ziemer so appropriately did, the working groups. It's been a very busy summer for the Board and its working groups, and we'll hear the results of much of that work on this call, and then

certainly more completely at our September face-to-face meeting.

As Dr. Ziemer mentioned, there has been some changes in the -- the make-up of the Board. I was notified on August the 1st by White House personnel that they had taken action to retire from the Board Wanda Munn and Dr. DeHart. This was presented to me as part of the normal rotation that the Board is -- is and will undergo. At the same time I was told that the White House personnel had taken action to reappoint for another term Dr. Melius, Mike Gibson and Mark Griffon. I have asked repeatedly when we will receive notification of incoming Board members, and I'm told that that is to happen soon, but it hasn't happened certainly in time for this call. So we have now nine Board members, eight on the call right now, and that's the status of things.

I would obviously be remiss if I didn't publicly thank Wanda and Roy DeHart for -- and I don't know if they're on the call, but we'll do this more formally in September in Nevada, but thank them for yeoman service. They've given unselfishly to the public through this --

this round of their public service, and I personally can't thank them enough. I know Paul has thanked them personally, and I think we'll have opportunities for all Board members to do that when we get together in Nevada.

DR. ZIEMER: That's right, although it's my understanding that Roy DeHart may actually be overseas at that time and may not be able to be with us, but we certainly thank them both for nearly five years of -- of really concentrated and appropriate service to the Board and -- and thereby to our nation. Certainly we'll miss -- miss them on the Board.

DR. WADE: And there are holes in -- you know, we'll talk about this when we get to the Board working time and our subcommittee activities, but there are obviously holes that have been left by their departure and we'll have to talk about how to deal with those in terms of subcommittee and working group assignments.

DR. ZIEMER: And Lew, just for the record, we officially at this moment have nine Board members. A quorum is -- I believe under our rules is one more than 50 percent, is that correct?

DR. WADE: Correct.

DR. ZIEMER: It'd be six, I guess.

DR. WADE: Right, if you round up, it's six.

DR. ZIEMER: Yeah. And a majority on voting of course would be five.

DR. WADE: Correct.

DR. ZIEMER: Although at the moment we only have eight present and voting, unless Dr. Poston gets -- comes on the line.

DR. WADE: Correct.

DR. ROESSLER: This is Gen. Paul and -- and Lew, when we get to the Board working discussion, I'd like to bring up a question about what is meant by the -- what you just said, the normal rotation. I'm not sure that any of us really know what that means, and I think some clarification on that would be beneficial to Board members.

DR. WADE: Okay, we'll do that when we come to Board working time.

DR. ROESSLER: All right. Thank you.

DR. ZIEMER: Thank you, Gen. Let's proceed then with the agenda as we have it before us.

NTS SITE PROFILE UPDATE AND DISCUSSION OF PATH FORWARD
MR. ROBERT PRESLEY, WORK GROUP CHAIR

The first item on the agenda is an update on the Nevada Test Site site profile and discussion of the path forward. The Chairman of the working group for Nevada Test Site is -- is Bob Presley, and Bob, why don't you kick off our discussion here and give us an update on Nevada.

DR. WADE: Could I interrupt just briefly?

DR. ZIEMER: Yes, you certainly can.

DR. WADE: Just to have a very brief conflict of interest discussion.

DR. ZIEMER: Oh, yes.

DR. WADE: We do have one Board member who is conflicted at the Nevada Test Site, and that is Mark Griffon. The Board has been operating to rules that would say that a Board member with a conflict, as it relates to site profile documents and discussions, can participate in the deliberations but may not vote or offer motions pertaining to that site profile document. So while Mark is conflicted, he can stay involved in the discussion, participate in the discussion, but would not be able to make motion or vote. And that's the only conflict with regard to Nevada Test Site. Sorry,

Robert.

MR. PRESLEY: No problem.

DR. ZIEMER: Okay. Thank you.

MR. PRESLEY: First I'd like to thank Brad and Gen and Wanda especially for participating in this. We had a meeting three weeks ago in Cincinnati that I thought was excellent. We have 25 issues from SC&A that we went through, finished up around -- oh, 4:00 o'clock that day with the 25 issues. Out of the 25 -- or they called them responses, I'm sorry, the 25 responses from SC&A -- we came up with three issues and the first one I'll go through is a -- is the response four of the items. It has to do with oro-nasal breathing in relation to inhalation. And what we plan on doing is the -- we're going to go back and NIOSH will continue discussions between SC&A and NIOSH and they're going to review the possibility of changing some of the guidelines on this, especially for hot particles in the NTS work area. And that's one of the issues. Comment five, or response five, had an issue with that, and that had to do, again, with the resuspension. And what -- the working group

has agreed with SC&A that they can bring Lynn Osbaugh (sic) on board to review parts of the papers that -- and the information that NIOSH and SC&A have, and he's going to go back and review this and give us a recommendation on this.

And then the last issue was issue 25 of the comments, and the issue involves docum-- documentation of site expert interviews. And what we plan on doing with that is SC&A's going to review and make comments to the working group on this issue at our next meeting. Presently we have not got another meeting set up.

I just received Arjun's comments on the 2nd. As y'all know, we -- we have a new arrival in our family and we haven't been home a whole lot. She -- she came on the 3rd and I haven't -- I've sent Arjun's comments around to the committee members, but we have not incorporated them into the comment sheet yet. We will do that, send that on around to all the committee members, have one agreed response with each one of these comments or issues, and then we will come back and give the Board our recommendation

and the Board can take it from there. How's that?

DR. ZIEMER: Okay, thank you very much, Bob. Let me see if any of the Board members have questions or if -- if others in your working group have additional comment.

DR. ROESSLER: This is Gen. Just for the official record, the person he referred to on the resuspension discussion is Dr. Lynn Anspaugh, A-n-s-p-a-u-g-h.

DR. ZIEMER: Yes.

MR. PRESLEY: Okay, thank you.

MR. GIBSON: And this is Mike Gibson. What is his background?

DR. ZIEMER: Yeah.

MR. PRESLEY: Let's see, I might let somebody else --

MR. GIBSON: Background and maybe history at the --

DR. ZIEMER: On Lynn Anspaugh? Are you asking for Anspaugh's background?

MR. GIBSON: Yes, and his history at the site and -- and his credentials.

DR. ROESSLER: I think Arjun and John Mauro have been in tou-- this is Gen -- have been in

touch with him, and I would assume that they have maybe asked for an official bio or know a little bit more about his background. I could tell some things off the top of my head, but it wouldn't be official.

DR. WADE: Well, if John -- is John Mauro on the line?

DR. MAURO: Yes, I am. This is John Mauro. I'll speak into the headset, make it a little easier for Ray. Yes, we've been in touch with Lynn. He -- he has signed up as an SC&A associate. We are currently going through the process of putting him through our conflict of interest program, our Privacy Act and quality assurance procedures, and we have not yet turned him on to actually review the work. That's going to happen shortly.

His background, bottom line, is he works as a consultant, researcher, for DOE but not as an employee in terms of working at the Nevada Test Site. And his major area of research is widely published, and cited heavily in the site profile, is resuspension factor at the Nevada Test Site. And -- and he has in the past been reviewing not only the site profile for Nevada

Test Site on his own, and al-- he has also reviewed, interestingly enough, our review of the Nevada Test Site, and he has opinions regarding both documents.

And so very shortly we will be working closely with him to get his feedback on not only the particular issue related to resuspension factors and whether or not the site profile applies the way he -- his research intended, but also he probably'll have some observations and comments on perhaps other aspects. So he'll be bringing to the table quite a bit of expertise regarding the Nevada Test Site.

DR. ROESSLER: This is Gen. I think -- it's my understanding that -- from the phone call, when he called in to our Board meeting, and that was very difficult --

THE COURT REPORTER: Excuse me, Dr. Roessler?

DR. ROESSLER: Yes.

THE COURT REPORTER: This is Ray. I'm having a real hard time hearing you.

DR. ROESSLER: Okay. Maybe I -- I'm going to try walking -- I'm using a portable phone. Let me --

THE COURT REPORTER: Oh.

DR. ROESSLER: -- (unintelligible) the base and see if I might need to do that.

THE COURT REPORTER: That might be better.

DR. ROESSLER: Can you hear me better now?

THE COURT REPORTER: Yeah, a little bit. Thank you.

DR. ROESSLER: What about now?

THE COURT REPORTER: That's -- that is better.

DR. ROESSLER: Okay, I might need to just stay near the base.

THE COURT REPORTER: Okay. Thank you.

DR. ROESSLER: But it's my understanding that Dr. Anspaugh could also speak about episodic events that might be appropriate in evaluating the less than 250 day rule. Am I right on that?

DR. MAURO: This is John Mauro. I -- we did not discuss that, but certainly his vast experience there cert-- would bring -- possibly bring to the table that, but that was not a topic of our discussion, but it -- but certainly we will engage him on that, also.

DR. ZIEMER: John, this is Ziemer again. Do you have additional bio information you can share with Mike Gibson? I think Lynn used to

be at one of the DOE sites in California, did he not?

DR. MAKHIJANI: Dr. Ziemer, I believe -- this is Arjun Makhijani. I believe he was at Lawrence Livermore.

DR. ZIEMER: Yes, I believe that's correct. I'm -- I wasn't absolutely certain. I know he's done a lot of work on these -- these topics in Russia and Byelorussia in follow-up on some of the weapons and in the Chernobyl stuff out there, so he's considered a world expert in this area. But he does have -- have, in the past, some DOE ties.

DR. MAURO: I will forward to the Board -- we have his bio here. It's part of the records we keep for -- for every associate and employee. And I will forward his bio on to the Board right aft-- perhaps at the break, at appropriate break, 'cause we do have it on -- I don't have it in front of me right now, but we do have it. It's part of the package that we, you know, create when someone joins up with us.

DR. ZIEMER: Okay.

DR. MAKHIJANI: I have it. He was -- he was the scientific director of the Nevada Test Site

off-site radiation -- radiation exposure review project from '79 to '96, and -- so basically he's been involved in assessing the effects of -- of fallout for quite a long time, and then he was codirector of the Risk Sciences program at Livermore -- Lawrence Livermore National Lab from '92 to '95, and he's been involved with -- with the Nevada Test Site program for quite some time. And he's currently I believe at the University of Utah.

MR. GIBSON: This is Mike again. So -- and I -- I heard you, John, say that you would forward his bio, and maybe I missed this. Was he employed by the contractor, by DOE, or was he a consultant to either one of the two entities?

DR. MAURO: My understanding, he was employed by DOE as a researcher, but not as a -- I guess an -- an employee at a site.

DR. MAKHIJANI: No, no --

DR. MAURO: Arjun, maybe you can --

DR. MAKHIJANI: -- he was --

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

DR. MAKHIJANI: -- he was at the Lawrence Livermore National Laboratory for quite some time.

DR. MAURO: Okay.

DR. MAKHIJANI: 1982 to 1992 -- yeah, 1976 -- so he both is -- his association with Lawrence Livermore I believe goes back to 1963 as -- as a biophysicist, so he would have been employed by the University of California, which was the contractor, of course, for the Lab.

DR. MAURO: We will get the bio out -- and by the way, he will be filling out our conflict of interest forms, all of which will be, you know, including on our conflict of interest web site, so we'll have an op-- he's going through this process right now so he can get a -- know exactly what he can and cannot do -- do in terms of advising us, and perhaps even authoring certain materials, but we're not there yet.

DR. ZIEMER: Okay. Mike, does that answer your question, at least for the time being?

MR. GIBSON: Yeah, I'll wait and see his bio, yeah.

DR. ZIEMER: Yeah.

MR. GIBSON: Thank you.

DR. ZIEMER: Thank you. Other comments or questions on the report of the workgroup? What

-- Bob Presley, what will we expect then to occur at our Nevada meeting?

MR. PRESLEY: What I'm hoping to do is go ahead and get Arjun's comments on the web to the other two working group meeting members, to NIOSH and then back to SC&A. We will agree on those. We may have to have a conference call to talk about that. We were -- we were talking about having a face-to-face but we couldn't get mainly me together on those dates, so we'll try to have a conference call and, if at all possible, I would love to solve this thing off before our meeting at NTS and for the working group to give the Board a recommendation at NT-- at Nevada.

DR. ZIEMER: Okay.

DR. MAKHIJANI: Mr. Presley, may I make a comment? This is Arjun.

MR. PRESLEY: Yeah, Arjun, go ahead.

DR. MAKHIJANI: The -- the three items that Mr. Presley mentioned are the items that were still -- the working group, SC&A and NIOSH are still discussing and -- and where some differences have to be ironed out. And there were these 25 issues that Mr. Presley mentioned, and on the

rest of the issues basically NIOSH has agreed that they need to -- either they have gone away because of the SEC and they involve the atmospheric testing period, or NIOSH has agreed that they're going to review the issues and make changes to the site profile. So in terms of the working group, the action items are three. But in terms of NIOSH responding to SC&A's site profile review, there are -- there are a larger number of action items for NIOSH, but not for us at this time.

DR. ZIEMER: Okay, thank you.

MR. PRESLEY: That's correct. And it -- and it may hinge on whether NIOSH can get the corrections and the changes into the site profile by then and get them out. As everybody's aware of, that's less than -- oh, somewhere in the neighborhood of about 35 days, so it's not -- there's not a whole lot of time. We can try. If we can't, we'll -- we'll go on down the road at the next meeting with it.

DR. ZIEMER: Okay. Other comments or questions?

MR. GIBSON: Yeah, this is Mike.

DR. ZIEMER: Mike.

MR. GIBSON: A question for Bob for his working group. Is the working group -- are you looking at whether the doses came from strictly the -- the U.S. weapon test sites or from -- from -- there may have been test sites at other -- in other places, other countries, as far as the dose.

MR. PRESLEY: Mike, let me -- as far as I know, the doses are coming from NTS workers in the United States. Yes, we had some test sites that were other than NTS, and I actually don't know whether any of the claimants are from any of those other sites or not. That's something that we're not privy to. But I would assume that all of the information's coming from the Test Site. Is there somebody from NIOSH that can answer that better?

MR. ROLFES: Bob, this is Mark Rolfes at NIOSH. We do have claimants from Amchitka and (unintelligible) nuclear explosion site, as well as Pacific Proving Grounds, but the issues that we're covering I believe are only for Nevada Test Site today.

THE COURT REPORTER: I'm sorry, who was that speaker, please?

MR. ROLFES: This is Mark Rolfes.
THE COURT REPORTER: Okay. Thank you.
MR. PRESLEY: Mark, thank you very much.
MR. ROLFES: You're welcome, Bob.
MR. PRESLEY: Mike, did that answer your question?
MR. GIBSON: Yeah, for now, but...
DR. ZIEMER: This is Ziemer again. Mike, I thought at first you were asking perhaps about the contributions from other weapons tests to the Nevada workers or --
MR. GIBSON: Correct.
DR. ZIEMER: That is -- or are you asking if worldwide fallout had an additional contribution that either contributed or was not accounted for? I'm not sure which you were asking. Is it something along that line?
MR. GIBSON: Right, from -- from other sites that -- as being -- is that dose being attributed to...
DR. ZIEMER: Well, this is Ziemer again, and that -- let me insert a comment here, and then maybe NIOSH can -- one of the NIOSH staff can -- can respond to it, but as far as worldwide fallout is concerned, let's say --

MR. GIBSON: (Unintelligible)
DR. ZIEMER: Are you talking worldwide?
MR. GIBSON: No, no, I'm sorry, Paul, on the --
DR. ZIEMER: Oh, okay.
MR. GIBSON: It -- it's my understanding from what I've been reading through that the British did some tests at Nevada also.
DR. ZIEMER: Oh, I see, other -- tests by other groups -- okay, I'm with you.
MR. GIBSON: Is that dose going to be attributed to their dose reconstruction by NIOSH?
MR. HINNEFELD: This is Stu Hinnefeld. Yes, it would. Any -- any testing at Nevada Test Site would be included.
DR. ZIEMER: Regardless of who did it.
MR. HINNEFELD: Yes.
MR. GIBSON: Okay.
DR. ZIEMER: Okay, Mike. Does that -- is that what you were asking?
MR. GIBSON: Yeah, that's -- I think that's what I was...
DR. ZIEMER: I gotcha. Okay, thank you. Are there further questions or comments for -- on this topic?

DR. MELIUS: Just -- Jim Melius, just a comment. We still have outstanding the follow-up on the Special Exposure Cohort, the -- that Gen mentioned, the less than 250-day issue, and that's something we probably should talk about during our work time later in the meeting.

DR. ZIEMER: That's correct. In fact we do have that 250-day issue as a kind of a separate issue that covers perhaps more than one site, but it certainly is one that's applicable to this location as well.

DR. WADE: Right, in the Board's decision -- this is Lew Wade -- in the Board's SEC recommendation on both Nevada Test Site and Pacific Proving Grounds it left open the issue of less than 250 days to be considered by the Board. So I think, Paul, while the 250-day issue is something we need to consider everywhere, I think there is some urgency to consider it for Nevada and Pacific Proving Ground.

DR. ZIEMER: Right, those two sites.

DR. WADE: Right.

DR. ZIEMER: Right. But that at the moment is not part of what this workgroup is involved in.

DR. WADE: No, this is the workgroup looking at the site profile. We --

DR. ZIEMER: Site profile.

DR. WADE: We do have a workgroup that is to look at SEC issues, that workgroup chaired by -- let me consult my notes --

DR. ZIEMER: By Melius, I believe.

DR. WADE: -- by Melius, Griffon, Wanda -- to be replaced -- and Lockey. And queued up for them is this Nevada Test Site/Pacific Proving Ground 250-day issue.

Just so everybody can be thinking from the same base, we suspended activity as we dealt with the conflict of interest that appeared for SC&A. That issue has now been resolved. We can talk about that this afternoon some. SC&A is available for the Board to -- to use as it sees fit on this or any issue related to Nevada Test Site.

DR. ZIEMER: Okay.

DR. MELIUS: I was just mentioning it as a -- sort of a -- put a placeholder for discussion, and also for anybody listening in who's interested in Nevada Test Site and wondered why we weren't talking about it now, so...

DR. WADE: Thank you.

DR. ZIEMER: Thank you, Jim. Other comments or questions on Nevada Test Site?

(No responses)

DISCUSSION OF NIOSH'S PROPOSED CONFLICT OF INTEREST POLICY
DR. JAMES MELIUS, WORK GROUP CHAIR

Okay. If not, let us move on to our next agenda item, which is the issue of conflict of interest policy. We have the most recent version of NIOSH's proposed conflict of interest policy. We've -- we have had a working group that was reviewing that -- that draft document and generating proposed comments for the Board to consider. Jim Melius chaired that and Jim, let me ask you to lead us in that discussion.

DR. MELIUS: Okay.

DR. ZIEMER: And also as you do that, Board members, there -- there is a draft of the working group's proposed comments that Jim distributed this past week and I want to make sure folks have copies of those.

DR. MELIUS: Also that draft is also available on the -- the web site under --

DR. ZIEMER: For the public. Right?

DR. MELIUS: -- for the public under -- just

under the agenda for this meeting so that it's available, as -- as well as -- another place on the web site is the -- the NIOSH conflict of interest policy that we are referring to, which is the revised draft dated July 18th, 2006, and that is what we are commenting on.

DR. ZIEMER: And our document is called "Draft ABRWH Comments, NIOSH Statement of Policy, Conflict of Interest, July 18th Draft."

DR. MELIUS: Right.

DR. ZIEMER: Okay. Jim, do --

DR. MELIUS: Lew, do you have any -- want to make any comments or introduction on the July 18th NIOSH statement?

DR. WADE: Well, just a couple of -- one before then and then -- then some comments there. What we've -- the way we've arranged this morning's time is that the Board will have an opportunity to chat, then we'll hear public comment, then the Board will go back to its deliberations so that the Board can deliberate upon the things that it's heard in the public comment.

With regard to the July 18th draft, I did send it to Board members with a note and pointed out

that two things -- there were a number of changes, and again, NIOSH heard the previous public comments at the last Board meeting and -- and received comments from the public, as well as individual Board members. Based upon those, it made some modifications. The -- the two things that -- worthy of note, NIOSH heard comments and accepted comments that the -- the conflict of interest policy that was in place for the Board's contractor -- that's SC&A -- is something that the Board had deliberated long and hard on, and the feeling was that that should remain in place and really not be superseded by this.

The other was the Board itself, and what NIOSH is saying in this most recent policy is that the Board is certainly subjected to conflict of interest considerations as a result of their being Special Government Employees, as a result of the fact that this Board is a FACA, as a result of the fact that they are government employees. And that establishes a basis for what represents a conflict of interest or a perceived conflict of interest.

NIOSH felt that anything over and above that

really should fall to the Board to decide upon, so there is a floor that exists for the Board members. If the Board wanted to add over and above that, NIOSH is suggesting that the Board deliberate on that. NIOSH is offering its policy as something for the Board to consider, but is not suggesting that it imposes its policy on the Board. The NIOSH policy does, in its appendix, enumerate Board actions if a Board member is conflicted and -- and you know what they are. You've repeated them many times.

Again, I don't find those in any way officially approved by the Board, but we have been using them and I think they make a fine statement. But I think the Board needs to also decide if it's comfortable with those rules that say if a Board member is conflicted, these are the resulting activities.

So I think NIOSH would like to hear from the Board about whether it wants to add anything to the floor for Board conflict that's established by FACA or government employees, and then also what the Board would like to consider as its operational rules, whether it wants to sort of

ratify them or modify them in some way. And then in general, NIOSH is very anxious to hear from the Board as to its reaction to the policy as presented. Thank you.

DR. MELIUS: The workgroup that was charged with preparing some comments for -- from the Board for -- on this policy, I chaired it. The other members included Brad Clawson, Mike Gibson and Paul Ziemer. We had a conference call a little over a week ago, I believe on July 31st, to discuss the NIOSH draft policy, as well as the draft set of comments that I had prepared. We -- the workgroup went over those comments and made a number of changes in them, and the resulting draft that's been circulated to the Board members, as well as posted on the web site, I believe I've reflected our discussions of -- of the workgroup in those -- those comments and the changes I made. And that is I think what is proposed for the -- the group to discuss and adopt, change or whatever today.

I think -- I think for purposes of the public record and so forth, I think we need to go through this draft. Is that correct, Lew?

DR. WADE: Correct.

DR. MELIUS: And -- and maybe the easiest thing to do is to -- to go through it sort of paragraph by paragraph. There is a series of 11 comments there and I'll go through and I can, you know -- I can read it for the purposes of the public record and then give you a little bit of background on our discussions on that, then we can discuss each comment.

Probably start with the -- the introduction and I'll go through the -- the first comment.

Advisory Board on Radiation and Worker Health has reviewed the most recent draft of the conflict of interest policy. In general we support NIOSH's efforts to improve and clarify the conflict of interest policy for this program and believe that it will improve the credibility of the program once this policy is implemented. The Board has several comments addressing our continuing concerns about certain issues that are not yet clearly spelled out in the most recent draft.

Comment number one -- footnote number 2, page 1, the definition of conflict of (telephone transmission interrupted) appearance or

perception of a conflict of interest; i.e., this policy should be trying to avoid or minimize actions that would have the appearance of a conflict of interest. I believe that the use of the term "potential conflict of interest" fully addresses this concept. We suggest adding the following sentences to footnote 2: "In some cases there may be an appearance of -- of or perceived conflict of interest, even where no legal conflict of interest exists. To the extent feasible, NIOSH will seek to minimize the appearance of or perception of conflicts of interest."

And -- and I think we -- the working group felt that it was important that we -- that conflict of interest includes more than just an actual conflict of interest, and then "potential" didn't quite capture that, that there are certainly many instances where one wants to avoid the -- the perception or appearance of -- of a -- of a conflict of interest and that that's -- is actually already captured in some of the rules for, you know, government employees and some of the issues related to contractors so -- and then we should -- should

reference it here. I think it's relatively straightforward.

Any comments or questions on that?

DR. ZIEMER: And -- this is Ziemer -- Board members, I think it will be helpful to the working group if you indicate either agreement or disagreement with ideas as they're put forth here, just so we get some idea sort of what the consensus is as it -- you know, complete silence won't be too helpful.

DR. MELIUS: Yeah.

DR. LOCKEY: Hey, Jim -- Jim Lockey.

DR. MELIUS: Yeah.

DR. LOCKEY: I wanted to ask you a question about -- normally when I think of conflict of interest -- I -- I like your idea of a perceived conflict of interest, or potential conflict. I think that -- that's an important concept. If -- if somebody -- does the conflict of interest only run one way? Does it only run if somebody has a conflict of interest in that they were representing somebody from the Department of Energy? Or does it also run the other direction? Other words, if somebody is working for a legal firm in potential

lawsuits against the Department of Energy or in policy statements, is that a conflict of interest, or is that a perceived conflict of interest, or how would the general public look at that issue?

DR. MELIUS: Well, I -- I -- I think this section refers to the footnote -- it sort of refers to the introduction and purpose of the NIOSH statement of policy, so it -- it's making a more general statement about conflict of interest, and we thought that that general statement should -- you know, should also capture the idea that, to some extent, the policy would be to address, you know, the perceived or -- or appearance of a -- of a conflict of interest also. I think that your -- your comment I think goes more to the issue of the specific policy and -- and I think it's one of the reasons that we wanted to have some separation between the -- what the NIOSH policy now is was mostly intended for addressing their contractors who are doing work on this, and that -- that the policy would be specific to those contractors and that a policy for the Board members, for example, would be -- could

be based on different considerations; that the policy for the Board's contractor would be -- could be based on other considerations. To some -- some of those are to some of the statutes and regulations that govern those particular relationships, so they -- for example, there are statutes that relate to Special Government Employees and being a member of a Federal Advisory Committee. So I think to sort of -- we can address that maybe a little bit later, but this was intended just as a sort of a general statement about that and it -- not to talk about the -- the application of conflict of interest, if that's...

DR. LOCKEY: Oh, I understand. So in this case, conflict of interest is -- is a broad -- it's a broad -- if somebody has any dealings with any DOE sites, either one way or the other, that -- this was covered by that conflict of interest statement.

DR. MELIUS: Could be. This policy could -- could addr-- cover that, and then -- then -- as I said, this is, you know, NIOSH's sort of footnoted definition that, you know, at least I viewed and I think other members of the

workgroup view as sort of a very general statement of how conflict of interest would be viewed in the document. And actually I think if you go through it, the document itself, it certainly implied that more than, you know, actual conflict of interest was what was being avoided. There was also issues of perception, you know, motivate -- perception of conflict of interest also motivated some of the specific, you know, procedures and steps that were set up in the document.

DR. LOCKEY: You know, I --

DR. ROESSLER: This is Gen. I don't want to interrupt Jim. Are you finished?

DR. MELIUS: Which Jim?

DR. ROESSLER: I'd -- I'd like to sometime go back to Jim's question, but on this particular item I think it's a good addition and a good change. But I'm -- I'm really not sure how much substance this has because it seems it's going to be very difficult to define what is meant by appearance of perceived conflict. Do we have any rules or any guidelines to go on for that?

DR. WADE: Well, this is Lew Wade. I mean

Emily Howell did send to Board members, in anticipation of this call, several documents that really sort of frame what the conflicts would be for government employees or Special Government Employees, and she sent you a section that deals with impartiality. And that section of the Federal Code is intended to deal with issues of appearance, so there is something we can use as a guide, you can use as a guide, but clearly when you get into this area it becomes more and more subjective the further away you go from the actual conflict. But I would point you to subpart E of 26.35 of 5 CFR that tries to deal with impartiality. And it starts by saying (reading) This subpart contains two provisions intended to ensure that an employee takes appropriate steps to avoid an appearance of loss of impartiality.

So it's trying --

DR. ROESSLER: Okay, I have that -- I do have that in front of me, I just had not had a chance to study it yet.

DR. WADE: It's -- I mean, you know, the -- as I said, Gen, the further away you get from the touchstone, the more difficult it is, and yet

there is guidance.

DR. MELIUS: Yeah, I (unintelligible) some similar guidance that NIH has in addressing, you know, grant reviews and, you know, conflict -- potential -- appearance of a conflict of interest depending, you know, on your affiliation with the university or having coauthored documents, you know, articles with one of the people that you're reviewing and -- and so forth so -- I mean it's widely applied I think within -- certainly within government that -- but -- but I agree with you, Gen, it -- it's something that does get very subjective and I think it's the specifics of the policy that -- that we have to evaluate to -- this comment was only just to say that in -- in a general sense (unintelligible) policy also all -- should address and consider the appearance or, you know, of -- of a conflict of interest.

DR. ROESSLER: Okay. I'm reassured. Emily's material just came through yesterday and I had not had a chance to look at it, but I appreciate, Lew, you pointing out that section. It's reassuring to see that we do have something in writing. I'm in agreement with

the proposed --

THE COURT REPORTER: Gen, I'm sorry, this is Ray. I'm still having a real hard time hearing you and I -- I'm sorry.

DR. ROESSLER: I don't know what else I can do.

THE COURT REPORTER: Well, that's better right there.

DR. ROESSLER: Okay, I --

THE COURT REPORTER: I'm sorry.

DR. ROESSLER: When I talk I'll just face the -- the base. I'll try and --

THE COURT REPORTER: Okay.

DR. ROESSLER: Did you get my last comment?

THE COURT REPORTER: Yeah, I'm getting it, but it's just sounding very muffled and everybody else is coming in pretty good.

DR. ROESSLER: Okay.

THE COURT REPORTER: I'm sorry.

DR. ZIEMER: This is Ziemer, if I might add a comment. The words that you see there in the quote are the words that I have suggested that be added, and I think the point is that in many of these cases there actually is not a conflict of interest in the legal sense, but it may look like there is. And to the extent that one is

able to avoid even the look, the appearance, you ought to take steps to do that. That's the intent. Even though it may not technically be a legal conflict of interest under -- under the variety of rules, to the extent that you can avoid even the appearance of that, that should -- should be pursued. But again, there are specific steps that you can take where it looks like there's a -- a conflict to address that and -- and -- and put all the facts out there and show what the situation is so that people from outside -- and I think the rules talked about what -- what a reasonable person would conclude from the facts of the situation. And you know, if a reasonable person is most likely to conclude that there really is a conflict, then you have to do something about that, under -- under the rules, not -- you know, it doesn't -- it's not prescriptive about what you do, but you -- it does say that you -- you have to do something.

DR. LOCKEY: Paul, I agree with that. I -- I read this as meaning total transparency.

DR. ZIEMER: Yeah.

DR. LOCKEY: And -- and if there's a potential

-- if there's a possibility it raises in your mind a potential conflict, just put it out there 'cause it's better to do it that way than to have somebody come back later and question you on it 'cause you didn't record it or didn't -- didn't let people know about it.

THE COURT REPORTER: I'm sorry, who was that, please?

DR. LOCKEY: This is Jim Lockey.

THE COURT REPORTER: Okay, thank you.

MR. PRESLEY: This is Bob Presley. I'm in -- I'm in agreement with it. Everything comes down to legal or somebody like that making the final decision, doesn't it?

DR. WADE: This is Lew Wade. On one end, yes. I mean I -- I think there is the responsibility of all of us who -- who work under such policies to identify issues, so I think it starts with full disclosure identification by the party involved. Once that's done, then depending upon the particular entity within government, then there are procedures to be followed to make judgments. But I think we all have a responsibility in terms of complete disclosure.

MR. PRESLEY: This -- this is Bob again. That's good. Thank you, Lew, that's good.

MR. GIBSON: This is Mike Gibson, and I -- I completely agree with total transparency and -- and revealing conflicts of interest as far as your affiliation. But you know, on the other hand, given the lack of input from workers, whether they're salary or hourly, where they may have site knowledge, and given the point that -- and we're still waiting to hear how much site workers have been involved in doing site profiles -- they have valued knowledge that may -- it may not necessarily benefit themselves, but they have knowledge that could conflict with those who have been paid professionally, as in a management position, to write these site profiles. And I think that their knowledge should be able to be put on the table somewhere, whether it's -- you may have to recuse yourself and be a member of the public and address the Board, but it -- you know, there's just a lot of knowledge out there that -- to be fair and balanced, you know, I think that -- that that -- that knowledge and that experience and that ought to be heard.

DR. LOCKEY: Mike, it's Jim Lockey, I -- I agree with you. I don't think that that type of knowledge should be excluded at all. I just -- I agree with that 100 percent. When I -- when I look at transparency, I always think it's better -- this is who I am, this is what I've done and this is my knowledge base, and then nobody can ever come back at any point in the future and try to use it -- try to say well, he didn't -- he or she did not reveal this conf-- potential conflict of interest, therefore we -- whatever they said may not be valid. I think it's better just to get it up -- get it out up front and then -- then use the knowledge that a person's able to provide, and the worker definitely is going to have a lot of knowledge to provide.

MR. GIBSON: Right, I agree. I mean give -- give your full background and what you've done and your experience, but then be able to at least get your -- you know, your experience on the record.

DR. LOCKEY: I concur with that.

MR. CLAWSON: Jim, this is Brad Clawson. When we discussed this early in this meeting, it

wasn't -- it wasn't excluding anybody by using the term -- you know, we're -- we're trying to define here, it wasn't excluding anybody, was it? It was just that we were trying to bring forth this information up front.

DR. MELIUS: Correct. I mean all we're doing in this comment is addressing, you know, sort of the definition of conflict of interest that'll inform (unintelligible) this policy.

MR. CLAWSON: Right.

DR. MELIUS: And so that definition -- all this comment I think really says is that definition (unintelligible) appearance or perceived conflicts of interest, not just potential or actual conflicts of interest.

I think the next two comments really address some of the other discussion here, which was a point that we made at the last meeting and NIOSH has addressed in the latest draft is that it would -- it's better to sort of develop a policy that's specific for those situations that are -- you know, the particular group involved, so NIOSH has carved out what -- they're call-- referred to as exceptions, which would be the -- the last -- the previous draft

of the policy attempted to cover both the Board and the Board's contractor, for example, and I just think that would -- that was confusing, but it also was trying to get -- there are different considerations there. We get -- there earlier developed a policy (unintelligible) our contractor that at least at the time was more stringent than the conflict of interest policy for -- that was in place for NIOSH's contractor, at least in some ways. So I think we're -- how all of this gets applied I think it -- we -- we're -- it should be applied specifically and, you know, Paul, in the language he's proposed adding here that -- that he wrote, that we're proposing to add, it says to the extent feasible. There's some issues of feasibility we have to consider, also.

MR. CLAWSON: Well, I think also something else, too, and we're -- we're kind of maybe getting a little off of this or whatever, but if we -- if we address these appearances right up front and everybody is on board, legal and everything else like that, I -- I feel like a lot of this is addressed because I agree with

Mike Gibson on -- that we have a lot of valued information out there and people that have a very good basis of it, these sites, that we -- we need their information.

DR. ZIEMER: Jim, I suggest we continue with the next point then. I think you've gotten good feedback on this first one.

DR. MELIUS: Next point, this is -- refers to the exceptions, which is the new section on page 2 of the policy, section 2, exception 2.1, the exception for the --

UNIDENTIFIED: Hello?

DR. MELIUS: -- (unintelligible) Advisory Board. And the comment reads (reading) While we agree with the need to have a separate COI policy for the Board, we do not agree that the Board should, quote, create and administer, close quotes, its own policy, at least not independent of the COI provisions from FACA and other federal statutes that currently apply to the Board. The Board could supplement those requirements with additional requirements not in conflict with the FACA and other requirements currently in place. The Board does -- does support the three COI provisions

covering the Board's activities that are described in Appendix 1. The Board recommends discussion of this issue be placed on the agenda for a future Board meeting.

What we're trying to get at here is the -- the previous draft of the policy, as -- as I mentioned, had included the Board, the Board's contractors and it felt that was awkward. They had included this exception. But the way it was written here, it's sort of implied that we would just create our own conflict of interest policy, you know, de novo, with-- without clear reference to, you know, some of the legal and other statutes that govern our activities as -- as, you know, FACA Board members. And there's two issues. One is we shouldn't be do-- I think trying to do it in -- without taking into account what we're legally or -- required to do and what -- the review that we all go through as -- as part of being part of a FACA committee. And secondly, sort of for the Board to sort of create and administer its own policy, de novo also, probably is not the correct approach. We, you know, sort of decide our own conflicts and then it -- it -- it makes

sense, so what we proposed doing was that -- one is we ought to discuss this at length ourselves as to what kind of policy we should want to develop that would be in addition to what the FACA and the other statutes that already, you know, govern how we -- our conflict of interest as -- as Board members, and that probably deserve, you know, fuller discussion at a Board meeting rather than having the working group try to devise a policy to recommend to the -- to the full Board at -- at this meeting.

But secondly that we were -- the three -- page 12 of the July 18th draft in an appendix has these sort of -- I sort of refer to them as operational -- how has the Board been operating in terms of addressing conflict of interest issues. And they're very specific to actions that the Board commonly takes, the situations that commonly arise. The previous draft of the policy included them as part of the policy. They've now been moved to an appendix, and I thought that we should, you know, concur that those are, you know, appropriate ways of making -- sort of operationalizing conflict of

interest requirements for the Board members. We may want to add more, we may want to, you know, change these or clarify them for other situations, but certainly there was something the working group was comfortable having us utilize or continue to utilize as the Board functions. So the -- I guess the -- the gist of the comment is that we need to discuss further if we want to develop a more complete policy for the Board, that ought to be something to discuss at a future Board meeting when we're all together in person. Secondly, meanwhile, we would support the continued adoption of those three rules that are included in Appendix 1.

Any comments or (unintelligible) on that?

(No responses)

Anybody disagree?

(No responses)

I already miss Wanda.

DR. ZIEMER: I think -- it sounds like there's no disagreement, Jim, so I think -- unless there is -- we should proceed.

DR. MELIUS: Section 2, the other exception is for the Board's contractors so let me read this

comment. Quote (reading) The same concept would apply to the Board's current policy for our contractor. Federal procurement and other statutes have COI requirements for our contractor, and these have already been supplemented in the awarding of their contract. At the time, those requirements are generally more stringent than the ones in place for NIOSH's dose reconstruction contractors. The Board recommends that these requirements be reviewed at a future Board meeting. End -- end of -- and again, it was just saying that the workgroup didn't feel comfortable trying to devise a new set of conflict of interest requirements for our contractor. That's something would be best done at a future Board meeting, but does that think we, you know, did have a policy in place. We discussed it at great length many years ago when we awarded the contract and -- or before we awarded the contract and so, you know -- appropriate to revisit them, let's do it at a future Board meeting.

Any disagreements or comments on that?

DR. ROESSLER: No disagreement.

MR. PRESLEY: Jim, this is Bob Presley. I think that's great.

DR. WADE: This is Lew Wade, just to tip my cap to the Board. I mean I worked on the SC&A contract and I think the policy that you put in place serves that contract well and in fact has formed the basis of much of NIOSH's thinking for the document I brought to you.

DR. MELIUS: No comments, I'll move on to comment number four, which deals with section 3.0 in the document, also page 2, and it's entitled -- that section of the policy's entitled "Disclosure and Exclusion, Individual and Corporate." Let me read the -- read the comment.

(Reading) The application of this policy to corporate entities is not clear. Though the introduction to section 3 references both individual and corporate disclosure and exclusion, the substantive sections, section 3.1, et cetera, are confusing and often only appear to reference individuals, not corporations. Corporate conflict of interest provisions are important and this section should be modified to more clearly address

corporate COI issues.
That's the end of the -- end of the -- the comment. Just the background, I think based on our comments and discussion of the previous draft of the policy, we raised the issue of -- of including corporate conflict of interest. NIOSH has stated in this current draft that it -- it does cover corporate conflicts of interest. It doesn't -- just sort of didn't carry that through very clearly into all the subsequent sections. And some of it is wordsmithing, but I think some of it is that -- I think is a little bit more thought to what are corporate conflict of interest provisions and -- and sort of the -- the series of questions that are asked. There may need to be some changes in those to more appropriately address possible corporate conflict of -- of interest.
DR. ZIEMER: And Jim, this is Ziemer, if I -- I could add to that, Board members, if you look in the -- in the appendices at the questions that are asked to test for conflict of interest, such as Section C, disclosure questions, they're all -- very clearly pertain

to individual conflicts. And I think one of the questions we had is what -- what questions do you ask of the corporation to determine conflict of interest; is there a parallel set of questions. So it's -- certainly NIOSH has indicated the intent to apply it, and we're simply saying or suggesting that that be spelled out a little more clearly as to how you -- how you do that or what -- what are the tests on a corporate scale that parallel the tests on an individual scale.

Is that a fair statement, Jim?

DR. MELIUS: Yeah, that is. I mean it -- I -- I think it's -- it's a question of -- of some, you know, rewording that would -- would address this. And then it's actually in -- addressed here as comment number six where it says where the conflict of interest -- appendix to the conflict of interest disclosure form gets referenced in the document, but -- but as Paul just said, that also needs to be changed to more appropriately address this -- sort of -- so a corporation could fill it out and -- directly, as opposed to just an individual.

DR. ROESSLER: This is Gen. I agree with the

item. I think the workgroup has identified a very important item to explore or to complete.

DR. MELIUS: I think we all certainly support the -- the need for NIOSH to address corporate conflict of interest and it's particularly -- I'll say troublesome, but -- but it -- I think it -- it's important in sort of how conflict can be perceived or appear -- there can be appearances of conflict of interest in this DOE world with many contractors, subcontractors and entities and so forth, and I think having some, you know, clearer questions and clearer on this, addresses, helps a lot in terms of disclosure and application of any policy. Any other comments on that?

DR. ZIEMER: And I might add parenthetically -- this is Ziemer again -- that in cases where there do -- where there appear to be such corporate conflicts, then what -- one has to think carefully as to how you provide some sort of -- I think the term "firewalls" are used to -- within the -- within a corporation, for example, to -- to basically provide a barrier between parts of an entity that might be, on the surface -- or maybe actually -- in--

involved with what appears to be a conflict. We've got to do this with our own contractor, to some extent -- provide appropriate safeguards that assure that the -- the conflicts are addressed.

MR. GIBSON: Yeah, this is Mike. Paul, I agree. You know, I think there are -- there probably is a specific corporate conflict of interest provisions in contractors policies -- you know, ORAU and whoever else, you know, and I -- I think, you know, that -- that disclosure of these should be made to us. Is there any way the Board can receive a copy of the current COI corporate disclosure policy used by ORAU, for example?

DR. WADE: Certainly. This is Lew. I can make that happen.

MR. GIBSON: Okay, thank you.

DR. MELIUS: And I think that might be helpful, Lew, when -- you know, change the -- inclu-- sort of updated the policy, then clarify some of these corporate disclosure issues, I think it'd be useful to have that to reference.

DR. WADE: Right. I just -- speaking for NIOSH, Paul's comment of possibly also the

policy addressing remedy, such as firewall, if -- if that's the Board's pleasure then, you know, write that to NIOSH in your comments, that you would like to see such specificity in the policy. Or if you don't want it, then --

DR. ZIEMER: Lew, I'm not sure how specific one can be in the policy. I suspect that the solutions are very case-specific --

DR. WADE: Right.

DR. ZIEMER: -- although one might talk in general terms about the need for establishing appropriate firewalls in cases where there appear to be conflicts or -- but what is the remedy. In other words, how does one go about remedying these things.

DR. WADE: Okay. So whatever the Board would like to see, just let us know.

MR. GIBSON: This is Mike again, and I was -- I -- I think all of us received an e-mail from Mr. -- Strout?

DR. WADE: Staudt.

MR. GIBSON: -- Staudt, and he addressed the issue of the firewall that was created between SC&A for their various contracts and, you know, I'm kind of interested in that term and how

they came up with that, and I would just like to see what that consists of, just for -- I think it would be beneficial for our clarification for -- possibly beneficial to us.

DR. WADE: Why don't I invite David Staudt, or whoever he would care to name, to come to our next meeting and make a brief presentation on that?

DR. ZIEMER: Sure.

MR. GIBSON: Okay.

DR. MELIUS: Any other further comments on comment four?

MR. GIBSON: Jim, the only thing I would -- this is Mike again. You know, getting back to the COI policies of the -- the corporations, it's probably be beneficial, I think, to see the -- the forms, the corporate forms that the folks are presented with to fill out and not just the policy, so we can see what they're asked and not asked and -- and everything else.

DR. MELIUS: And that's -- Mike, I believe that's covered in Section -- comment number six.

MR. GIBSON: Okay, I'm sorry, Jim.

DR. MELIUS: Oh, yeah --

DR. ZIEMER: Yeah, that was the issue we were talking about. There -- there are questions asked on an individual basis. What -- what is it you ask a corporation.

DR. WADE: Right, but Mike's requirement of me is that I share the in-place policy for ORAU, for example, on disclosure. And then I'll also provide any forms that are filled out by ORAU employees toward that disclosure, Mike.

MR. GIBSON: Okay, thanks.

DR. MELIUS: Any other comments on four? If not, I'll move to five, which also references Section 3.0, and that series of questions is a relatively minor, but there is the -- the comment reads as follows: (Reading) There is also some inconsistency in the reference as to whether AWE work is included in some provisions of this section.

That's the end of the comment. And basically they -- if you go through those series of questions starting with 3.1, in some of them they include DOE/AWE -- you know, were you employed, contractor, et cetera -- and they're not consistent in doing -- in a lot of places they drop the AWE and didn't seem appropriate

and I think someone just needs to read through and where including AWE is appropriate, it should be done.

Any comments or -- I think it's minor.

(No responses)

If not, number six, the one we just talked about, the corporate -- there should be a corporate disclosure form, I think this is further discussion on that.

Number seven, Section 4.0 and actually refers to the Appendix 2, which is the individual conflict of interest disclo-- disclosure form and the -- that -- there's a section on that that refers to -- it's disclosure questions, and it has to do with the legal work. I'm trying to find the exact page for this. This is -- this is worded funny, but let me read the comment, then I'll look up -- (reading) The disclosure form for an individual should include a listing of the litigations -- cases that they participated in, not just the relationship with the attorney. The -- listing specific cases is common practice for expert witnesses.

It -- what that question did -- if I can --

DR. WADE: Page 21.

DR. MELIUS: Twenty-one, okay. Thanks. The -- question 13 on page 21. It just says (reading) Do you have a relationship with an attorney that was representing EEOICPA claimant, DOE or site operator?

And it's just that we thought it would be more useful if you just simply refer to the -- the actual cases that you were involved in rather than a relationship with an attorney since in many cases there are lots of law firms and lots of attorneys. And the common way of referencing those is usually to the case, not to the -- the law firm and -- to provide a little bit more transparency to the -- to the issue.

Any comments or questions about that?

(No responses)

If not, we'll -- moving on to the next comment is comment number eight, again refers to section 4 -- it's real-- it's the second paragraph under -- under 4.0. Let me read the comment. (Reading) The disclosure form should be updated, quote, within seven days, close quote, or some other specific time period

rather than leaving that open-ended.
The current way that -- that's worded is that it just leaves it entirely open. It says (reading) COI disclosure form should be updated as needed.
And we just thought it was more appropriate to include some time period, whatever -- I don't -- there's nothing magic about seven days. I mean something -- you know, a reasonable time period shortly after there's been some change that warrants this, you know, updated disclosure would -- would be appropriate, so we're recommending that -- that some time line be in-- included in -- in that section.
Any comments on that?
(No responses)
Okay. If not, assuming agreement, we'll go to comment number nine, which refers to Section 5.5, and actually also refers to the other owners here. It's a fairly long comment, let me read it.
Section 5.5, (Reading) Portraying a site profile document owner as, quote, writer/editor, close quote, rather than, quote, author, close quote, appears to downgrade the

owner to a more passive role in the process. This person should not be just assembling sections written by site experts, et cetera, without critical review. As we've pointed out before, this is the weak link in this COI policy proposal to address the past practice of utilizing site experts who had an obvious potential conflict of interest as major contributors to a document. This new description of the owners' responsibilities does not help convince the Board that this person will actively and fairly manage the process. This concern also applies to owners of other types of documents described in the proposed policy.

We discussed this at the last meeting, I believe, and maybe even the meeting -- previous meetings where we've discussed conflicts of interest. And it struck me that -- and others -- that tho-- so these word change where somehow they -- they went from being an author to a writer/editor did sort of imply that that person would be less actively engaged in doing the inform-- actually reviewing and being involved in the gathering of information and

they're really having a strong technical understanding of a -- of a particular document. And the way this proposed policy would deal with the utilization of site experts and -- and others who may have a, you know, potential or appearance of a conflict of interest on a site really is very dependent on having a strong owner of -- of a document that is actively involved and does actively, you know, seek out other sources of information or opinion and input on a particular issue. And this comment was basically -- not that that section is much -- necessarily needs to be changed, but the fact that it -- it really is going to be very important that we see, you know, active -- you know, technically involved owners of -- of these documents and that they -- that our interchange with them, you know, and when we're reviewing site profiles and SEC evaluations, you know, demonstrates that -- that they are knowledgeable and actively involved in the document, not simply somebody that just -- cutting and pasting, you know, the work of others and putting it in -- in a -- in a document.

DR. ZIEMER: And Jim, this is Ziemer, if I might add, I think we agree that we don't think it was NIOSH's intent to -- to actually downgrade this position. We -- in fact, I think we believe, based on what they said, that their intent is exactly what Jim described and that is to have a strong author, leader, owner, whatever the word is, but that this terminology doesn't appear to -- to be in line with that. If -- if one could find some words that emphasized and underlined the idea of having the document owner being really someone who really knew what was going on and -- and wasn't conflicted, but could take full ownership and they weren't just cutting and pasting what others told them. So we -- we think NIOSH's intent is to -- is to do what we described, but we think they need to express it better.

DR. MELIUS: Any other comments or...

DR. ROESSLER: I -- this is Gen. I think these are good comments, but I don't see a solution or a suggested remedy for -- for it.

DR. MELIUS: I think the -- the remedy is the -- is how this policy will get implemented. And I think we'll -- the -- sort of the test of a

policy and how it'll work will be in the future. I mean this is a change in approach and it's too early to -- to see and -- and I don't think we're -- we're agreeing with the approach, we just want to emphasize how important it is to this -- success of this policy and credibility of this program that -- that this part of it, you know -- these people are actively involved, so that that intent be followed through on.

DR. ROESSLER: So you're not suggesting then that -- a change in the wording, but just that we understand better what the intent is?

DR. MELIUS: Correct, and that they -- they may want to consider some wording that would more clearly define what the role of this person is. The -- the activities didn't necessarily change from the previous draft, but some of the wording, you know, seemed -- seemed to indicate that -- a more passive role, and I think that -- we're saying that there can't be a passive role. It has to be a very -- has to be very actively involved.

DR. ZIEMER: And -- and certainly what Jim says is true, the test is in the -- in the doing,

and you can have the perfect written policy and if it's -- you know, if it's not -- doesn't stand the real test of actual actions, then it doesn't mean anything. So you want the wording to be right, but ultimately the test is in how it's actually done.

DR. MELIUS: If they don't change the wording but they ac-- they do it well, we'll -- we'll be happy.

DR. ZIEMER: Yeah. If they do change the wording and don't do it well --

DR. MELIUS: Well, then we're --

DR. ZIEMER: -- we haven't accomplished anything.

DR. MELIUS: Other comments? I'll go on. This refers -- next comment, number ten, refers to Section 6.4, which is un-- is the section that is starting to describe non-key program functions, and most of these were -- were straightforward, but the -- they do refer to one that's a complex-wide Technical Information Bulletin owner. Let me read the comment and then I'll sort of provide some of the background on this.

(Reading) The designation of the complex-wide

Technical Information Bulletin owner as a non-key program function -- problematic without a clear definition of this type of document. For example, this type of TIB may apply to only a few sites and the owner of such a document should not be allowed to have the potential for a conflict of interest at one of these few sites.

End -- end of comment. In our workgroup call we spent a fair amount of time, but -- on this issue because certainly one could see where something was a sort of very generic document that applied to many sites, there'd be situations where the -- sort of the non-key -- this could be considered a non-key program function with some of the conflict of interest issues would be somewhat less stringent in terms of development of this document. However there are other ex-- examples where I think one would have some concerns that the -- about the potential for appearance of a conflict of interest in someone where it really only applied to one site and that person was -- was -- you know, came from that -- came -- you know, worked for that site and would not be

allowed to be the owner of a document un-- under -- applied to that site was not considered a complex-wide Technical Information Bulletin. And we -- we thought that it really came down to what the definition was. There was no definition of that type of document in the -- document and the main thing was to clarify what they meant there. If they meant that it really was something that was complex-wide, that the proposed approach was appropriate and we just need a better under-- understanding of that and they need to consider how to apply the policy in -- in various situations in terms of how it would apply and what would be the potential appearance of conflict of interest for the people involved in -- in writing that bulletin.

Any disagreement, comments on that?

DR. ZIEMER: This is really a clarification issue I think.

DR. MELIUS: Yeah.

DR. ROESSLER: We're still here. It sounds good.

DR. MELIUS: Okay, good. And the final comment, number 11, refers to section 7.2, it's

the disclosure -- actually it's come up earlier. Let me read the -- the comment. Let me preface it a little bit. The disclosure section refers to certain forms and so forth, how they'll be made available and so forth, and the -- the last sentence of that Section 7.2 refers to some redaction of -- for trade secrets and business confidential information. And our comment is (reading) We question the need for redaction of information on corporate COI forms. This should at least be limited to specific types of information. An overly-broad interpretation could undermine the credibility of this disclosure.

End -- end of the comment. And I -- I guess our concern was that -- partly I guess this "business confidential" is put in quotes and it wasn't clearly defined. And while we certainly would see the need for certain kinds of financial and other information that might be appropriately considered business confidential, we would much rather see it -- have a better understanding of what was covered by that and so that it did not become an excuse for, you know -- for us having a completely redacted,

you know, corporate disclosure form. And I think this also goes back to, you know, our comment that we didn't have a corporate disclosure form to review and so, you know, it may very well -- business confidential could be defined within that. There may -- actually may be some government definitions of it, but we just thought that needed to be -- part of it needed to be clarified and this shouldn't be an excuse for, you know, redacting all information, claiming it to be business confidential.

MR. GIBSON: Which -- this is Mike -- which I think most of the working group -- will speak -- I'll speak for myself as part of the working group -- strongly agree with.

DR. MELIUS: Other disagreements, agreements, comments on that?

(No responses)

I take the silence to be agreement. And those were our -- our comments of our -- our working group that we're proposing for adoption by the Board as a set of formal comments to NIOSH. As per our custom, these will be subject to Paul's editing.

DR. ZIEMER: Well, I think the next step will be to get -- we -- we want to have some public comment, and then we can decide whether we want to adopt these today or have a final version at our next meeting. But let's first start -- if it's agreeable, move to the public comment period and give opportunity for members of the public to comment specifically on the conflict of interest policy.

Now what -- what we're interested in here is comments on the NIOSH draft, as well as any comments that pertain to the -- the Board's own comments on the draft and -- and related issues to what the Board's own policy might end up being. Clearly we will end up at some point with another separate document which will, as has been suggested, incorporate existing requirements for the Board and maybe any additional requirements that we may wish to impose.

PUBLIC COMMENT ON CONFLICT OF INTEREST POLICY
DR. PAUL ZIEMER, CHAIR

But now I'd like to open the discussion for public comment. Members of the public, if you would identify yourself by name and location, or name and affiliation, for our court reporter

and then make your comments. I don't have a specific time limit, but it would be in everyone's interest if -- if we gave due consideration to the fact that there may be others who wish to make comments and not to monopolize the time.

So are there any members of the public who wish to comment on the conflict of interest policy, the draft NIOSH policy or the Board's emerging policies?

MS. BARRIE: Good morning. This is Terrie Barrie with you.

DR. ZIEMER: Good morning, Terrie.

MS. BARRIE: How are you, Dr. Ziemer?

DR. ZIEMER: Good.

MS. BARRIE: Good. Yes, I do have a short comment to make. Because of the late notice on this public comment period, I was unable to circulate a draft of our comments to the members and receive input back from them, so today I'll only be speaking as an advocate for some of the Rocky Flats claimants.

DR. ZIEMER: Uh-huh.

MS. BARRIE: I thank the Board for addressing your policy on NIOSH's proposed conflict of

interest. It's evident that the Board is very concerned about this issue and addresses the concerns many share with this draft policy. It is also evident that the need for this new policy arose in part from the Rocky Flats site profile and SEC petition.

I wish to draw your attention to comment number nine in your draft. I agree that the document owner should be responsible for more than just collecting the information provided by site experts. The author should validate the science and allegations made by the site expert. In other words, the author needs to ascertain the truth of what occurred at the site.

My main concern of course is the Rocky Flats SEC petition and the conflict of interest problem there. As you are aware, at one point in time Roger Falk was considered the author of the internal dosimetry site profile document. He's now listed as a site expert. Mr. Falk, as you all know, was also the administrator of the health physics department at Rocky Flats.

I have listened to many of the Board's working group discussions on the Rocky Flats petition.

Invariably when a question arose from the working group on a particular scenario, it was often Mr. Falk, the man with the conflict of interest, that answered the questions, not the author of the document. It appears that NIOSH is assuming that Mr. Falk's assertions are the truth and the only truth, without independently verifying them.

In contrast, members of the SC&A team have never to my knowledge requested one of their site experts to respond to a question raised by the working group. SC&A appears to own the report submitted to the Board.

I will leave you with a question. Since the Board is very concerned with this conflict of interest issue, how will you apply this problem when you deliberate the Rocky Flats SEC petition?

Thank you for the time for allowing these comments.

DR. ZIEMER: Okay. Thank you very much, Terrie, for those comments.

Are there other members of the comment who wish to provide input or comment?

MR. MILLER: Hi, Dr. Ziemer, it's Richard

Miller.

DR. ZIEMER: Good morning, Richard.

MR. MILLER: Good morning. Very briefly I'd like to thank the Board for its considered comments. They're -- they're quite detailed. I had really just three very brief ones. One has to do with sort of taking off from what Terrie Barrie had said, which are what are precisely, if conflicts are found that were either not appropriately disclosed or which were considered to be impermissible conflicts under the policy, and yet, you know, key program documents were produced and the conflicts exist, whether it be with an individual dose reconstruction or with an SEC evaluation or whatever, what are the consequences in terms of that document? Does that document still get used for decision-making? Is it subject to being vacated and redone? How -- how exact-- what -- what -- I mean I guess sort of the question is what are the consequences? And this policy spells out clearly the consequences in terms of administrative actions that NIOSH has the discretion to take in terms of disallowing

costs and so forth with respect to a contractor who breaches the policy. The question is, what is the consequence slash (sic) and/or remedy with respect to the claimant or claimant population that would be impacted by such a conflict. And I -- I think that that's a difficult question and it probably will have to be taken up on a case-by-case basis. But I do think it opens -- that it does open a question. What -- what's the remedy?

DR. ZIEMER: Uh-huh.

MR. MILLER: The second comment has to do with the question when a conflict is identified and whether it be the one such as the Falk conflict which -- which Terrie Barrie raised, or several others that are out there at a number of other sites, including Idaho and Hanford and Pantex and elsewhere, what rigor of review would be applied when a conflict is identified? And this goes sort of to the comment that the Board raised, which is what -- what -- you know, so okay, here -- here -- you -- you -- you expect that -- that the document owner's going to really own the document, that they're going to actually have technical fluency in it and

they're going to be able to communicate and respond and really vet the inputs from some site experts who may be conflicted. What is the issue of the rigor of review? What specifically becomes triggered? And this may be helpful in terms of this whole question of intent to, maybe in the preamble to the COI policy, spell out this intent issue which was discussed during this Board call. I think it would be helpful to spell out that expectation in the policy in order to make it more three-dimensional, rather than leaving it buried in a transcript that somebody's going to have to go back and find if this issue arises in the future about whether there's genuine ownership and whether site experts are conflicted and whether the person who really owns the document genuinely is the author. So that would be a second comment.

And the third issue I guess is more of a question. If -- if the Board is going to be taking up a COI on its own policy, will that be done as a separate set of deliberations for which you'll be soliciting comment?

DR. ZIEMER: Okay. Thank you, Richard, for --

as usual -- thought-provoking comments. With regard to the third one, certainly if the Board develops a separate policy, that would be done in the framework of our Board meetings in open session and opportunities for input, as well.

MR. MILLER: Thank you, Dr. Ziemer. Thank you, members of the Board.

DR. ZIEMER: Other comments?

(No responses)

Again, other members of the public who wish to comment on conflicts of interest?

(No responses)

CONTINUATION OF COI DISCUSSION

DR. JAMES MELIUS, WORK GROUP CHAIR

It appears that there are not additional comments. Then if not, we can return to our Board discussion, and let me frame this out in the following way.

You have -- you have the document that Dr. Melius and the working group have prepared. You've had some -- Jim, there's been some comments. I guess I'll ask you, Jim. Do you think there are any revisions needed to this at this time that would preclude adoption today, either wording-wise, additions, deletions on any of these items?

DR. MELIUS: I don't believe so. I think there are some issues that we have discussed among the Board, as well as some of the public comments that we just heard, that probably are -- should -- should be addressed in the future 'cause I think they're -- they're important comments. But I -- I think we should also keep in mind that -- one is I think NIOSH would like to go ahead and implement a policy. I don't see -- or heard or anything that really would change that. I think there are some changes that NIOSH would -- would make (unintelligible) our comments, but those would be things that would clarify and, you know, things we could, you know, review and should review and -- at a later point in time, but I don't think they would preclude NIOSH from starting to implement this policy. And I think that's particularly important, I -- my understanding is ORAU's gone ahead already and starting to work on this, but they -- there are issues of sort of how do you -- what do you do about documents that have already been prepared under the old policy which -- where there would be concerns about conflict of interest under the -- the new

policy. And I think that -- that's an important question, but again, that can be addressed at -- should be addressed at a later meeting.

DR. ZIEMER: Thank you. Board members, let me ask if there is any objections to proceeding to act on this document today. Anyone feel that there is information you need before you are ready to act or vote?

(No responses)

If not, this comes as a recommendation from the working group and therefore doesn't require a second, and basically becomes a motion from the working group for the Board to approve this document as our set of comments to NIOSH relative to their proposed conflict of interest policy. So with that in mind, let me -- so this is basically a motion before us to adopt these comments --

MR. GIBSON: Dr. Ziemer, this is Mike --

DR. ZIEMER: -- (unintelligible) them to NIOSH. Yeah, Mike Gibson.

MR. GIBSON: Question on the motion.

DR. ZIEMER: Uh-huh.

MR. GIBSON: If this is adopted today, are the

public comments made -- I think I heard Jim right and I just want to clarify this. The public comments that were made today, they will be reconsidered even if we adopt this motion. They (unintelligible) --

DR. ZIEMER: My -- my interpretation of this is as follows: That, number one, these public comments are also available to NIOSH to react to in any way that they feel is appropriate. And number two, some of the questions, such as -- well, both Terrie's and Richard's questions are questions on how the Board will deal with very -- in some cases very specific issues, and so I -- I don't think there's anything here that precludes that, those -- for example, when a conflict of interest is identified, what rigor of review will be applied. So that's -- that's almost an operational question. But certainly as the Board develops its policy, it may incorporate an ans-- a generic answer to that question, what will we do to assure that the review of the validation of the documents that have the necessary rigor.

DR. WADE: This is Lew Wade. I also heard Richard Miller mention that he would -- he was

suggesting that in the -- the introduction to the policy possibly we deal with some of these issues up front as to the rigor of the review, and also what the remedy would be if there was a conflict discovered. And I've duly captured those -- those points, Mike, and will -- will ensure that NIOSH considers them, you know, in its redraft.

MR. GIBSON: Okay. Dr. Wade, it -- I mean that's -- I don't mean to get back on my bandwagon. That's just my concern, that, you know, the author of these documents or however they want to term it are many times a manager of a program, and what has been considered by the worker that's had their nose out there in the field, and I just want to make sure that somewhere that can be addressed and captured and -- and those comments from workers taken in -- taken into consideration rather than town hall meetings.

DR. WADE: Understood.

DR. MELIUS: Yeah, this is Jim Melius. If I can comment on that, I mean I -- we've actually discussed it at previous Board meetings when we've discussed this concept of a document

owner, and -- and the way I interpret that person's job is they -- they -- I think it says something to the effect they have an affirmative duty to go out and, you know, quietly collect the information that's -- and consider the information that's available and -- and that would -- that duty would in-- include, you know, I'll call it verifying or seeking out information from worker representatives and others of that, you know, particular set of facts or issues that are, you know, raised in a site profile or -- or other owned document. And so at least in -- as this policy gets implemented that one would think that when we were reviewing a site profile we were discussing it with the owner and there was a particular set of information included in there about a particular part of the site or program, we would be asking them where did they receive the information about that and also as of my understanding is that -- that all of that will now being, you know, referenced in the documents themselves, so we'll see what the sources of information were so -- be able to judge that and make an assessment of that as we

move...

MR. GIBSON: Okay.

DR. ZIEMER: Thank you. Any other comments?

MR. CLAWSON: Dr. Wade, this is Brad Clawson. One -- one of the questions I had, and this kind of came up when Richard Miller was commenting there, I know as a Board -- and being a new member, maybe I don't understand how this all works, but I know that as a Board member when there arose a conflict of interest, we had legal counsel that looked into it for us. What I'm wondering is when -- when a conflict or possible conflict arises, say with ORAU or -- or NIOSH, who are the people that look into that conflict? Who are the independent people that are away from NIOSH or -- or ORAU that look into this? Is -- is there an avenue set up for this?

DR. WADE: Brad, this is Lew Wade. I mean it -- there are many answers to your question. In terms of our contractor, you would have not only the NIOSH people involved, but then you would have the contracting officer and then you would have the legal staff that support the contract office would look into these issues.

It wouldn't go beyond that. There are ethics people, you know, within the Department that would look at those issues. And the same would hold for NIOSH. There is no body outside of the organizations looking at it, save for this Board, for example. But it would normally be -- it would normally be the supervisors, then it would be the contracting officer, and then it would be legal staff that would support the contracting officers.

MR. CLAWSON: Okay. So then they would be the ones that would -- would look into this further then. I just -- you know, in the appearance of -- that we want to be able to have complete clarity of everything, I just -- I just wanted to make sure we all knew how this was going to take place.

DR. WADE: Uh-huh.

DR. ZIEMER: But I think in cases such as that described by Terrie Barrie with -- with -- particularly with the Nevada Test Site issue, then it -- it really comes down to NIOSH developing a remedy for that and the Board basically accepting that remedy. If there -- you know, it's -- it's -- in a sense, it

doesn't help us very much to have some attorney come in and say this person is not conflicted. I think we're -- we're looking at some issues -- you know, and they're typically not financial issues. They are issues of both perception and -- and -- and sometimes reality, or both, that we have to establish a -- a remedy that is able to make use of -- of information from site experts while assuring that there's not a one-sided, biased input to the process.

MR. CLAWSON: And I agree fully with you. I just -- you know, I'm still learning the steps and everything so far. I just want to keep the perception that, you know, we're not having the fox watch the henhouse, so to speak.

DR. ZIEMER: Yeah, yeah.

DR. WADE: You know, on the -- to be a little bit more specific, Brad, on the -- on a contract, particularly -- there would be a technical project officer -- that would be me, for example, on the SC&A contract -- and then there is a contracting officer who really has the legal authority. These judgments would be taken in consultation between the technical project officer and then the contracting

officer, and we would seek legal input as appropriate. And that's really where the judgments would be made as to whether or not there was a conflict and what the remedy would need to be for a conflict. All the time the Board would have the ability to -- to oversee our actions and critique them.

MR. CLAWSON: Okay, that -- that's what I wanted to make sure. When we -- when we have some of these conflicts like this, you know, it -- it's -- it's kind of been interesting to me that -- I don't want to be the first time to hear it in a public meeting. I'd like to have been able to have addressed it earlier on.

DR. ZIEMER: Uh-huh, right.

MR. GIBSON: And -- this is Mike. You know, just an additional comment to this discussion. You know, it -- aside from the conflict, you know, it could be financial.

DR. ZIEMER: Oh, yeah.

MR. GIBSON: Because I mean the person was paid by the contractor to do a job and now they're paid -- a DOE contractor to do their job to head up the program, and now they're working on the government's money and being paid. If they

dispute their own work that they've done in the past and somehow -- how can I say it -- maybe jeopardize the decisions that are being made, they may not be on this government contractor's employment anymore, so it could be a financial interest to it.

DR. ZIEMER: Sure, sure.

MR. GIBSON: And I -- you know, I think that's very important.

DR. WADE: And then in those situations, just to add a little bit to my answer, when you start to look at the financial issues, then the ethics office will get involved and, you know, there are statutes that need to be adhered to and they would also review such situations.

DR. ZIEMER: Okay, let me ask, Board members, now are you ready to vote on this document? If everyone's ready to vote, I think we'll have to vote by roll call here, so Lew, if you would take the roll call, we'll get the votes here.

DR. WADE: Okay.

DR. ZIEMER: All in favor, vote by saying "aye" as your name is called.

DR. WADE: (Unintelligible)

(No response)

DR. ZIEMER: Brad, are you --
DR. WADE: Brad Clawson?
DR. ZIEMER: Did we lose Brad?
MR. CLAWSON: Oh, I'm sorry, I've got a problem with my mute button. I said aye.
DR. WADE: Okay. Gibson?
MR. GIBSON: Aye.
DR. WADE: Griffon?
MR. GRIFFON: Aye.
DR. WADE: Melius?
DR. MELIUS: Aye.
DR. WADE: Presley?
MR. PRESLEY: Aye.
DR. WADE: Roessler?
DR. ROESSLER: Aye.
DR. WADE: Lockey?
DR. LOCKEY: Aye.
DR. WADE: Poston?
(No response)
No Dr. Poston? Okay, that's it. I count one, two, three, four --
DR. ZIEMER: The Chair is voting aye.
DR. WADE: You're voting aye?
DR. ZIEMER: Yeah, uh-huh.
DR. WADE: Okay, one, two, three, four, five,

six, seven, eight ayes and those are all present.

DR. ZIEMER: Motion carries. Okay, thank you very much.

We are actually a little bit ahead of schedule, but I think it would be appropriate if we went ahead and had our break at this time. We -- we -- even though we're early, we will still reconvene at the stated time, 1:15. That is the published time. Lew, do you have any comments before we recess?

DR. WADE: Just to -- by way of focus in terms of I think it's a very good discussion and I appreciate Dr. Melius and the working group's effort. I think for the Board, in terms of its own considerations, you know, as I said, there is a floor that exists in terms of what represents a conflict or the appearance of a conflict. Emily sent you the documents you can look at and establish that in your mind as a floor. If the Board wants to add to that, then we can have a session in September to consider other provisions you might want to hold yourself to or -- or let yourself be held to in addition to that floor.

And then the second part of it is the remedy, and in the appendix that Dr. Melius mentioned the Board has sort of evolved into a code of behavior that said this is what will happen if a Board member is conflicted. I think it's a -- it's a very right and appropriate set of rules. I would like the Board to consider that and vote on those rules next time so that we can have a record of the fact that the Board has adopted them.

When I came into this position they were presented to me and I think they're very reasonable, but I can't find a record of a Board vote.

DR. ZIEMER: Well, now are you talking about the three items in the appendix?

DR. WADE: Correct.

DR. ZIEMER: I think in the action that we just took -- looking for the number, but Jim, didn't -- didn't we (unintelligible) --

DR. MELIUS: (Unintelligible) them in number -- comment number two.

DR. WADE: So do I take that as --

DR. ZIEMER: Comment number two basically adopts those three.

DR. WADE: Okay, thank you. Then this'll be the vote.

DR. ZIEMER: Yeah, uh-huh.

DR. WADE: Okay. That's all I had, Paul. Thank you.

DR. ZIEMER: Okay.

DR. ROESSLER: Paul?

DR. ZIEMER: Yes.

DR. ROESSLER: This is Gen. For the people who have access to their internet during the lunch break, you'll find that Dr. Mauro's office has sent Dr. Anspaugh's resume.

DR. ZIEMER: Oh, thank you very much, Gen. So you --

MR. GRIFFON: And Paul --

DR. ZIEMER: -- can find the resume --

MR. GRIFFON: Paul, this --

DR. ZIEMER: -- for Lew (sic) Anspaugh on -- on your web site -- or on your e-mail.

DR. WADE: Thank you.

MR. GRIFFON: Paul, this is Mark Griffon.

DR. ZIEMER: Yes, Mike (sic).

MR. GRIFFON: One -- one more thing for --

DR. ZIEMER: Oh, Mark, okay.

MR. GRIFFON: One more thing for lunchtime

reading. I e-mailed this morning a draft letter for the second and third --

DR. ZIEMER: Right.

MR. GRIFFON: -- set of cases, so if -- it's only I think two pages, but -- very similar in format to the first letter that we developed.

DR. ZIEMER: Right, I had actually -- let's see, actually it's more like four pages, but --

MR. GRIFFON: Oh, okay.

DR. ZIEMER: Yeah, but you can -- folks, if you --

MR. GRIFFON: It's a quick read.

DR. ZIEMER: -- haven't already got that, Mark sent that out this morning.

MR. CLAWSON: Hey, Mark, this is Brad Clawson. I'm just looking at my e-mail right now and -- and I -- I didn't get it.

MR. GRIFFON: You didn't get it? All right, I'll re-send, Brad. I -- I assume -- you've been getting my other e-mails, correct?

MR. CLAWSON: Yeah, I've got a couple.

MR. GRIFFON: Okay, I must have -- I'll re-send.

MR. PRESLEY: Hey, Mark, this is --

DR. LOCKEY: It's just four pages long, right -

-

MR. PRESLEY: -- Bob Presley --

DR. LOCKEY: -- four pages?

MR. GRIFFON: Yeah.

MR. PRESLEY: Mark, this is Bob Presley. What's the name of that again?

MR. GRIFFON: The name.

DR. ZIEMER: Well, the -- it's case -- individual dose reconstruction case review progress report --

MR. GRIFFON: Right.

DR. ZIEMER: -- for review of cases 21 through 60.

MR. GRIFFON: Right.

DR. ZIEMER: I think the file is called cases 21 through 60 report rev. 1.

MR. GRIFFON: Correct.

MR. PRESLEY: Okay, I got it.

MR. GRIFFON: All right, I'll send that to you again, Brad. Sorry.

MR. CLAWSON: I appreciate that.

DR. ZIEMER: Okay.

DR. WADE: Be back at 1:15 then.

DR. ZIEMER: Then we are recessed until 1:15. Thank you very much.

DR. WADE: Thank you all.

(Whereupon, a recess was taken from 12:00 p.m. to 1:15 p.m.)

DR. ZIEMER: So maybe we should get a roll call.

DR. WADE: Okay, I'll start. Dr. Ziemer is here, obviously.

DR. ZIEMER: Right.

DR. WADE: Dr. Lockey?

DR. LOCKEY: Here.

DR. WADE: Dr. Poston?

(No response)

DR. WADE: Gen Roessler?

DR. ROESSLER: Here.

DR. WADE: Robert Presley?

MR. PRESLEY: Here.

DR. WADE: Dr. Melius?

DR. MELIUS: Here.

DR. WADE: Mark Griffon?

(No response)

DR. WADE: Mike Gibson?

MR. GIBSON: Here.

DR. WADE: Brad Clawson?

MR. CLAWSON: Here.

DR. WADE: We're waiting for Mark, and we need

to wait a minute or so because he's -- he's batting lead-off.

DR. ZIEMER: Right. And we have not heard anything from Poston, I guess.

DR. WADE: Have not.

MR. CLAWSON: Dr. Wade, this is Brad Clawson. I was wondering if -- if LaShawn's on the line, I still haven't received this file that Mark sent out. I'm looking on my computer now. (Unintelligible) that if she could forward it on to me.

DR. WADE: LaShawn, are you on the line?

THE COURT REPORTER: Dr. Wade, this is Ray. LaShawn is in her office and I can go tell her that if you'd like.

DR. WADE: Okay, why don't you do that, Ray.

THE COURT REPORTER: Brad, I'm sorry, could you repeat what you need?

MR. CLAWSON: It was -- Mark sent out -- just this morning he sent out a copy of a -- what do they call -- a matrix or whatever --

DR. ZIEMER: I -- I don't think it was a matrix. It was a report -- it was a draft of the individual dose reconstruction case reviews, it's a summary statement.

MR. CLAWSON: Okay, yeah, that's -- that's the one that I needed there. Appreciate it.
THE COURT REPORTER: Okay. And he just sent it out this morning?
DR. ZIEMER: Yes, he did.
THE COURT REPORTER: Okay.
UNIDENTIFIED: The draft letter for the second and third series of cases, is that what you're talking about, Brad?
MR. CLAWSON: Right.
THE COURT REPORTER: Let me just say that I'm going to be gone for a moment but y'all can go ahead and start. I'll go on autopilot here.
DR. WADE: We won't start without you.
DR. ROESSLER: I've got it here, I can forward it --
DR. MELIUS: We don't really need you, Ray?
THE COURT REPORTER: Not quite.
DR. MELIUS: We could have been on autopilot all this time.
DR. WADE: Gen, are you saying you have it in front of you?
DR. ROESSLER: I have it in front of me. Let me find -- I'm going to put down the phone for a minute and find his -- well, you know why he

didn't get it? He's not on the list. Okay, I'll do it, I'll forward it to you.

MR. GRIFFON: Who didn't get it? I just --

MR. GIBSON: I just -- this is Mike, I just sent it to Brad.

MR. GRIFFON: Oh, I -- I sent it to Brad, too. I sent it separately to Brad. It didn't go through?

DR. ZIEMER: Apparently it didn't --

MR. CLAWSON: I've got two different e-mail addresses and we've been having trouble with my government one, so --

MR. GRIFFON: Oh, I got the inel.gov one in here, that's why probably, Brad. I'm sorry.

MR. CLAWSON: That's no problem. I've -- I've got a couple of Gen's and Mike Gibson's e-mails have been coming through, so --

MR. GRIFFON: Oh, okay. Yeah, I sent it to the inel.gov --

DR. ZIEMER: It sounds like Gen is forwarding it anyway -- or Mike is -- Mike, did you say you forwarded it?

MR. GIBSON: Yeah, I sent it to the inel.gov site.

MR. GRIFFON: We got music on here.

DR. ZIEMER: Why are we getting music?
DR. WADE: I don't know.
(Whereupon, music, recorded messages and static were on the line, with some Board members continuing to speak but whose comments were largely unintelligible.)
MR. PRESLEY: Ray, this is Bob Presley.
DR. ZIEMER: I think Ray is not back yet. We're just waiting --
THE COURT REPORTER: I'm back.
DR. WADE: Yeah, we'll wait for him, and we have this music problem.
THE COURT REPORTER: LaShawn said she didn't receive that this morning.
DR. WADE: Okay. We have other people sending it.
THE COURT REPORTER: Okay.
MR. CLAWSON: And just to let you guys know, I just received the one from Mike Gibson. I appreciate that, Mike.
DR. WADE: Okay.
DR. ROESSLER: You're probably going to get quite a few more.
DR. ZIEMER: Okay, I think we're ready to go now.

DR. WADE: If somebody just came back on the line that had put us on hold, while you were away there was music and messages and things, so if this means anything to anyone, don't do that again, please.

MR. GRIFFON: Hey, Brad?

MR. CLAWSON: Yeah.

MR. GRIFFON: Just for clarification, I got this gobigwest is the one I've been sending to.

MR. CLAWSON: Right, that's my own mail one. When I get done, Mark, I'll send you my new updated one --

MR. GRIFFON: All right, all right, I want the -- yeah, most current one I should have on my list. Sorry about the confusion.

DR. WADE: Ray, are you back with us?

THE COURT REPORTER: Yes, sir.

DR. WADE: Well, just to complete the record, I'll do the roll call again.

Dr. Ziemer?

DR. ZIEMER: Here.

DR. WADE: Dr. Lockey?

DR. LOCKEY: Here.

DR. WADE: Dr. Poston?

(No response)

DR. WADE: Gen Roessler?

DR. ROESSLER: Here.

DR. WADE: Robert Presley?

MR. PRESLEY: Here.

DR. WADE: Jim Melius?

DR. MELIUS: Here.

DR. WADE: Mark Griffon?

MR. GRIFFON: Here.

DR. WADE: Mike Gibson?

MR. GIBSON: Here.

DR. WADE: And Brad Clawson?

MR. CLAWSON: Here.

DR. WADE: Okay. So Dr. Ziemer, we have eight, which is a quorum -- more than a quorum, so we're ready to begin.

ROCKY FLATS SEC ISSUES
MR. MARK GRIFFON, WORK GROUP CHAIR

DR. ZIEMER: Okay, let's then proceed. The first item on our afternoon agenda is the Rocky Flats SEC issues, and Mark Griffon has been heading up the workgroup that's been dealing with that. And Mark, if you'll give us an update and report from that workgroup.

DR. WADE: If I could very briefly interrupt, this is Lew, there is no one on the call with a conflict on Rocky Flats, so there is no

adjustment we need to make.

DR. ZIEMER: Right. Thank you.

MR. GRIFFON: Okay. Yeah, this is Mark Griffon. I think I can give a brief update of where we are. We had a workgroup meeting recently and someone can help me out with the date -- a couple of weeks ago.

DR. ROESSLER: The 27th.

MR. GRIFFON: The 27th, thank you, in -- in Cincinnati. And we went through the matrix. I've updated the matrix since then and there might be a -- a few minor things that Brant Ulsh has pointed out to me that -- that I will correct, but they don't really affect the overall matrix too much. I think there's a couple actions which ac-- or -- or items which actually are -- are duplicate in the matrix. We -- we captured them in an earlier section, then we repeated them later in the matrix, so they're -- they're very much the same issue. But overall, the new matrix that I forwarded to everyone -- also I tried to highlight in yellow the sections where there is outstanding action, so as you look through that matrix if you find yellow highlighting, that's kind of where we're

at with the workgroup process.
And I'll just summarize -- if I can take a few minutes, I'll summarize the main issues where we're still working.
The super S plutonium question -- I -- I think really where we're down to on that one is we're -- we're looking -- we've asked for a final look at the design cases and whether they are the -- the appropriate cases were selected for this -- for this model. And to do that, NIOSH has provided us with the Hanford-1 case, which we hadn't had till the la-- I believe it came right before the last workgroup meeting, and also 25 of the ca-- of the individuals that were involved in the 1955 fire, and we -- we just want to -- the workgroup and SC&A want to crosswalk that information to make -- to -- to assure that the -- the bounding cases were actually selected for the -- the model. I think there's large agreement right now that the model looks -- the methodology -- if the -- if the correct design cases were -- are there, the methodology looks -- looks reasonable, and SC&A has -- has reviewed that and assessed that and they're in agreement with that, I -- I

believe. At this point that's where we're at. For -- and -- and other workgroup members, at any point feel free to -- to follow the matrix, but -- but these are sort of major topics within the matrix.

Second major topic is other radionuclides. We've kind of captured it as other radionuclides. At the last workgroup meeting we had a extensive review. Mel Chew and the Oak Ridge team went back, much as they did with the Y-12 facility, back to the material -- the counting records, and they identified these other radionuclides and the amounts on site, and I guess they have some information on where those might have been over time on the site, what buildings, what facilities. These other radionuclides include thorium-232, uranium-233, curium-244 and neptunium-237, plutonium-238 and 242 and californium-252, and americium-241.

Now for most of these isotopes, some of them have been identified certainly as -- as on-site but probably in -- in sort of tracer amounts. They were used, but they were as tracers in the weapons and therefore the overall amounts would have been low. Others have been identified --

I don't think -- what we've asked NIOSH to do is follow up on how -- or -- or where these nuclides were used and to what extent or -- or the approach they would use for reconstruction of dose, but it -- it -- there's -- there's some question as to whether in the early years there would have been nuclide-specific analysis for many of these. They would have likely had a gross alpha. So then we need to know the location and the -- and who was involved in those operations. We have to put -- put people and time together -- people and locations together to make sure there is a scientifically-plausible model for these nuclides.

So we -- we've got more information on the source term quantities. We -- we still have questions on how they're going to reconstruct doses from gross alpha if that's all they have available. That would be the early years, primarily.

They did answer a question -- NIOSH answered a question on americium-241. We had an outstanding issue on the separations process with americium-241 and it -- it appears, based

on the materials counting logs and the sort of process knowledge or -- or the knowledge of what was going on there at the site and when it was going on that americium-241 separations pre-1963 would have likely been very small-scale squa-- small-scale quantities when they were trying to research the method by which to do the americium separation, and they were small-scale because basically at that point the plutonium that they had was described as basically young plutonium with -- with no appreciable ingrowth of the americium-241, so therefore there was likely not much of the americium around to -- to do these pilot runs on. So the -- certainly the source term is -- is very low pre-'63. And the pre-'63, the reason that was so important was prior to that there was only gross alpha data. After that they did have americium-specific measurements. So we think that that's a pretty good answer on -- on the americium. If it was pilot stu-- it seems like it was pilot studies and very small quantities of americium during that time period, pre-'63.

The third primary issue was a question --

there's still some follow-up questions on the calculation and assignment of neutron doses for the early -- again, early periods. And I believe NIOSH and SC&A -- even as early as yesterday I think I saw an e-mail indicating that they're going to try to have a conference call to clarify some of these points in the next several days. Some of it revolves around this question of neutron-to-photon ratios and how they were derived and whether the most -- the highest potentially exposed people to neutrons were monitored, and if not, how are they correcting that from the badge data. So that's a -- that's a follow-up item that we're working on.

And then a -- a fourth large topic -- well, let me skip that one for now. I'll go to the fifth topic, the D&D worker question. And this question arose at the last Board meeting in -- in Washington. And the real question here was -- was the question as to whether the type -- type of monitoring and therefore the type of data available for dose reconstruction would be different for these workers during when the D&D activities started, when the cleanup started.

And we've -- NIOSH has suggested that -- that all workers remained on routine bioassay program. We've asked them to check that against the database as best they can, including looking at subcontractor workers to -- to give some level of assurance that in fact the routine data is available to reconstruct doses for -- for those workers.

DR. ZIEMER: What's the starting date on that -- on the D&D --

MR. GRIFFON: I don't know when the -- I think it's the --

DR. ZIEMER: It's fairly recent, is it not?

MR. GRIFFON: Yeah, I --

UNIDENTIFIED: '93.

MR. GRIFFON: '93. And -- and then the --

DR. ZIEMER: And --

MR. GRIFFON: Go ahead.

DR. ZIEMER: -- are we having trouble finding the information, even though it's that recent?

MR. GRIFFON: It's not a matter of -- of finding the information. It's a matter of matching individuals with -- I -- I don't think they've looked at the database data really --

DR. ZIEMER: Oh, okay.

MR. GRIFFON: -- so they -- they've indicated that procedure would have said that -- that if they were an RW-2 worker, they would have been required to be on routine monitoring.

DR. ZIEMER: But we haven't confirmed that is what you're saying.

MR. GRIFFON: But -- but -- yeah, but we -- you know, so they have to crosswalk that list of individuals that likely were rad worker-2 trained and -- and determine if they were actually -- and determine if they were actually bioassay monitored. And you know, part of this is raised by some of the testimony at the meeting where they indicated that they had breathing zone air samples, and they were relying a lot on the breathing zone air samples, and -- and there's some -- you know, there's certainly -- there was certainly a shift to that on a lot of the D&D sites during that time period, so we want to just make sure that -- that the urinalysis program was robust enough to allow for reconstruction -- or else -- or else do they have an alternative way to do it with air sampling data, you know, so that's sort of where we're going with that.

MR. GIBSON: This is Mike, if I could add in --
MR. GRIFFON: Yeah, Mike, go ahead.
MR. GIBSON: There was -- at that time period -- at the end when Bush one announced the end of the Cold War and we went into D&D mode, there seemed -- at least at Mound and at Rocky had a lot of similar contractors between Mound and Rocky, there was a big shift in policy and routine meant one thing prior to, in production years, than it did in D&D years --
DR. ZIEMER: Uh-huh.
MR. GIBSON: -- as Mark has kind of indicated, and -- and there was just -- there was just a big difference in monitoring employees and who met the 100 millirem threshold.
DR. ZIEMER: Right.
MR. GIBSON: So you know, there could be a lot of unmonitored dose, potentially.
DR. ZIEMER: Uh-huh.
MR. GRIFFON: Right, and that's -- that's what we -- you know, we just want to see exactly -- you know, we -- we understand that -- basically what NIOSH has offered thus far is procedures indicating what was happening, but you know, if we -- if we crosswalk that with the database

and -- and it seems like it matches up pretty consistently, then -- then I think we're done with that issue. But if we have a large discrepancy, then I think we -- you know, we may have a -- a -- more questions on that.

DR. MELIUS: This is Jim Melius. I've reviewed some of the beryllium screening data from Rocky Flats, and during that time period there was a lot of flux in where people worked and how they were assigned and which employers they may be listed under and so forth. And so just the logistics of tracking people and making sure that you -- you know, whether or not they were monitored and who has the data and so -- I mean it can be quite I think confusing there and so it's certainly worth some more effort into that. And my recollection from the Denver meeting was that -- that NIOSH agreed they had to do more work on that era of -- at the plant, also.

MR. GRIFFON: Yeah. Yeah, and I -- I think though, Jim, from the workgroup, they -- they still -- they just hadn't had -- they're still looking into, you know, how to crosswalk this. I think part of it is getting these roster

files and the rad worker-2 files to crosswalk with the dosimetry files, you know, so they're -- they're in the process of that. But --

UNIDENTIFIED: Correct.

MR. GRIFFON: -- I agree, that's why we went down this -- the -- we had these questions was people falling through the cracks during this time period.

MR. GIBSON: And this is Mike again, if I can just add -- for example, prior to the D&D era you may have had 15 or 20 classifications of workers, and due to the renegotiating of contracts -- to closure contracts, you may have went down to three or four classes of workers --

DR. ZIEMER: Uh-huh.

MR. GIBSON: -- which --

DR. ZIEMER: Uh-huh, yeah, they weren't operational workers.

MR. GIBSON: -- they may have encompassed, you know, instead of looking at electricians, pipe fitters, you may have to look at maintenance --

DR. ZIEMER: Uh-huh.

MR. GIBSON: -- instead of looking at D&D worker, janitors, you know, a host of other

titles, you may have to look at demolition technicians and at -- so it's -- it's not really clear to us, you know, how that was -- you know, how that was merged.

MR. GRIFFON: Right. So -- so -- yeah, that's -- that's an ongoing action and -- and -- as well, and we haven't had -- as we go along, by the way, I should point out that NIOSH has -- is trying their best now to sort of post things on the O drive in real time --

DR. ZIEMER: Uh-huh.

MR. GRIFFON: -- as they find these things -- or assess them and come to conclusions, they're posting them, even though we -- we still have a tendency to -- to have a lot of things posted right before the meetings, but I do that as well, so we're all trying to get the data out there as quick as we can.

The last large item is -- fall -- fall into the category of data validation or data reliability, and there's sort of -- as I have in my notes -- five sort of sub-topics within that and -- and we -- these -- these prongs, as I call them, to assess the reliability of data are all sort of -- we had a little more clarity

on them in this last meeting of -- of how -- how these things are coming together.
One item is sort of what I'm calling log book analysis, and thi-- this is basically to look at some of the log books, the -- the -- obviously the ones likely to have more pertinent data such as the decon log books or the radiation technician or HP log books that -- that have, as we've seen already, some information on either measurements or a note that an incident occurred and someone was sent for a -- you know, in vivo count or a urinalysis count, and -- and then those -- those log books can be sampled and -- and compared with the electronic database, the HIS-20 database.

DR. ZIEMER: Uh-huh.

MR. GRIFFON: And we're hoping -- at the last meeting NIOSH did -- did present a -- an analysis of one of the log books, the Kittinger log book. I think it was from 1969 -- I might have the wrong year on that, but -- where they went through in depth and went back actually to individual files for these individuals and crosswalked the data and actually found fairly

good corroboration with the -- with the log books. But I think what we've asked for going forward is let's select -- randomly select some of these log books over the decades extending from the '70s through the -- 2000, into the D&D period, and also try to cover the various sort of production areas, the -- the different production areas. But then also I think we've -- we've said, you know, instead of going back to every individual rad file, you know, we're asking for NIOSH to randomly --

DR. ZIEMER: Uh-huh.

MR. GRIFFON: -- go through these books and select some data points and compare them to the electronic database and -- and -- so that -- that's one sort of tool is look at the log books, and this is a way to -- to check the reliability of the database.

The other part of this, which I -- I sort of outline as a separate item is the urinalysis log books. Same sort of approach, find some over the decades and compare it with the HIS-20 database. These urinalysis logs were identified in the site profile document. I think really the hold-up was the retrieval of

them. They had been put back to the Federal Records Center or something like that, so they're in the pro-- NIOSH is now in the process of recovering -- or retrieving some of those urinalysis logs for comparison.

Third item is -- SC&A had brought up a question about a gap in the data in 1969, and they did the -- they found this through assessment of the HIS-20 electronic data. And I believe NIOSH has also now provided us with -- they -- they looked at the claimants and found that there was a large percentage of the claimants that actually, in their records, were missing at least a portion of their 1969 data, either all four quarters or -- or one quarter was missing, and there was a large percentage of individuals, so they're -- they've found the raw data for that time period and they're in the process of crosswalking the raw data with the HIS-20 data for that year, for 1969, 'cause there appears to be some -- you know, some -- some potential data gap there in the electronic form, at least. And there -- there are several explanations or possible explanations were offered during the workgroup meeting, but

really the bottom line is they're going to go back to the external raw records and -- and compare for 1969 and -- and determine why we have that gap or apparent gap in -- in the electronic form.

Then the fifth -- or fourth item is the -- several safety reports were identified as apparently related to dosimetry or dosimetry deficiencies, and at the last workgroup meeting or the last Board meeting, I forget, we -- we had requested that NIOSH go back to the -- back to the Records Center and ask for a whole listing of safety reports over the life of the facility. I think they found a listing that started around 1970, and from that they -- they looked -- based on the titles, they tried to identify reports that they thought could have been related to dosimetry issues. They've identified some and they're in the process of retrieving those.

We also asked SC&A to look at that same listing and identify whether they had any above and beyond what NIOSH had identified that they would -- would think would be of interest, and SC&A is still -- they're in the proc-- I think

they have a draft listing, but they're in the process of working on that list now to share with NIOSH. And once they have the -- the -- these reports, they'll -- you know, the ones they think are pertinent, they'll -- they'll post them on the O drive and -- and follow up on those reports as well.

And then the last item is follow up on individual -- individual cases or -- and these were basically -- there's -- there's quite a few listed in the matrix, and a lot of these come out of the petition itself. The petitioners raised through affidavit several -- many different instances or items that they believe -- and -- and we sort of captured a lot of these under this -- this question of data validation or data reliability. Some relate to mishandling of TLDs, some related to "no data available" questions, questions along those lines. And NIOSH has already followed up on many of these, and they continue to -- to -- and this -- they have not provided this yet, but they say they have a draft of a listing of all the -- any allegations or af-- you know, made in the petition and they're cr-- they're

walking this through -- they're checking each individual one to determine whether -- you know, the merit of -- of each and -- and, you know, we want to make sure they have an explanation of each, if there is a good explanation.

So those are -- those are five separate items that all sort of fall under this category of -- of the data validation, so that's clearly one of our --

DR. ZIEMER: Uh-huh.

MR. GRIFFON: -- big topics and -- and there's still a lot of raw data that's, you know, under review -- log books, external dose records, et cetera, but we're moving forward on that.

DR. ZIEMER: That sounds like a pretty extensive group of -- or sets of work and jobs that you guys have been tracking, Mark. Can you give us an estimate of where you will be by the time of our September meeting?

MR. GRIFFON: Well --

DR. ZIEMER: What -- what should we expect at that point? It sounds like --

MR. GRIFFON: Yeah --

DR. ZIEMER: -- the data validation issue may

not yet be closed by then.

MR. GRIFFON: Well, we're -- I -- I think we're still -- you know, everyone's trying to move toward that end. I -- I -- you know, we did set up another workgroup meeting for August 31st and, you know, really I guess we'll -- we'll know a lot more then, but we -- we may -- you know, even if NIOSH has responses on all these fronts, I think we probably still need to give SC&A a chance to give us a review. SC&A has held back on a review, or we haven't asked them for an official review of the petition evaluation report because it was pending this sort of work -- ongoing work.

DR. ZIEMER: Right, right.

MR. GRIFFON: So I think we need to still give them an op-- you know, a chance or -- or time to -- to assess what NIOSH comes back with and -- and -- and report on our -- a review of the evaluation report. So it's going to be -- it's going to be -- it's going to be tough to meet that September deadline, in my opinion.

DR. ZIEMER: Well, I --

MR. GRIFFON: But we're tr-- you know, we're --

DR. ZIEMER: -- deadline, but we --

MR. GRIFFON: Yeah, yeah.
DR. ZIEMER: -- still want to have some feeling for whether we would be at a point where we could take specific action, since we are meeting out there, but --
MR. GRIFFON: Right.
DR. ZIEMER: -- that's also an opportunity to get some additional local input and -- as well, so that will be -- be of value.
MR. GRIFFON: Well, we're meeting in Nevada.
DR. ZIEMER: Oh, in Nevada, right, I'm sorry, yeah.
DR. ROESSLER: That's sort of local.
DR. ZIEMER: Well, no -- no --
MR. GIBSON: Paul, this is Mike, and as part of the working group, you know, I think -- you know, I -- I want to kind of back what Mark says, that we really don't know how long this is going to take because -- and at least from my perspective on the workgroup, these things that are being checked into as, quote, allegations of workers, as opposed to --
MR. GRIFFON: Right.
MR. GIBSON: -- taking for gospel what these site experts have written down is a big

concern, at least to me --

DR. ZIEMER: Sure.

MR. GIBSON: -- and I think to the rest of the working group and, you know, to make it fair and balanced, I just -- you know, we need to make sure that -- are they truly allegations or -- you know, let's -- let's give a -- let's give a fair balance here to the site expert and to what someone that's actually been out in the field has said.

DR. ZIEMER: Uh-huh.

MR. GRIFFON: Yeah, you -- and Mike, I may have misspoke. I mean I think where these people, you know, put a written affidavit out there, I think they take that pretty seriously and -- and I think we should, you know, weigh it bef-- you know, you're -- you're absolutely right, we should give it a fair account.

MR. GIBSON: Right, I (unintelligible), yeah.

DR. ZIEMER: Not a rush to judgment.

MR. GRIFFON: Right, right. So that's why -- and I think -- to that end, I think NIOSH has received that message because they have gone through the entire petition and -- and -- and are -- we -- we want to make sure we can answer

all these -- these questions. When -- when you look at them in aggregate, too, there's -- there's many questions that related to this, you know, quest-- overall question of data validation, so we want to make sure that we -- you know, we don't take that issue lightly.

DR. ZIEMER: Right. Any other of the working group have comments on this report or anything to add?

MR. PRESLEY: No, I -- this is Bob Presley. I'm in good shape with the report, no problems.

DR. WADE: We also might have petitioners on the line and they're free to make comment if they would like.

(No responses)

Okay.

DR. ZIEMER: And other Board members have any questions for Mark?

MR. GIBSON: This is Mike. Not just a question, I just want to --

DR. ZIEMER: Further comment, yeah.

MR. GIBSON: -- comment that, you know, Mark has been doing a heck of a job on this and, you know, I'd just like to applaud him on that. He's really -- he's -- he's digging into the

weeds, which I think we need to do, and you know, I think he's done an excellent job.

DR. ZIEMER: Right. Very -- very good, and I -- I think you speak for the rest of the Board when you applaud that. Mark, we do thank you very much.

MR. GRIFFON: Sure.

DR. ZIEMER: Okay. Are there any other comments on the Rocky Flats status then?

(No responses)

SC&A CONTRACT TASKS FOR NEXT FISCAL YEAR

DR. LEWIS WADE, TECHNICAL PROJECT OFFICER SC&A CONTRACT

If not, we can move ahead to our next item, which is the SC&A contract task for the next fiscal year. Lew will lead us in that discussion, and Lew, you have -- or -- yeah, you have distributed to the Board some documents, I assume everybody got those, dealing with the proposals for this next year.

DR. WADE: Right, these were individual task proposals we had received from SC&A, as well as a summary sheet.

Before I begin, I'll walk -- and I'll walk you through this quickly. I think David Staudt is probably on the line. David, are you with us?

MR. STAUDT: Sure.

DR. WADE: David is the contracting officer, so if there are any particular questions, you can raise -- and I think we'll be depending on John Mauro -- John, I assume you're with us as well?

DR. MAURO: Yes, I am.

DR. WADE: -- to -- to expound. But let me -- let me try and paint a very general picture and then we can fill it in. Those gentlemen can help me, and then we can have as much discussion as you would like.

The SC&A contract, we put money into it on a fiscal year to fiscal year basis, and the fiscal year starts on October 1st again. I would assume we would have about $3.5 million available for this contract; one never knows, with the vagaries of the federal budge, as well as just the -- the workings within the Administration. Who knows what the funding levels will be, but I'm operating towards a target of $3.5 million.

What I would like to do is leave this call with the Board voting through the ability for David to put in motion contract modifications that would amend the contract, add money to the contract to start work for next fiscal year.

While we have a meeting in September before the end of the fiscal year, given the deadlines that -- that David faces in procurement, it would be much better for him to have the Board's okay to begin to move forward on this call.

Now it's not necessary that we reach agreement on everything. If you remember, last year we -- we agreed on some things in general and in some things we -- we came up with sort of stopgap solutions, and that's possible today as well. So -- but I would like to get some marching orders from the Board that would allow David to take contract actions that would extend the SC&A contract into next year.

Now let me go through very quickly what SC&A has given to us. And again, remember this is a contract that really has six tasks, although five of them are active now. Task I is where site profile work is done by SC&A, and to this point SC&A has started and/or finished on 16 site profiles. This proposal for next year asks for funding to take on five new site profile reviews, as well as to allow for the Savannah River Site to be re-- re-evaluated.

Since SC&A did its evaluation of Savannah River, a new version of the site profile has come out. And while we're actively involved in reviewing that, it's necessary for SC&A to -- to take a more detailed look at the new site profile. So the proposal we have are for five new and a redo of Savannah River. We don't have to define what the five are at this point. SC&A has given us a generic proposal for five new plus a redo of Savannah River. You have the workup and you have the rollup of the cost for that.

Task II is behind us. That was a task to develop some tracking systems and things, but Task III is really where we do the procedures review, and that sort of morphed into the review of workbooks. SC&A has given us a proposal to review 30 new procedures and associated workbooks. Again, we don't have to identify exactly what they are at this point. John Mauro has provided us all with a sort of a list of what the candidate procedures are for review, but he's prepared, at our instruction, a Task III proposal to look at 30 new workbooks.

Then we -- I'm going to skip Task IV for a minute because it's the most complex and go to Task V, which is the relatively new SEC task. And there we've asked SC&A to give us a proposal for their doing six reviews of SEC petitions. Again, we're -- we're moving away from now the expanded or the -- the quick review, and they've given us a proposal to look at six additional SEC petitions. Again, we can't define what they'll be now because we don't know what they'll be. Probably the petitions they'll be reviewing haven't been qualified, or possibly even submitted yet. So you have a proposal there for six SEC petitions.

Task VI is a project management task we broke out as a new task. It used to be buried in the others, and for reasons of transparency we felt it better to break it out as a separate proposal, and you have those materials in front of you.

Let me go back to Task IV. That's where we do the review of individual dose reconstructions. And based upon our last discussion, we asked John to come up with several alternatives. And

to try and understand the alternatives, there are three variables I'd want you to keep in mind. The first is the number of DRs that would be reviewed. The second variable is whether the review would be a line-by-line item of every line, or whether we would grant some discretion to the SC&A reviewers -- in this case Hans and Kathy -- to focus their attention on lines that they feel are the most fruitful to review. So again, granting discretion to the reviewer. And the third variable is will we be looking mostly at these min/max cases, or will we be trying to focus on realistic cases -- and I think you all know the distinction, we've talked about this often enough.

So SC&A has given us four proposals, four alternatives. The first, their alternative one, is 80 cases that encompass a line-by-line review and would likely be mostly min/max cases. For the same amount of money they can do 110 individual DR reviews with discretion given to the SC&A team -- again, mostly min/max cases. Also for the same money they would do 55 reviews, with discretion granted to the SC&A team, but there would be a greater

concentration of realistic cases, and the cost there is roughly $600,000.

They give us an alternative 2B for $890,000, which would be 80 cases, discretion to the SC&A team, trying to focus on realistic cases. And I hope that comes through. John can -- can better clarify.

So again, what you have in your possession are SC&A proposals for the work that I've just outlined. You also have a rollup sheet that would amount to $3,200,000 roughly for the work I outlined for the -- the $600K alternatives for Task IV, and then if we were to look at the 80 cases with bias towards more realistic, the overall SC&A proposal then is approaching $3 and a half million.

So again, what I would like to see us do today, after discussion and further elaboration on this, is to give David Staudt the authority he needs to move forward to implement SC&A's work for next year, 'cause I don't think anybody that I could imagine talking to would want to see a break in the -- the quality service that SC&A has been providing to the Board and the program overall.

I'll stop at that and, you know, turn to John to -- to say what needs to be said to make what I said more understandable or more complete.

DR. MAURO: Yes, thank you, Lew. Lew, by the way, you did a excellent job in digesting and communicating the -- the concepts. What I can do -- certainly (unintelligible) any questions (unintelligible) through with this -- if you folks have in front of you each of the proposals, we could go through the -- the work hour allocations and how I came to where I came for each one of these tasks. If you could open up to Exhibit 1 in -- for our Task Order I proposal, this is the task order dealing with site profile reviews --

DR. MELIUS: This is Jim Melius, if I can interrupt a second. Wouldn't it be best if we talked first about the scope of what's included in the task orders rather than trying to estimate the hours and so forth, 'cause --

DR. MAURO: Sure.

DR. MELIUS: -- I -- I think we need to discuss certainly the issue with the individual dose reconstructions and it -- I mean I hate to have us, you know, later on talk about scope and

make changes that -- that affect the hours, we go back -- go back over those.

DR. WADE: Right, I think that's a good suggestion, Jim.

DR. MAURO: Okay.

DR. ZIEMER: I agree, and I think maybe what -- what we should do here -- this is Ziemer -- is, you know, take each one, see whether or not we agree with the scope. Once the scope is established, I think the rest becomes more pro forma anyway. There may be some details the Board wants to dig into, but the scope's going to be the key issue on each of these.

DR. MAURO: Okay.

DR. ROESSLER: Before we get into the individual scopes, I'm looking at the Task IV, the two different options. There's one -- really includes 1, 2A and 3, and the other's 2B. Do those two options depend on what money actually does come through, or is there something else in there that would lead us to pick one over the other?

DR. WADE: No, what -- I mean I would hope -- this is Lew -- that -- I think both options are available to the Board under the target funding

that I think we would have. Granted, the more expensive option would leave us with less of a margin to work with. But again, I -- I would rather the Board start by, you know, deciding what it thinks is appropriate and right, and then we'll try and deal with the money after then. But I think there is funding to cover either of the -- the cost options under Task IV, as I look at it right now.

DR. ZIEMER: Task IV, Gen and Board members, is -- really you can always adjust the numbers up. I think the key thing there is -- is more the -- the kinds of dose reconstructions you want to do, the -- the -- the best-estimate cases or the line-- and you know, allow some discretion on the others. For example, if you pick option 2B and you don't get enough money, you can always lessen the number of cases and keep still the same philosophical approach on what you're doing.

DR. WADE: Right. Or even adjust between tasks, say --

DR. ZIEMER: Yeah.

DR. WADE: I think the -- right, I think the talk today, Gen and Paul, would be what's the

sense of the Board as to the kind of work it would like to see done, and then we'll deal with the money as we go.

DR. ROESSLER: Okay, good. That clarifies it.

MR. GIBSON: This is Mike Gibson. I'd just like to ask Dr. Wade, is the money -- could you briefly describe -- is the money limited to what we can authorize SC&A to -- or vote on SC&A to do, as opposed to -- and kind of give us a comparison as far as what NIOSH contractors -- are their -- are their monies limited or -- you know, if SC&A gives you a proposal and ORAU gives you a proposal, are the monies limited and who controls those monies and who -- who grants and allows those monies?

DR. WADE: To give you a -- the short answer, Mike, the money that we're talking about historically, and I assume in the near future, flows to HHS/NIOSH from the Department of Labor. So again there would be negotiations between the Departments as to the funding required, and then the Department of Labor really controls the funding. Once the money comes to NIOSH, then we act consistent with the -- the proposals we had made, with limited

amounts of discretion.
The question of whether or not NIOSH should ask for more money for review and less money for ORAU is an internal NIOSH decision that we've taken. Certainly the Board could weigh in and offer guidance on that. There is always flexibility in these things, and there's always uncertainty in them, as well. So the $3.5 million number for SC&A has been a number that we've grown to over the last years to, I think, provide adequate funding for the scope of the review activity as the Board has outlined it. If the Board wants to push for more, then I can take that as an instruction and see what I can do in terms of securing more. But that's -- this -- that's where we are right now.
MR. GIBSON: Okay. And as far as -- as far as a percentage, could you give me an idea of the amount of money, percentage-wise, for NIOSH contractors as opposed to our contractor?
DR. WADE: Boy -- I mean I would ask NIOSH people on the phone to help me with that. Jim Neton, are you on the line?
DR. NETON: Yes, I am.
DR. WADE: What do we spend in terms of the --

the doing of dose reconstructions and site profiles in a year that would include the principal contractors and NIOSH? Do you have a number off the top of your head?

DR. NETON: You know, I really don't. I don't have it off the top of my head.

MR. GIBSON: Is your -- I think your contracting --

DR. NETON: I can certainly get this.

MR. GIBSON: -- officer's on the line. Does he have an idea of that?

DR. WADE: I don't know if -- David, do you know the cost of the ORAU contract per year?

MR. STAUDT: No, I -- I think they had a -- probably ran like $4 million a month, but I'd have to get that exact number for you.

DR. WADE: Okay, we can get the number, Mike. The number that I will get back to the Board will be -- it will look at the principal NIOSH contractors that are involved in the doing of dose reconstructions, the development of site profiles and SEC petition reviews, as well as NIOSH's own staff, contrasted to the $3.5 million that we spend on the SC&A contract.

MR. GIBSON: Okay, and I -- you know, I only

ask that because, you know, we're not all professionals on the Board and we rely on SC&A, and you know, I would just like to see the distribution of -- I know that the dose recons-- ORAU's overall dose reconstructions and stuff take a lot of work and a lot of money, but I would just like to see kind of a -- a percentage or a cost of the overall contrast between the two.

DR. WADE: Right. I think it's reasonable for any group who's -- who's reviewing work to decide what percentage of the -- the cost spent in doing the work should be spent in reviewing the work. And I'm sorry I don't have that number at my fingertips. It's not the part of the business that I'm most intimately involved in. I know the SC&A numbers, but not the others.

MR. STAUDT: Mike, this is David Staudt. When we get proposals in from SC&A, we -- we are obligated to look at the statement of work and the hours proposed, and we analyze that and we confirm other direct rates that are applied to that, so when you're looking at dollars, we -- we have to look at a specific statement of work

and -- and go from there. Although you may want to compare the total dollars against ORAU, we -- I'm obligated to look at those individual task orders and make sure that they are priced reasonably, so that's -- that's our main job.

MR. GIBSON: I understand that, David, and all I'm saying is when you go to the Department of Labor and request funds, I would just like to know overall what you request and see how that flows down to SC&A and -- and the others.

DR. WADE: Yes, Mike, we can get you that. I don't know if we can get it before the end of this call, but I can certainly get it before the next meeting.

MR. GIBSON: That's fine, Lew. Thank you.

DR. ZIEMER: Maybe just to clarify that further, the request itself is usually tied in, is it not, with something similar to a work statement in terms of what is being -- it's not just a blank check.

DR. WADE: Correct.

DR. ZIEMER: In other words --

MR. GIBSON: Yeah, I -- I understand that. I'm -- I'm just saying -- you know, I just want to make sure that we have the thorough review that

we need from our contractor as opposed to the work done by the other contractors.

DR. ZIEMER: Uh-huh. Uh-huh. Okay, are we ready to proceed then on the individual tasks?

DR. WADE: Right, we could begin, as Dr. Melius proposed, by looking at the -- the scope of work of each task. And so Task I is site profile reviews. And there, if I'm not mistaken, John, it's five new reviews and a redo of Savannah River Site.

DR. MAURO: That's correct, and the five new reviews includes the OTIBs and other procedures that are site-specific. One of the things we're finding out is the site profile very often has accompanying it a variety of other documents, including workbooks and including OTIBs and procedures that are specific for that site -- specific aspects of that site, so what we did is say that when we do the review we will review the -- the full suite of documents that are associated with the site profile. So we're basically doing five of those, and we estimate it's about 1,300 work hours per site profile review with its accompanying documents to deliver that first draft report, the large

document that shows up. And then separate from that, we've allocated 150 work hours for the closeout process for each one of those site profile reviews. And so those are the -- that's the -- the way we've cost this out. We --

DR. ZIEMER: John, this is Ziemer. Didn't you have some money in there to close out also some of the current ones?

DR. MAURO: That's correct. We assume that we are going to need to close out in that fiscal year 11 of the site profiles, that is -- that would -- that would include of course the -- the new five, and six additional ones that are still in the hopper, so to speak. We -- we expect that we are -- I know we're in the closeout process of many of the -- for example, Nevada Test Site -- but there are others that are -- have been -- are completed and will be completed by September. By the way, we will complete by September all 16, and you will have the draft reports in your hands for all 16, but by no means will we be in a position to -- and -- and we -- our -- my expectation right now is that we will have exhausted, or close to

exhausted, all of our resources for Task I by the end of September, and we will have delivered the major products. Namely, all of the site pro-- draft site profile reviews and all of the workbook reviews that are within the current fiscal year 2006 site profile -- 2006 budget for -- and scope for Task I, but we -- well, what I've done is ask David and -- and Lew -- that is, we are probably going to need some additional resources in fiscal year 2007 to continue the closeout of the site profile reviews that will carry over into next year. You know, the 16 that are part of fiscal year 2006. I believe that there will probably be -- approximately, I believe, five of those are -- five or six that will carry over and I've asked for 1,000 work hours specifically -- that -- that's a request over and above what was in the scope of work that was requested. So altogether, in effect, you can think of Task I as consisting of three types of activities: the re-- the review of the new site profiles and the delivery of these draft reports, then the -- and then the expanded review of those very same documents, and the third element is

the support of the closeout of the previous fiscal year 2006. Total bottom line is 8,750 work hours to perform that work.

The thing that's a little bit new here is that we've added in the workbooks and the OTIBs and any associated procedures that are associated with it, because in reality is we find that we do that anyway, so we wanted to make it -- you know, formalize it, incorporate it into the process.

So that's Task Order I, if there are any -- any questions?

DR. MELIUS: This is Jim Melius. I have some questions regarding site profile revisions, specifically to Hanford, but this may refer to some of the others that I'm not familiar with. We found when we went into -- started to get into comment resolution on Hanford that NIOSH's most common response to a SC&A comment was well, we'll address that in the revised site profile document, either underway or, you know, is in some-- someplace in the process, and we're still trying to figure out exactly where we are with -- in terms of trying to review that site profile and where we are in the

process. I -- I just am concerned that -- you know, of these that we've done or have been completed so far, how many that when we go to resolve the comments we're going to find that there's a whole new set of revisions that haven't been reviewed yet.

DR. MAURO: Yes, I understand your concern. In fact, that's exactly what happened with Savannah River. Enough time passed between our completion of Rev. 2 -- I believe it was Rev. 2 of the Savannah River site profile, and then we went to the close-- closeout process. By the time we actually entered the closeout process, there is a Rev. 3 out, which requires -- which is really a redo. So as a result, we asked for additional 500 work hours over and above what we -- so that we could review Rev. -- Rev. 3. Now, right now we are -- I do not believe we're in that position on any other -- except perhaps Bethlehem Steel, if -- we should talk about that for a minute, but let me first answer your question.

With let's say Hanford, it's our understanding that there is a revision of the Hanford site profile, but since it's not in place right now,

my -- my assumption is that we're going to treat each of the existing site profile review reports as if it's going to enter the closeout process as we planned. Namely, we will hold one or two meetings. We've allocated 150 work hours to participate in those meetings and close out those issues. It's certainly possible that that closeout process could expand. It could expand if -- if a -- if a new -- between now and say INEL, as an example. We haven't really started the review closeout process for INEL. If an INEL revision is -- emerges, a major revision, not -- not some -- not some OTIB or other document, but a major revision to the document, and we are -- it's -- we're -- SC&A's requested to re-- well, let -- before we enter into the closeout process, let's first review this revision. Well, all bets are off on the 150 work hours that we set aside for the closeout process for INEL. So yeah, there's some vulnerability here, and I -- and my intent is to keep you all very much apprised of when it's being sought to develop in a way -- and this is our greatest vulnerability is the closeout process. As you

probably are aware, setting aside 150 work hours for a closeout is a relatively modest budget.

Now we could be very optimistic and assume that the closeout process will go quickly. I was very impressed with what transpired with the Nevada Test Site. The last meeting we had, by and large -- except for I believe a few items -- there's -- there's general agreement what needs to be done, and there really isn't very much more. Once -- I think there are a few open items regarding resuspension factors, et cetera, but I -- it's -- it certainly seems feasible to be able to go through the closeout process for Nevada Test Site within the 150 work hours.

Now whether or not the Board is going to ask SC&A to issue a final version -- we really have never talked about this, and I'm glad you brought this up because right now we have our matrix and we have a documentation of the closeout process for each issue, and so it does represent a record of how each issue has been closed out. But to date we have not gone back and revised a site profile review report in

light of the closeout process. And I guess as it stands now, it is not my expectation that we would be doing that, and our budget does not include anything to go back and really rewrite the -- the -- the site profile review to reflect the -- to the -- what -- what eventually occurs at the closeout process. So yes, I hope that answers your question, kind of late in the answer.

DR. MELIUS: Well, it does and it doesn't. I mean I've just been concerned that -- not about as much your estimate of hours, but that we go through a closeout process that by the time we go through it, it's meaningless because there are very significant changes that have been made in the -- the site profile. And my impression from the -- the Hanford review and NIOSH's response to your Hanford site profile review was that certainly significant proportion of the major issues were being addressed in a new document and that somehow we need to take that into account in -- in how we're, you know, budgeting our review time. I mean that -- to me it doesn't make any sense to have a site profile review that -- where you

comment and the comments back from NIOSH are entirely well, we've already changed that, or we're in the process of changing that.

DR. MAURO: The way I've been looking at that is that's -- that's good news. What that means is that the issues that we put before NIOSH expressing our concerns have been looked at by NIOSH and NIOSH has taken some action on these, and perhaps some other matters that they feel is necessary to make a revision, so we sit quietly. In other words, we don't burn up hours. Basically -- let's say the -- for a lot of comments, such as the Nevada Test Site, the statement is made that yes, we concur and we plan to make these revisions. And then our role is not to take any action until those revisions are made. So if -- it's -- it's entirely possible that then once those revisions are made, it -- it is not going to be -- it's a matter of just -- now we really haven't talked very much about this, but I presume the Board would want us to go and take a look and see in fact -- if in fact those revisions have in fact been made. But right now we've never reached that point.

I think we might be at that point right now with Bethlehem Steel. I noticed that -- you know, we -- the very first site profile that went through this process where we identified a number of issues and -- and we went through the issues closeout process, all the issues were closed out on the matrix, most of which were closed out in terms of -- there were six major issues, and NIOSH's position was yes, we will address those issues in -- in the revised Bethlehem Steel site profile. I noticed on the web that there is not in fact a revised Bethlehem Steel site profile on the web. Now my understanding is we are to take no action on that. And if we are to -- requested to take some action to check the Bethlehem Steel revised site profile that has recently come out and crosswalk it against the -- the six major issues that were discussed during the closeout process, right now we don't take any action on that because it is not within the budget of this proposed scope of work, nor was it within the budget of our original fiscal year -- original -- I think this was 2005/2006 time period scope of work. So yeah, we do have

a little bit of a hole here in terms of how do we really achieve closure on the back end of this process. And -- and then right now the way we've laid out our budget -- really our budget, in terms of closeout, is really to engage NIOSH in a limited dialogue after we submit our site profile review report, and then we just set aside 150 work hours -- which basically allows us to have one, perhaps two meetings, work off -- build up and work off a matrix closeout document and get to the point where we say okay, by and large, we all agree that this needs to be changed, this needs to be changed and NIOSH would say yes, we -- we are in the process of changing that. And/or we say -- or we understand NIOSH's position and we know -- we concur in their position and we withdraw that particular comment and close it out -- and so that represents the closeout process.

And we really haven't taken the next step to say okay, once that's accomplished, is there anything more that SC&A might need to do to truly achieve closeout on these issues, and -- and I guess we could use some guidance

regarding that matter. Right now our budget for fiscal year 2007 for Task Order I does not include let's say the very last step in this closeout process, which would be to review the revised documents when they emerge, 'cause I don't think 150 work hours that we set aside is -- is sufficient to actually do that final review and then revise let's say our site profile review.

DR. ZIEMER: This is Ziemer. Let me, though, comment on this issue. If in fact a revised site profile emerges on the scene after you've made your review of the previous version, and there would be presumably a matrix developed as part of the regular closeout process, then it seems to me that NIOSH's response in the matrix could include something from the revised document. Even though you haven't reviewed the revised document, they could show that as their response and you, as a matter of course in assessing whether you think the response is adequate, would be in fact, as part of the closeout, reviewing in a sense a part of the revision --

DR. MAURO: That would be a very efficient --

DR. ZIEMER: -- because you would be reviewing that response.

DR. MAURO: I agree entirely, so that would avoid having to let's say reread and re-review an entire document, but we just --

DR. ZIEMER: You would be reviewing the issues that were raised in the original document. Now it's quite true there may be some new issues in a revised document that you have not even thought about. But at least the ones that arose from the original one, if -- insofar as they've been addressed in the new one, would have been taken care of.

DR. WADE: Right. This is Lew Wade. I think it's a matter of degree. I mean Dr. Melius raises a fundamental problem that -- that exists in the way we've designed the system. I think it's incumbent upon each workgroup when it's -- when it begins its review, to sort of assess the state of play and determine if we have a situation where there is no reissued site profile and therefore the review stands and we can proceed forward. Or, on the other end of the spectrum, there is a drastically altered new site profile that might require

going back to ground zero and review from the beginning. Or, if we're somewhere in between, as Dr. Ziemer just mentioned, there has been a revision --

DR. ZIEMER: (Unintelligible) and on a workgroup to make a recommendation on what to do in that case.

DR. WADE: Right, and if -- remember Dr. DeHart, when he began the Savannah River process, said he thought that going back to ground zero was the appropriate action. If -- if Dr. Melius feels that's the case in Hanford, then we'll adjust contractually. I think in each case a judgment's going to be -- have to be made as to just where we are.

DR. MELIUS: But my -- my point is, is there an adequate number of work hours in this task to be able to do that? 'Cause 150 to, you know, resolve these is not a lot of hours. And Han-- if Hanford's an example -- I mean we've got LANL, we've got some other very big sites. They're complicated sites. I don't think we can expect the original site profiles to be comprehensive, and there will be revisions, additions and -- and so forth, and we need to

plan our reviews accordingly. And that's why I have concern about the proposed scope of this task. I just don't think it's adequate to address that and I -- I don't want to get us in the position of having to put this off -- you know -- you know, if the revisions of the site profile are ready, I don't want to have to put it off a year till we review it because, you know, we -- we don't know this, but we could have SEC petitions, so forth, coming in from some of these sites, in which case -- we do, actually, for -- for LANL, one that's in process somewhere -- that -- that's going to sort of -- that need to speed up the review process, and I'm concerned that -- make sure that we have enough, you know, hours and time in this proposal to address that.

DR. WADE: Yeah, the -- the mechanisms available to us now, if we were to find that there were several more like Savannah River that would require an extensive review, then the mechanisms open to us would be to -- to look into this task and possibly not initiate several new reviews of the five new reviews, and replace them with re-reviews. Or we could

look for other money within the con -- (telephonic interruption) spending funds. I think we do have to keep our eye on this issue. I think the proposal as written gives us some flexibility, but again, I think it -- it's judgment that has to be made on a case by case basis.

DR. ZIEMER: This is Ziemer. John Mauro, did -- is the 1,000 hours of additional work to close out the six cases based on -- pretty much on your -- is -- well, basically it's about 150 per --

DR. MAURO: Exactly.

DR. ZIEMER: -- cases. That's based on previous years experience with (unintelligible) --

DR. MAURO: Well, we really ha-- no, as a matter of fact, it's -- it's what I would consider to be an optimistic -- it would be more based on if things go as smoothly as they did with Nevada Test Site and that site profile. The reality is the only -- the only case that we really went through the entire process would be Bethlehem Steel. And as you probably know --

DR. ZIEMER: That took more.
DR. MAURO: -- that took -- there was just as much time involved in the closeout as there was in the original document.
DR. ZIEMER: Yeah.
DR. MAURO: So -- so we held -- we have two extremes. We have one where the closeout process could be as expensive as the initial preparation of the draft report, and the other extreme is we might be able to do it in 150. The proposal that you're looking at right now is -- is the -- is optimistic.
DR. ZIEMER: I suspect that Jim's discomfort is an intuitive one, and I think I would share that intuitively -- 150 hours doesn't seem like very much to close out a big site.
MR. GIBSON: This is Mike, I would tend to agree with you, Dr. Ziemer and Jim, that these SECs come in for the different sites -- we're going to find issues where they may have to go back to ground zero.
DR. MAKHIJANI: Dr. Ziemer, could I say something? This is Arjun.
DR. ZIEMER: Sure.
DR. MAKHIJANI: Yeah, we -- John just mentioned

the Nevada Test Site, and it is moving rapidly, as Mr. Presley informed you this morning. But as we noted in his worksheet from the meeting, there are -- one of the reasons it's moving very quickly is that NIOSH has said it's going to -- you know, in 20-odd items that it -- some of them were resolved by the SEC. There are a significant number of items where NIOSH is making major revision to the site profile. Now one of the questions I think that -- come up in this discussion just a few minutes ago was we're closing out this matrix, but then NIOSH is revising the site profile. For instance, beta doses. It said it is going to produce a method to calculate beta doses up to 1966 when -- even though there were no measurements of beta dose. That will remain as an unreviewed item at the closeout of this matrix. So there's -- there's a procedure at the back end of the matrix because NIOSH has not yet published a revised site profile by the time we finish the matrix.

DR. ZIEMER: Yeah. Yeah.

DR. WADE: See, and the other issue is SC&A's role versus the Board itself's role in terms of

accomplishing some of these verifications. That's something we have to work through as well.

DR. ZIEMER: Well, Lew, your point was that as we get into it we can readjust if necessary --

DR. WADE: Right.

DR. ZIEMER: -- the allocation of -- of these tasks in terms of time and effort and different sort of subsections.

DR. WADE: Right.

DR. ZIEMER: Increase the closeout time, decrease the main time and so on.

DR. WADE: But I mean I don't doubt what -- what Dr. Melius is saying to be true. It's quite possible we'll have to reserve one or two of those five new slots to accomplish a major re-review. I just don't know that yet, and won't know until the workgroups start to look into it.

DR. MELIUS: Yeah, but -- this is Jim -- I guess I'm concerned that we're going to get into -- partway through the year and not have adequate resources to address some of the revisions, changes and, you know, et cetera to some of the major sites. And whether we're --

the pressure's from an SEC petition or the pressure's from the fact that NIOSH has already completed a number of dose reconstructions, you know, based on the original site profile, whatever -- I mean there -- lots of issues that are -- or holding off on doing dose reconstructions pending completion and -- and review of -- of some of these documents. I -- I just don't think we should try to put ourselves in a position not having adequate resources to do the technical reviews that are required. And it doesn't seem to me that we've -- and maybe it's not possible to do. I -- I know John's been trying to work on getting additional information on -- on Hanford and it's hard with, you know, summer vacations and so forth to do that, but -- whether we've put enough thought into how we're estimating what our needs are for this particular task.

DR. ZIEMER: Well, let me ask a related question and again maybe address John Mauro on this. John, suppose that instead of 1,000 hours on -- on this closeout process, suppose it was 10,000 hours. What would that mean in terms of your ability to do the other site

profile work? Are we talking about shifting the hours amongst a limited number of people, or would you have to expand your staffing in order to accommodate more effort on that back end?

DR. MAURO: Yeah, I've -- I've been expanding my staff to -- to deal with the growing nature of the project. We -- we have brought aboard one additional person, and quite frankly, I'm hoping that Lynn Anspaugh, after he goes through the vetting process, would be available to help out on site profile reviews of site profiles other than the site that he -- you know, he would be precluded from working on. So -- so yes, the answer is our -- our intention is to add staff.

DR. LOCKEY: This is Jim Lockey. Lew, how much leeway do you have for adding money to this type of budget halfway through the year?

DR. WADE: Oh, it -- if I had -- if the money's available, it's not difficult. The question is the availability of funds. And again, that really depends upon our ability to shift money between the different contracts, depending upon our assessment of need. So I don't think it's

out of the question that we could adjust resources. It's just a matter of not knowing at this point what that adjustment would have to be.

DR. MELIUS: Yeah, but -- Lew, this is Jim. I think if the original estimate is so optimistic -- I -- I think -- I think we're fooling ourselves if we think that, you know, that's going to be adequate.

DR. WADE: Well, the question on this one is the five new reviews. We don't have to do five new reviews. If we were to determine, you know, part-way into the fiscal year that the re-review and closeout function was to consume significantly more resource than we estimated, we would have the ability to adjust within that task. And I just don't know at this point whether we should say no, it's not going to be five new reviews, it's going to be three re-reviews and three new reviews. That I don't know at this point. I mean we could write that into this task, that there -- there's flexibility there, but I just don't know at this point what we find when we look at Hanford or when we look at LANL, when the working

groups really start to put their shoulder to it, whether the budgets are adequate or whether we'll need to forestall a new review and replace it with a re-review.

MR. GIBSON: Lew, this is Mike, and that -- that kind of gets back to what I originally started out asking. When you guys go to the Department of Labor to request funds -- maybe this is a different way to phrase is -- is there -- do you have funds available under NIOSH or CDC or whatever at -- are they specifically allotted for SC&A and for ORAU, or can you reroute money that -- from ORAU to SC&A if they need additional funds or --

DR. WADE: We would need to frame that in our proposal to the Department of Labor and there -- there are always flexibilities. You know, NIOSH has taken the position in the budgets that it's submitted that the allocation of funds between the doing of the work and the reviewing of the work is -- makes sense to it and is consistent with the instructions we've been getting for the -- from the Board in terms of the level of work that the Board is requiring in terms of review. Those issues can

always be revisited. But you know, our view of the balance of money spent on doing work versus reviewing work is that we're at a reasonable place. Now I can give those numbers to the Board and the Board can decide what it thinks about that, but within the management of the -- the program, that's the judgment that we've made.

MR. GIBSON: Okay. Well, I just -- I just see this as -- I mean it -- it's a growing process and -- and we're all learning more and we're all -- it's just getting deeper and, you know, I share the concerns of Dr. Melius and -- and Dr. Poston and others that -- you know, I don't want to see -- well, and I'm not speaking for them, but to me, if they have to -- if they have -- if SC&A has a allotted amount of money and they have to shift it to SC&A reviews as opposed to dose reconstruction reviews, you know, I don't think that's fair. I think that's -- you know, that's robbing Peter to pay Paul.

DR. WADE: Well, the alternative is you take the money from the people who are doing the dose reconstructions to the people who are

reviewing it, and those are all very difficult judgments that have to be made.

DR. MELIUS: And the other alternative is to get more money.

MR. GIBSON: Right, thank you, Ji-- thank you, Jim.

DR. WADE: But that's not something I control. Or that's not something we control.

DR. MELIUS: But there -- if we don't indicate what the need is, then I think we're not adequately doing our job as an Advisory Board.

MR. GIBSON: Uh-huh, absolutely.

DR. MELIUS: And I would point out that simply shifting money from new site profiles I don't think adequately addresses the need that there are site profiles left that have not been reviewed, there are dose reconstructions that have been done on those. In some ways we sort of defer to the site profile review when we're doing individual dose reconstruction reviews of, you know, dose reconstruction based at those sites, and I think it's important that we get these site profiles done, and I -- I have concerns about deferring on -- on the new ones.

DR. ZIEMER: Let me insert as an additional

comment in here, an additional limiting factor outside of our contractor is our own Board. And it's going to be very important -- this is -- I'm preaching to the choir, but it's going to be very important that we get these lost positions replaced fairly soon because Board members, in terms of workgroups among all of these, can only handle so much material, too. And you know, we -- we can ramp up the contractor and do all sorts of things, but ultimately we have to be able to handle all this material, review it, have our working groups and make decisions. And that becomes a kind of limiting factor in itself.

DR. WADE: It's become a pacing factor, certainly, and it leads to the problems that we're talking about.

DR. ZIEMER: Right, the number of -- of issues we can handle in a given period of time.

DR. MELIUS: But can I point out two other factors that I think weigh against that. One is the SEC process. It's certainly been extremely helpful to our SEC evaluation reviews to have a site profile review already done.

DR. ZIEMER: Yeah, uh-huh.

DR. MELIUS: Secondly -- actually my original set of questions on trying to delve into this issue on Hanford was trying to see whether we really needed to have a meeting to closeout a site profile review when it seemed to me that a good proportion of the major issues were being -- were in revision. You know, it was a -- a new revision of the site profile was being worked on or some other -- other document that would address the concerns that were raised by SC&A. And to me, the question was, you know, do we get a work -- try to get a workgroup together and spend the time and effort, or was our time better spent, you know, working on other issues. We're all -- all have multiple workgroup assignments and jobs to do, and so this whole issue of the revisions and so forth is also a question of how does the Board most efficiently --

DR. ZIEMER: Right.

DR. MELIUS: -- (unintelligible) its time, also. And I agree they're all linked and it's a -- it's a hard -- hard balance and we can't predict what SEC petitions are coming in at a given point in time. But I also -- concerned

that if we don't address these issues up front, we get halfway through the year and we've lost our ability to modify the contract without having to, you know, rob it from some other place in the -- the contract.

DR. LOCKEY: I'd like -- this is Jim Lockey. Maybe we can make a proposal to you, Lew, that the Board is in a position that we suggest that you make -- you make whoever you have to make aware that at some point the Board has a concern about adequate funding for perhaps additional reports that may be needed in the near future and a mechanism has to be put in place to address that, if in fact that happens.

DR. WADE: Certainly I can do that.

DR. MELIUS: I would just suggest that -- I'm not sure there's much more we can say on Task I at this point. I think if we go through the other tasks, let's see where we are at the end and -- and -- and then we might have a better idea of are the overall resources adequate. What Jim Lockey just said may be something we can follow up on or -- or -- or some other mechanism, but we -- we need to -- you know, we may find that they've overestimated some other

place.

DR. ZIEMER: Well, and -- and if they have or even if they haven't, at some point on this issue of the closing out of these things, if 1,000 hours for -- I think it's for six, roughly 150 hours per site -- is not adequate, or if we think it's marginal, it -- it may be that we should indicate what we think it ought to be and then the financial implications of that will -- will appear. It may be that SC&A would come up with a new number and -- and maybe we end up going over the $3 and a half million, but at least you can go on record as indicating what you think needs to be done.

DR. WADE: Uh-huh.

DR. ZIEMER: Any more on item one then? Let me ask this and maybe ask David Staudt, do we -- do we need individual Board actions on each task, or how -- what do you need to proceed?

MR. STAUDT: Well, I just think a consensus at the end on which ones we can move forward to and whatever directions, that's all we -- that's all I need.

DR. ZIEMER: Okay. So Board members, you want to hear the total picture and then we can go

back and -- and take an action or a group of actions. Is that agreeable?

MR. PRESLEY: That's fine, Paul. This is Bob.

DR. ZIEMER: Okay, let's go ahead with item two then, John --

DR. WADE: Well, there's no -- then this --

DR. ZIEMER: -- I guess you'll (unintelligible) --

DR. WADE: Yeah, Task III is the --

DR. ZIEMER: -- (unintelligible).

DR. WADE: -- review of the procedures and workbooks, and here we have a proposal from SC&A to look at 30 additional generic procedures and associated workbooks.

DR. ZIEMER: And John Mauro, this -- you've defined -- you identified these pretty well already. Right?

DR. MAURO: Well, I prov-- yeah, I provided --

DR. ZIEMER: You have exhibit -- in there --

DR. MAURO: No, in a separate package, under separate cover, I provided you with a list --

DR. ZIEMER: Right.

DR. MAURO: -- of all of the procedures that we have not yet reviewed or have been asked to review. So it becomes a matter of choosing

from the existing generic procedures that are alive and well which ones -- which of those you would like us to review. I'm basically estimating that would require us about 50 work hours to review each procedure, and that includes if there's a workbook with that procedure. We're finding that they go hand in glove. Then I've set aside ten work hours for the closeout of each review procedure. I think this is a lot more manageable situation than let's say what we just talked about under Task Order I because, as you may have noticed, the review process for the procedures that we're in the middle of right now is much more -- in other words, in one fell swoop, through one matrix, we're able to capture the fundamental issues on each of the procedures and go through the matrix and get them closed. And I think that we're dealing with a much more manageable problem here and -- as opposed -- so I guess I'm -- I'm much less -- and my experience has been that we are doing very well in terms of meeting our budgets, getting our deliverables done on the review of procedures. We -- we've been -- we've been good predictors of what we

think it will cost to get the product. Now of course we're still in the process of -- of closing out our previous set of orig-- of 30 procedures or so, I believe there were 30, the first set -- but we -- and we're -- we have the second set of procedures in your hands, but we're well within budget. And so I feel as if we've got this thing -- this is -- this doesn't have as much uncertainty. It's not like the site profiles --

DR. ZIEMER: Yeah.

DR. MAURO: -- which are very complex documents.

DR. ZIEMER: Uh-huh.

DR. MAURO: The procedures deal with usually very narrow issues, very well formulated -- as you may have noticed in my previous presentation, they were clear and quite fav-- quite frankly, in the last set, quite favorably reviewed. We only had a few minor points. So I don't -- I -- I think the budget we have here for Task Order III for fiscal year 2007 we'll -- we'll be able to meet, perhaps even come in under budget.

DR. LOCKEY: John, how many procedure books are

there --
DR. MAURO: Oh, the --
DR. LOCKEY: -- all together?
DR. MAURO: -- workbooks?
DR. LOCKEY: Yeah.
DR. MAURO: I didn't count them all up. Kathy Behling, are you on the line?
(No response)
I don't know if Kathy's on the line. She's sort of our records person.
MS. BEHLING: John, I am on the line --
DR. MAURO: Oh, fine.
MS. BEHLING: -- and quite honestly, I don't have a number at the tip of my fingers here. It -- it's a dynamic system and it does change, and with the procedures and -- I know with the procedures -- the ORAU procedures are up to at least in the 60s -- no, in the -- in the -- yeah, the TIBs are in the 90s and the procedures are in the numbers of the -- like 61, 62 range, but I really don't have an exact number on my --
DR. MAURO: We're talking about 150 documents, and to date we have reviewed 60, if that's where we are, and now we're saying there's

going to be another 30 to add on to that. So I mean we are -- we are reviewing -- I mean after this next round, this -- the two -- this fiscal year's round, let's say we will have completed approximately 90 or so procedures out of the approximately 150.

DR. WADE: Okay on III?

UNIDENTIFIED: Uh-huh.

DR. MAURO: That's -- that's Task Order III.

MR. GRIFFON: Just one question I -- this is Mark Griffon. Just a point -- I think, John, you said this but I just want to emphasize this, that the first set of procedures reviews, as we'll see on my upcoming presentation -- I mean a lot of the -- this question of resolution, and I think we've gone over this with the site profile issues, too, but a lot of the resolutions on these are "this issue was revised in a subsequent procedure" or the -- you know, so --

DR. MAURO: Yes.

MR. GRIFFON: -- so we have -- again, we have this question of, you know, does SC&A review the next procedure, and I think in this -- at least in -- in our workgroup we've sort of said

we wanted SC&A to review the part of that procedure that addresses that particular finding --

DR. MAURO: Yeah.

MR. GRIFFON: -- but not maybe the whole thing, but in some cases I think, you know, it ends up being a majority of the procedure has to be sort of looked at again --

DR. MAURO: Yeah.

MR. GRIFFON: -- so that -- you know -- I -- I know -- I know it's going probably quicker, but I just want to --

DR. MAURO: Yeah, there's no doubt that the back end of the process we're in, on all of these tasks, is -- has been a -- a fuzzy edge. The only place that seems to be -- have a fairly clean edge has been the review of the cases under Task IV. But you're right, the back end of the review process of Task I, that has been extremely fuzzy. I mean we -- we -- it's open-ended. We don't know where it's going to take us. It's dynamic because these site profiles are being revised periodically. Procedures are similar, but you know, I feel as if they're more manageable because they're a

smaller level of effort. That is, to review a procedure or a revision to a procedure is -- we're not talking about a large effort. We're talking 50 work hours. And so even if there's a new proce-- you know, a new procedure comes out or major revision to a procedure, it's -- it's sort of a manageable situation, unlike when a new site profile comes out.

DR. ZIEMER: Right.

DR. MAURO: It becomes a -- a -- quite of -- a pulse moving through the system. You're right -- you're right, though, Mark. The back end of the procedures -- I guess I just perceive it as cleaner and easier to manage. But you're right, there's still a lot of fuzziness about the closeout also.

MS. BEHLING: This is Kathy Behling again, and if I can just correct something. I pulled out a document and we're actually up into about Procedure -- maybe 97 or so procedures, and about 50 or so Technical Basis Docu-- or Technical Information Bulletins. And if I can also add to the issue of the procedures review, when we first started -- when we did the first selection of procedure reviews we were looking

at some generic procedures and some procedures that were a crux of the dose reconstruction process. Where now as we're starting to look at procedures, the new TIBs and the new procedures are much more specific to a certain issue or so -- a certain to res-- resolution process from either the site profile review or the review of other procedures. So they're a little bit more manageable, like John is saying. But the issues resolution process is still a fairly extensive process.

MR. GRIFFON: Okay.

DR. WADE: Okay on Task III?

DR. MAURO: Okay, that -- that was Task III -- II -- yeah, as you know, II is -- we skip over because II is completed and it has not been reactivated again.

DR. WADE: Task IV is the individual dose reconstructions with the -- with the -- the different alt-- alternates.

DR. MAURO: That's the -- that's Task Order IV, and -- yes, and I -- and now you -- you characterize it very well. I think to -- to go back to it, we -- we are now -- think of it like this. The -- the -- if we continue

business as usual, we were doing basically 60 reviews each year and the Board would submit to us, you know, packages of 20. We believe if we stay doing business as usual, we probably -- for the same price -- can do 80, by noticing that we're getting a lot better at it, so you're -- so therefore if you look at our Task IV proposal and you go to the exhibits page where the Exhibit 1 and Exhibit 2 is -- Exhibit 1 is -- basically is our starting point. It's sort of like the rock we stand on. Well, we believe for basically the same price that we did 60 last year we can do 60 this year -- I'm sorry, we can do 80 this year for the same price. And -- and when I say the same -- we're talking about procedures that are predominantly min/max. We're only -- out of each set of 20 there may be -- we have been -- you know, there may only be two or three realistic cases that -- that's what's been coming through the pipeline and up -- up through the fourth set. Okay? Whereas we see -- that's what we're seeing. And -- and -- and -- but we -- one of the -- so therefore I think that we are now getting more efficient at putting out these

reports. So we're saying we can do 80 as opposed to 60, which we did last year, if everything stays as-is.

But we're saying -- one of the things that came up at the last meeting is that boy, it would be great if we could increase the through-put because I know that you -- you're shooting for two and a half percent of the total number of adjudicated cases undergoing auditing, and at the pace we're going that's not going to happen. And one of the questions that came is the-- is there any way we could pick up the -- you know, keep -- keep the price the same, but -- but -- perhaps -- and still be -- do a quality job, but maybe move out some more audits.

Well, we -- we talked -- we got together and talked that -- about that a bit and -- and Hans, Kathy and myself were talking about well, what can we do. And it turns out right now, as you know, the audits that we're doing are really very, very I guess meticulous in terms of going through each and every item, every number, you know, as you would like an IRS type audit. We just look at everything.

We feel that it's probably certainly places where what we've learned we could sort of reap the benefits of a lot we've learned and -- and perhaps zero in on areas that we feel are more important and use a little bit discretion on where we're going to really apply our resources and where we'll back off a little bit based on our experience. And if we're -- we're -- you know, if we're given that flexibility, we probably could do 110 ca-- cases for the same price. So in other words, we could kick it up. But that's still assuming that only a relatively small percentage of them are these realistic cases.

My sense is there probably aren't that many real-- I'm not sure. I mean we -- we don't know how many there are out there, and Kathy, maybe you could help me out a bit, but at least out of the first four sets that we've -- we -- we're -- you know, we finished three, we're well into set -- we finished four, we'll well into I guess set five, and we're not seeing that many realistic cases coming through. That doesn't mean they -- now the sixth set, the last set that we just received, Kathy, do you

have any idea if -- are we starting to see a lot more realistic cases?

MS. BEHLING: Well, the Board is making an effort to select the realistic cases, and in this last set, the sixth set, there's 13 of the 20 are best-estimate or realistic cases.

DR. MAURO: Okay, so that -- that is -- that is moving that way. Well, where -- where I'm going with this is that if things -- in effect I have created a series of options here which says that we could probably push it up to 110, but that -- ca-- in other words, we could do 110 as opposed to 80 for the same price if we were given a little discretion on backing off on the level of detail.

Now if it turns out, though, that -- that we're seeing -- what comes through the pipeline are predominantly the realistic cases, for the same price we could probably only do 55. In other words, that first table, Exhibit 1, is probably mislabeled a little. It really should say work hour allocation for completion of 80/110/55 audits, because what they -- what that price is is -- what we're saying, for the same price -- for the same price, we can do 80 of the same

kinds of things we've been doing all along. We could do 110 of the same kinds of things we've been doing all along except we're going to give Hans and Kathy a little bit of discretion on where they're going to put their efforts. And finally, if in fact all of a sudden we start to see a large percentage -- let's say two-thirds -- of the -- of the cases are in fact realistic, well, we probably are only going to be able to do 55 cases for that price. Okay? That's a good way to look at it. So that's what Exhibit 1 does. It really gives you for the -- for the same price -- I feel like I'm selling fruit -- for the same price, we -- we can do 80 versus 110 versus 55, where we're playing off the degree of discretion and we're playing off how many realistic cases might be contained in the batch.

And that -- there brings us to Exhibit 2 whereby we say okay, if you do want 80 and you give us a certain amount of discretion, but we are saying that 60 of them are realistic and 20 are min/max, well, then the -- the price to do those 80 goes up to this 8,200 work hours that you're -- that's on the exhibit there.

Basically that's 120 work hours per case. So -- so we created these options. I think that was one of the things I was requested in one of our last meetings. And so you can get a feel for, you know, where we can go and really, you know, we're looking for guidance from -- from you folks on -- you know, on -- on how you'd like to proceed.

DR. ZIEMER: This is Ziemer. The Board has already kind of indicated that we want to move in the direction of best-estimates as much as we can.

DR. MAURO: Okay.

DR. ZIEMER: Does everybody agree that that's where we were moving anyway? Mark, I think you've been kind of championing that right along, too, have you not?

MR. GRIFFON: Yeah, yeah.

DR. MAURO: Okay. Well --

MR. GRIFFON: It is a question of the ca-- case availability, too, though. I know that we --

DR. ZIEMER: Case availability comes into play --

MR. GRIFFON: Yeah, right.

DR. ZIEMER: -- and I think when -- when John

says "mostly" here, it sounds like he's talking about 25 percent of them would only be best estimates. He said 20 and 60 --

DR. MAURO: No, no, the opposite. In other words --

DR. ZIEMER: Or -- yeah --

DR. MAURO: -- it would be --

DR. ZIEMER: -- 75 percent would be --

DR. MAURO: Right, other words, it would be --

DR. ZIEMER: But whether -- whether we have that many available would be a question.

DR. MAURO: Uh-huh.

MR. GRIFFON: Right.

DR. ZIEMER: And one other -- one other thing I'll just point out in terms of our own pattern. For example, there is an intermediate point here that one could go to and that is 60 cases, mostly best estimates. Be a little less than the 80 case and a little more than the 55 case, and that might be another option you haven't included, and I assume that proportionately the cost would be somewhere --

DR. MAURO: Yeah.

DR. ZIEMER: -- between those two numbers, but

that might be an option the Board could consider, too. It would give us some savings over the 80 case, but would still meet the intent of the Board and would stick with our number pattern.

DR. MAURO: Uh-huh. Yes. And I think the costing is pretty straightforward. I've almost got it down -- everything's really a unit cost, we --

DR. ZIEMER: Yeah, yeah, yeah.

DR. MAURO: -- so yeah, we could -- I mean if -- if that -- if you'd be interested enough to revise this --

DR. ZIEMER: Well, I just put this in the hopper for the moment for the Board to think about, as well as --

DR. MAURO: Okay.

DR. ZIEMER: -- maybe another option.

DR. MAURO: Sure.

DR. MELIUS: John, I think you're trying to sell us 110 rotten fruit.

DR. MAURO: You don't like my --

DR. MELIUS: (Unintelligible) go for that one.

DR. MAURO: Okay.

DR. MELIUS: I have a -- a separate concern I

want to raise and -- and that's sort of who has the discretion. I'm a little concerned that -- about the Board delegating the discretion on what needs to be reviewed in cases to -- to our contractor totally 'cause I think that sort of leaves us uninvolved and I think also I'm not sure we should be giving them that discretion 'cause I think we're some way expected to, you know, certify that (unintelligible) of this review was proper and that we've -- fully addressing the program. I understand that -- the concept and I understand the -- the amount of time that can be productively spent if it's spent, you know, going in detail through a set of calculations, you know, that -- you know, where you're really not likely to find any particular issues are not really helpful to auditing that. I -- I would just think that if we want to implement that concept that we need to have a mechanism for the Board to have input into what gets reviewed (unintelligible) --

DR. ZIEMER: Let me comment on that, too, Jim. I think it's a good point and I was thinking that the reviewer would make that -- it becomes a discretionary thing because it's as he gets

into the case he'd say okay, I will sample -- I don't have to sample every year but I'll do every other year, whatever -- whatever it is he decides to do to sort of shorten the process. But then when it comes time to present that to the review team of Board members for that case, he would basically say -- or she would basically say -- this is what I've done. I haven't looked at these years or I have looked at these years; is that okay or should I go back and do some -- some additional things or -- in other words, I think the Board members could input that, even sort of after the fact, because they have that opportunity during the review process.

DR. MELIUS: I was thinking the same thing as a potential approach, Paul. I -- I think what we have to then keep in mind is that in some ways that would be -- you know, same thing we do with a site profile, sort of a revision -- time involved there. We may be asking them to go back and -- and spend more time than they, you know, probably do now responding to Board comments about the individual cases.

DR. ZIEMER: Yeah, but the alternative is that

you get them in advance and say okay, here's -- here's what we want you to look at, and that's --

DR. MELIUS: That's hard, and I was thinking well, as an alternative, put sort of a priority set of -- of types of things that need to be looked at. But I think that that is --

DR. ZIEMER: Well, my understanding -- if I understand this correctly on -- and this only applies, I think, to the min/max cases, does it not? The -- the shortened stuff? Is that rather than look at every line of every year, you would -- the reviewer would, you know, may-- maybe if there's 30 years of data, they would look at 15 years of that or something, and if everything matched up they'd say okay, I don't have to look at every line. Hans or Kathy, is that what we're talking about on this discretion?

DR. BEHLING: Yeah, I would say perhaps there are any number of areas where discretion would come into play. You're just touching one of them. But let me also point out a couple of other instances.

For instance, we will possibly be getting dose

reconstructions that were performed let's say two years ago when in fact a -- the TIB 8 and 10 revisions had not yet been made and we would identify problems that we've already encountered in the first 80, in which case we've already resolved many of the issues by having a dialogue through the resolution process with -- with NIOSH and therefore we would only be wasting our time to regurgitate areas of concern that have already been identified in previous dose audits and have also been possibly resolved by this time, except that we may be getting dose reconstructions that are two or three years old and therefore we would find recurrent problems --

DR. ZIEMER: Things you've already identified.

DR. BEHLING: Yeah, that have already been identified, have already been resolved, for that matter, because of revisions to TIBs, et cetera, and we would simply not want to waste an awful lot of time in writing up findings that have no meaning at this point in time.

MR. GIBSON: This is Mike. It seems to me, though, also -- and I agree that, you know, the

best estimate dose reconstructions should probably be the priority, but even on the min/max, that's still based -- at least as far as my understanding -- basically on the site profile, too. And if there's still some questions about the site profile, what does that do about the bounding dose estimates?

DR. BEHLING: Well, oftentimes, Mike, some of the maximized dose reconstructions are oftentimes employee -- complex-wide procedures, so the use of the TBD is frequently limited to only select areas. For instance, occupational medical exposures are different from the -- the TIB that is a complex-wide one they would -- might use. But generally speaking, when you talk about a maximized dose reconstruction, overestimates are obviously the rule here and -- and frequently they don't necessarily involve very -- very specific information that is commonly found in site profiles.

MR. GIBSON: So if I'm understanding you right, it -- there could still be -- if the site profile is -- is flawed in some way, there still could be missed dose. I mean --

DR. BEHLING: There's no doubt, Mike. In fact,

what happens oftentimes is that when we get a dose reconstruction, the first thing I usually do is to look at the reference slip and define even which site profile or TIB was used and then match the values against that one, and if it turns out we're at zero, we naturally go back to the particular revision of a TIB or a TBD that was used during the dose reconstruction, and if there have been subsequent revisions, we don't really look at that necessarily unless we see that there was a significant change to that TIB or TBD. But generally speaking, we -- we -- we audit against the references that are cited in the dose reconstruction and the revisions that those particular documents involve.

MR. GIBSON: Okay. And I'm not trying to be argumentative with you, Hans, I -- I appreciate your work. What I'm saying is if the site profile document does not include all items or -- or actions or isotopes throughout the site because the people in charge of running the program created the document and there was not input from the workers, then how do we know it's a bounding estimate?

MS. BEHLING: Mike, this is Kathy Behling. Maybe I can answer the question. I think what NIOSH is doing, and NIOSH can respond to this, but as we find significant issues that are site profile type issues, if they're going to impact cases, NIOSH will go back to those cases -- and in fact I believe they've been issuing PERs, Program Evaluation Reports -- and they will go back and -- and pull out all of those cases that may be affected by any significant change that is being introduced into the site profiles. Is that correct, NIOSH?

MR. HINNEFELD: This is Stu Hinnefeld, and yes, that's correct.

DR. MAURO: Kathy, I think Mike is saying that what -- what do we -- where -- where do we -- how do we deal with the fact that we're looking at a case -- let's say it's a Hanford case. Now right now we have a number of issues related to neutron dosimetry related to Hanford. We do a review of a Hanford case and we -- we have our report -- now we have a lot of those. And -- but meanwhile there is some question related to the adequacy of neutron dosimetry at Hanford in the early years. The

question becomes -- I -- I think it's a -- a really good question -- can we provide meaningful critique of a particular case, say a Hanford case --

DR. BEHLING: Let me respond to that.

DR. MAURO: Sure.

DR. BEHLING: As you know, John, I was very much involved in reviewing the Hanford TBD with regard to neutron doses and I found certain things that we identified as findings. Right now we're not necessarily making a major issue out of -- out of these kinds of TBD findings, even though I'm aware of them, because we cannot hold the dose reconstructor accountable for things he's not even aware of. Now I would hope that when the findings are addressed by means of a dialogue between us and -- SC&A and NIOSH and we prevail in our findings, that they would again issue a PER that would once again look at those cases where neutron doses were a critical component in the person's dose reconstruction and therefore make amendments in those instances where these deficiencies would in effect have some impact on previous dose reconstructions that were done at a time when

these findings were potentially existing.

DR. WADE: And then -- that's correct, Hans.

DR. BEHLING: So in order to -- to finalize my -- my point to Mike, our dose audit -- dose reconstruction audit will not necessarily deal prematurely with findings until those findings have been reviewed by NIOSH and we come to some form of resolution which, if it turns out that SC&A prevails in our findings, then it is really NIOSH's obligation to go back and see which potential dose reconstructions might have been adversely affected. Not saying that necessary all dose reconstructions will be reviewed, but -- for instance, let's assume that a prostate cancer has a POC of ten percent. They may, on a judicious basis, decide that even if the finding prevails, the -- the likelihood of converting that ten percent POC to 50 percent is improbable or highly improbable and therefore not necessary go back. But at least there will be some attempt on the part of NIOSH to look at those cases that could potentially be impacted and perform a -- a re-evaluation of that dose reconstruction.

MR. GIBSON: So Hans, this is Mike again --

Hans, do you guys or does NIOSH -- do you have a list of the sites -- of all the sites where there is a Program Evaluation Report?

DR. BEHLING: We get the PERs as they're being issued and -- and we have looked at those and at this point they're -- we have not done anything about that in the sense where we have the -- the lead in revisiting dose reconstructions that might be impacted. I believe that's really something that NIOSH has to address.

MR. GIBSON: Yeah, let me ask NIOSH that question. Is -- is there a --

DR. ZIEMER: Can -- Lew, can you or --

MR. HINNEFELD: Yeah, this is Stu. Was the question is there a list of Program Evaluation Reports or sites with Program Evaluation Reports; is that the question?

MR. GIBSON: Right, and are they issued -- are they made available to the public or is it --

MR. HINNEFELD: Well, there have been a couple that have been issued and --

DR. NETON: They're in our list of completed documents that SC&A would have access to because they're part of our document control

system. We don't normally make them available to the public. In the very early goings they contained essentially Privacy Act-related information, although we certainly can -- can do that with some judicious redaction or writing of those documents.

MR. GIBSON: And -- and obv-- I mean they've not been made available to the Board. Right?

DR. NETON: I believe we have discussed a few issues related to PERs with the Board, such as the -- the change in the lymphoma target organ and the change in the cancer risk models for lung cancer that we did. Those are Program Evaluation Reports under -- under way and we do present those to the Board as they arise. But those reports have not been completed as of yet.

MR. GIBSON: So there is or is not a list of the sites where these things have been issued?

DR. NETON: There is in our controlled document set a -- the completed PERs are there. They're a list -- they're issued as part of our normal controlled document system. We've only brought to completion -- I don't recall exactly, but several. They are there. We have not provided

hard copies to the Board, if that's the question.

MR. GIBSON: Okay. But does SC&A have all of those?

DR. NETON: SC&A, through our controlled procedures system, should have access to those documents, yes.

MR. GIBSON: Okay.

DR. MELIUS: Can -- can I ask a question about this task? What happened to basic, advanced and blind reviews? Is this proposal replacing those or what are we doing?

DR. MAURO: Blind reviews have sort of disappeared from the horizon. We have not been requested to perform any blind reviews, and as you may notice, that -- this document is silent regarding blind reviews. Second, regarding this thing of basic versus advanced, I think the distinction is -- is not real between a basic and advanced, even though -- when you -- in the end, the types of audits we're doing probably represent everything you really can do in an audit. I mean -- and the distinction between a basic and advanced review -- I think it's -- it was one that was -- in theory, but

in practice, to carry an analysis to an advanced review would mean doing things that are more akin to what you do in a site profile, which are very large investigations. So in effect, I think -- I mean to be very frank, I think that the reviews we're doing right now represent everything you can do in an audit without carrying it into a point where you're effectively doing something that is more appropriately done under a site profile review. So --

MR. GRIFFON: But -- but John -- John, part of the reason for that distinction early on was that a lot of these sites -- a lot of the cases that you're going to come across may not have site profiles, the smaller sites. We're going to get -- you know, we select these and part of the reason we select them is that, you know, this is, you know, basically going to end up being the site profile review for these sites because there's no site profile. So if we want to know how they did recon-- reconstructions --

DR. MAURO: Well, I --

MR. GRIFFON: -- at a certain small facility, then --

DR. MAURO: Well, you know --
MR. GRIFFON: -- this is it. This is your --
DR. MAURO: You know, Mark, you're right. I'll tell you why, 'cause I'm -- I experienced it first-hand. I am currently reviewing a case from MIT, and I'm -- and I'm in the funny position that there really is no information readily available regarding the -- the site, what was going on there, there's no -- I was unable to track down any references except for a book that written by -- I guess it was a professor, a Professor Hardy. I think this is a good -- a -- really this is important.
MR. GRIFFON: Well, you're doing drill-downs, basically.
DR. MAURO: So I -- I'm getting my hands on that book. I'm -- I -- I made a request to the -- I guess it was through MIT, there was actually a web site where I could order the book, which would give me the history of this particular operation that took place in -- at MIT where they were handling uranium for research for fuel rods for submarines. And to get to the point, I think you're right and I guess I'm wrong, there -- there are sites where

there are no site profiles, where that's -- I think I -- that's where the advanced reviews make sense to me. That is, where you really -- where the digging has to be done because there's -- the only person that's going to do the digging is the guy reviewing the case. There's no digging going on on a -- on the site profile and -- and so from that respect, I -- I -- I stand corrected. And I am in fact doing -- I guess you have to say I am doing an advanced review on that particular case because I have no alternative.

MR. GRIFFON: Right. And on -- on the other ones, I think we're -- we're hoping and -- and it doesn't always work out that way, but part of the hope of the process was that, you know, by doing these things in parallel that you -- the dose reconstructing -- the dose reconstruction reviewers, Hans and Kathy primarily so far, but -- and -- and you, could benefit from the site profile reviews that were already in process, you know, that --

DR. MAURO: Right.

MR. GRIFFON: -- they're -- they're doing the drill-down sort of and you -- and what the DR

teams would benefit from that so we don't need to duplicate efforts. But you know, you're getting at the same kind of subtask there.

DR. MAURO: I have to say that I've always been stressed by -- geez, how am I going to deal with the blinds, the -- the two blind cases that we've never really done --

MR. GRIFFON: Yeah.

DR. MAURO: -- and we haven't been asked to do one, and second, you know, we're really not doing this advanced versus basic. I mean we -- we talk about it. We've even had sessions on it during one of the full Board meetings, but -- and -- and it wasn't really -- in other words, the case -- and I've always been sort of scratching my head saying what will we do, here we're doing -- let's say we're doing a Hanford or Savannah River and with -- and you know -- and we're saying well, you know, what more would we do here that might be worthwhile. And I had mentioned this at one of the meetings, it's not until you're into it that you think here's a place where we've got to do a little bit more advanced work. And if -- if it's -- if there's a site profile review going on on

that one, well, then the answer is you say well, let's go -- you know, that's where the hook is. But now, I'm in the middle of many AW-- well, this is not an AWE, but there are AWEs and there's also this MIT case that I just did a couple of days ago and -- and I'm digging. I mean I have to go get some more books that normally I wouldn't have to do. It would be on the O drive or would be a document available on one of the procedures. Here's a case where the document -- I have -- I'm trying to chase it down. I'm not sure --

MR. GRIFFON: Right.

DR. MAURO: -- whether it's going to be productive or not and I don't know -- and here's a case where yes, without even realizing it I'm moving into an advanced review mode.

DR. ZIEMER: Well, I think we've had these conversations before, and at one time I think we determined that probably we never did anything that -- that matches to what we originally thought a basic review would look like, and most of the things that you've done are closer to what we thought of as an advanced review. In order to do a blind review, we have

to change our selection process because you can't know in advance the POC.

DR. MAURO: Yeah.

DR. ZIEMER: And we've never given you any cases where you were -- that that wasn't part of the selection process, I don't believe. So if we want to do the blind cases, then I certainly think that's a question we still need to ask, whether we want to do that. We need to select some where -- where the outcome is not known in advance for the contractor to work with.

DR. MAURO: Yeah, this -- this proposal does not contain that.

MR. GRIFFON: Right, right.

DR. BEHLING: And let me also make a comment on that issue. However, for us to do a blind dose reconstruction, we're going to need an awful lot of training that we have never had. And that is basically training involving how to use some of the available information that is used currently by dose reconstructors who've had the benefit of extensive in-house training and -- and at this point in time I would only want to warn everyone that we are at this point not

prepared to do blind dose reconstruction without the benefit of extensive amount of -- of training how to use some of the tools available and the computer methods used to generate these -- these different models, everything from statistical -- Crystal Ball methods, et cetera. So if blind dose reconstructions are to be appropriate in the future, we're going to need an awful lot of training.

DR. MAURO: I'd like to add a little bit -- some thing to that. This is an interesting perspective, which is a little bit different than yours, Hans. A blind dose reconstruction could be one where -- you know, we're provided with all of the records of -- for a case, here's all the -- the dosimetry and -- for this worker. And then we are given the freedom -- or SC&A's given -- that's it. We're given the freedom to do it the way we think is the best way to do it --

DR. ZIEMER: Yeah, you don't need to know what the --

DR. MAURO: Right --

DR. ZIEMER: In fact, shouldn't know what the

dose reconstructor did.

DR. MAURO: Right, but -- you know, so the fact that there may exist some sophisticated Monte Carlo workbooks for dealing with the datasets and dealing with the bioassay records or -- or whatever, I would argue that -- this is something we should talk about now, I think it's important. I would say that blind dose reconstructions can go forward whereby we're giving our lead -- listen, here's this guy's case. You've been doing audits now for a couple of years; do a dose reconstruction for this guy and use all the skills you have at hand and all the knowledge you have in-house based on those two years of experience. You don't necessarily have to follow every procedure that was ever written or use every work-- I'm more -- more concerned about the workbooks, 'cause we're familiar with all the procedures but we're -- we're certainly not familiar with all the workbooks. You don't have to necessarily use the workbook tools that let's say draw upon sort of sophisticated Monte Carlo treatment of a problem. Do it the way you feel is the way that will give you -- that

will meet the intent of the rule. Okay? And it may be something different than the way in which NIOSH is doing it. And I think that that's certainly doable. So Hans, I'm looking at it a little different than you are.

DR. BEHLING: Well, the question I have, John, is what is the objective of doing it then?

DR. WADE: Yeah, what's the worth of that?

DR. BEHLING: I think the objective, at least from my point of view, would be to essentially do an independent dose reconstruction using the various procedures -- in fact the exact procedures -- that a dose reconstructor would use and make use of since they've been approved and reviewed and scrutinized and looked at. If we do a very independent one and a simplistic one and we end up different, what is the -- what is the benefit for doing this?

DR. MAURO: I think that's where the value lies, quite frankly.

DR. BEHLING: Well, that's (unintelligible) --

MR. GIBSON: This is Mike. If I could just enter here. To me, the blind audit -- it would not only do away with -- I mean this whole program was set up because the government

admittedly did not correctly monitor workers, so a blind audit would be to go back to the basic documentation and the basic, you know, bioassay data and everything else, it would go beyond the site profile that was written by these professionals that worked at these sites, and it would be for you guys, SC&A, to not audit NIOSH, but audit the Department of Energy and how they monitored their peop-- their workers, their cold war workers. And I think -- I mean that's -- to me, I think that's the Board's duty -- I mean is to see that the -- the intent of the overall legislation, and -- and where applicable, compensation to the worker, is -- is due. It's not necessarily to audit specifically NIOSH and their contractor. It's to go back to ground zero, forget the site profile, forget what -- what -- you know, TIBs and everything else the dose reconstructors did, but to see if you guys' blind audit -- to see if you guys can go back to DOE's stuff and come back with a legitimate and a -- an accurate dose -- dose reconstruction.

DR. WADE: This is Lew Wade. I think that's an issue that the Board is going to have to

discuss, you know, when it has time. I mean you are an advisory board to the Secretary of HHS. You have to decide what role you want to take in your advice to HHS Secretary. Mike lays out a very clear path. I don't know that there's time to discuss that to closure. We can certainly put that on the agenda for the next face-to-face meeting. That's not what SC&A has been doing to this point. If it is the Board's desire to cons-- to consider that, then I think we need to take that up as a separate discussion.

DR. ZIEMER: Certainly a different line audit than we had talked about originally, and maybe something that could be considered. It would -- I think would be a different name. We had definitely talked about a blind audit of the NIOSH dose reconstruction procedures, and I think Jim Melius's question is have -- are we going to do that or not.

DR. MELIUS: Right.

DR. WADE: Mike's question needs to be addressed, but I don't think we can do it here in this time.

DR. ZIEMER: Kind of a separate issue, I think.

MR. GRIFFON: Blind audit of the cases, I think we have different interpretations of how you would do a blind audit of a case.

DR. ZIEMER: Right.

MR. GRIFFON: I mean even John and Hans are --

DR. ZIEMER: Right.

MR. GRIFFON: Lew, I might offer -- maybe we can -- maybe the dose reconstruction subcommittee can -- can look at this scope and bring back something to the Board -- flesh out a poss-- you know, some possible approaches.

DR. WADE: Yeah, certainly I mean --

MR. GRIFFON: That may be something we can do, you know.

DR. WADE: I think that's the appropriate place to do it. You know, my goal was to try and be able to -- to do something to keep the contract running on October 1st, and I don't know if we're going to get there or not, but we could -- we should push on and see where we get to.

DR. MELIUS: Well, perhaps that can be considered as a modification at -- at some point 'cause I think it's -- it frankly should have been in this proposal and it wasn't, and I'm not sure quite why, but I think we need to

-- it's a little late now and --
MR. GRIFFON: Yeah, don't want to hold up work, but we want to get that in there.
DR. MELIUS: Need to get that in there and --
DR. ZIEMER: Yeah. Actually the way this is written, it doesn't exclude blind audits. It just doesn't speak to them.
DR. MELIUS: Yeah, so John Mauro'll have a heart attack or something, he -- especially if we hold them to the price here or something.
DR. MAURO: Well, you know --
DR. MELIUS: And they will be more expensive, but to get back to this --
DR. MAURO: Yeah.
DR. MELIUS: -- whole approach they're taking and conversation that -- back and forth that you and I were having, Paul, about the -- how to go about managing what they're proposing, and I guess I'm not -- I guess I can see the value of them doing, you know, sort of their selective review and then --
DR. ZIEMER: Well, at least on the sort of things Hans is talking about.
DR. MELIUS: Right, but -- but I would really like to see a proposal for doing that, that --

I think we need to have some --

DR. ZIEMER: So we know exactly what that means.

DR. MELIUS: What they're doing, at least with the -- I hate to use the word scope, but -- but with something that outlines the process, what -- what will they be, you know, doing so that we -- sure that the breadth and depth of the audit is appropriate. Then they apply that and bring it back.

DR. ZIEMER: Uh-huh.

DR. MELIUS: At least we would put some guidelines on -- on what that -- what's being done and I -- I think it would -- you know --

DR. ZIEMER: Yeah, I think the dose reconstruction subcommittee could develop a recommendation on that.

MR. GRIFFON: Yeah, it's funny, Jim, that you should say breadth and depth 'cause that's exactly what -- I mean I almost see the ap-- the approach moving forward as possibly less breadth but possibly more depth and -- you know, 'cause I -- I agree that -- I think one example that was used earlier was that, you know, we don't want to have to check every

number and make sure, you know, it comes out -- you know, go down the whole list of IREP values and make sure every one is in agreement. On the other hand, you might want to chase back something further than has been done in past audits and -- you know, to -- to -- basically, for example, to -- not only to see what assumption was used, but to -- to question the assumptions, you know, and -- especially on those where there's no site profile document. I see that would be, you know, useful, so -- so...

DR. MELIUS: And -- exactly, I agree. Mark. I think that's (unintelligible) we need to get and still having a -- but having some sort of guidelines for how that would be done, and I think certainly that would be something that SC&A could propose to the -- you know, do a draft of how they view the process and then to the -- that workgroup and -- or subcommittee, whichever it is by then, and then, you know, work it up from there to the full Board for discussion.

MR. GRIFFON: That sounds good.

DR. WADE: Okay. Can we go on to Task V?

DR. MAURO: Yes, I have it in front of me, and -- and let me just say a quick word.

UNIDENTIFIED: John --

DR. MAURO: I like -- I like the idea that we're having this conversation. I'm glad these proposals are stimulating -- you know, we're really being very introspective right now about -- and this is a (unintelligible) function, so this is good.

DR. BEHLING: Yeah, let me -- let me make one more point here and I'll try to make it short. I -- I appreciate Mike's recommendation that a blind dose reconstruction should start without any bias towards what is currently being done by NIOSH. On the other hand, you could never completely divorce yourself from documentation that is in place. And let me give you an example. You couldn't, for instance, assess bioassay data without knowing what the MDA values are for -- for a given bioassay that involves uranium or plutonium and the methodologies that were used to come up with those numbers that DOE has available for us in terms of a bioassay data or in terms of -- of film or -- or TLD. If you don't know what the

LOD values were, how do you deal with missed dose if you don't know which film dosimeters were used and what the values were, and so you could never completely remove yourself from DOE documents -- I mean NIOSH documents, whether it's a TIB or a TBD, you just -- no matter how far you want to remove yourself from bias, somewhere along the line you still have to use documents that are part of the dose reconstruction process used by NIOSH.

MR. GIBSON: And -- and Hans, this is Mike. I understand what you're saying, but -- and I -- I'm certainly not criticizing you guys. All I'm saying is the -- and I know it would take a lot more resources to do this, and again, as Dr. Wade brought up, this would have to be brought -- brought up before the Board or whatever else, as maybe another task or whatever, but you guys could go in and learn what the -- the level of detection was. You guys could learn -- you know, seek the documentation. I know it's not divorcing yourself from NIOSH, but it's -- it's kind of circling NIOSH and just going back to what you can find from the raw data, and especially

leaving what the site experts put in the site profile behind and seeing what you could find out about the site, because that, in my opinion -- and my opinion alone -- is that's where there's a lot of flaws is in -- is in the site profiles and things that are assumed to be true and that workers allege to have happened. That's all I'm saying.

MR. PRESLEY: Hey, Paul, this is Bob Presley.

DR. ZIEMER: Yeah.

MR. PRESLEY: I've got a doctor's appointment at 4:00 o'clock --

DR. ZIEMER: Okay.

MR. PRESLEY: -- I've got to go to. If you need me for a vote could you call me on the cell phone at 865-216-9013?

DR. ZIEMER: 865--

MR. PRESLEY: 216--

DR. ZIEMER: 316 (sic) --

MR. PRESLEY: I'm sorry, 216-9013.

DR. ZIEMER: 216-9013.

MR. PRESLEY: Right.

DR. ZIEMER: Got it.

MR. PRESLEY: Thank you, sir.

DR. ZIEMER: Thank you.

DR. WADE: Okay. Well, let's try and deal with Task V and VI and then see what we have at -- at the end of this.

DR. MAURO: Yeah, I'll move out real quick on this. On Task V, which is SEC petition reviews, basically SC&A was requested to provide a cost estimate to review six SEC petitions. In our -- in the request, a distinction was made between ones with and ones without a site profile. I did something -- something very simple here. We have experience now with the SEC petition reviews. We did Ames, Y-12 and -- and we're in the middle of Rocky, and the -- and the existence of a site profile or not is -- is not a key factor. It sounds kind of crazy, it's certainly helpful, but it -- there's so many uncertainties that drive the cost of these things. We -- we did Ames in under -- under 400 work hours and Rocky is pushing I believe 2,000 work hours right now on SEC. So I mean -- and there's -- and there's no predicting that it was going to go that way. I think the reason it went that way is Ames was one that was -- it was -- the evaluation part in the end came out in favor

and -- and at Rocky is -- is a much more complex problem. And so what I've done is something very simple. I simply said we're going to allocate 1,000 work hours per SEC petition review report, and just keep it that simple. And -- and then as the site profiles move through the process -- well, you know, of course we -- we keep track of what things cost and -- and over the six that are done, there's no doubt some of them are going to be relatively inexpensive and others are going to be a lot more complex, and there's just no predicting and so I just went ahead and used 1,000 work hours based on the experience we've had with Ames, Y-12 and Rocky. So that's what -- that's how we did that price.

In the letter that we received from you folks you also asked us to support four full Board meetings and to support I believe for working group meetings. For the full Board meetings I assigned no level of effort, no cost, because all of the Board meetings are a part of project management so they're covered in the project management cost and -- but I did set aside some resources to support the subcommittee meetings

that would be certainly associated -- four subcommittee meetings I believe you requested for the -- to support the SEC closeout process, so that was 240 work hours. So the -- the bottom line is to -- to provide the Board with the support of SEC -- six SEC petitions and -- and associated closeout meetings. For -- for working group meetings I -- I've allocated 6,240 work hours. And the -- the -- a lot of uncertainty in terms of how much -- and the individual ones would come -- will -- will cost, but I think that there's always going to be some trade-offs between -- so they would be -- average out and -- and I feel comfortable that this is a good place to start.

DR. ZIEMER: Okay. And then Task VI is your (unintelligible) --

DR. MAURO: Task VI is the same as it was last year.

DR. ZIEMER: Yeah.

DR. MAURO: So nothing new there, same type of support, same level of effort. And it turns out that that budget is working out right on -- right on the button. That is, our actuals are coming in right where we predicted and so there

is no reason to make much of a change to the -- the budget to do the same thing next year.

DR. LOCKEY: Jim Lockey, I'd ask a question about the four subcommittee meetings. Is -- you think that's adequate? Is that what it's been historically or -- sounds like -- it feels like, to me anyway, the scope of work of this committee is increasing.

DR. ZIEMER: That's four for each case?

DR. MAURO: No, a total of four -- or six.

DR. MAKHIJANI: This is Arjun, these -- John might be referring to the subcommittee meetings that happen just before the Board meetings, and not working groups.

DR. LOCKEY: Is that what you're referring to?

DR. MAURO: Unfortunately, I priced these out as if they were separate meetings, not part of the Board meetings. If they were part of the Board meetings, they would not have any cost. What I --

DR. ZIEMER: You're talking about the workgroups then, not --

DR. MAURO: I'm talking workgroup, yeah. Yeah. Although Arjun's correct, it's labeled subcommittee. When I priced this out, I just

simply assumed that the -- there would be meetings separate than the four --

DR. ZIEMER: These are four meetings, for example, in Cincinnati then.

DR. MAURO: Exactly. I priced out that we would -- to support the six SEC petition reviews there would be -- that this is what would -- how I interpreted the instructions. Perhaps I should have given you folks a call. That there would be four working group meetings to support those six -- that would be held in Cincinnati and --

DR. ZIEMER: Sometimes these overlap -- you can cover a couple --

DR. MAURO: Yeah, yeah.

DR. ZIEMER: -- of topics in one trip and --

DR. MAURO: Yeah, and you'll notice in Exhibit 1 I -- I did them subcommittee meetings because that's what they were called in the request, but quite frankly, I priced them out as -- whether you call them subcommittee or call them working group, I priced them out as a separate trip.

DR. ZIEMER: Yeah. And basically using Cincinnati in each case for the --

DR. MAURO: Exactly, just for pricing purposes, right.

DR. ZIEMER: Other questions on any of the -- any of the tasks now?

(No responses)

Now Lew, I think you were hoping that we would at least get some preliminary actions --

DR. WADE: Well, I have a proposal to make --

DR. ZIEMER: Yeah, go ahead.

DR. WADE: -- if you would allow me to.

DR. ZIEMER: You bet.

DR. WADE: You know, hearing and appreciating all of the discussion, I guess I would ask the Board's concurrence on Task I to allow David Staudt to go ahead and put a task in place that would allow SC&A to pursue its -- its re-review of Savannah River Site and also to proceed with all of the closeout activities that's underway, but we'll leave open the issue of other site profiles and other re-reviews until we can make a more complete evaluation and present it to the Board of where we stand in terms of ongoing closeout activities and what that might do to affect the budget. So we would -- we would be really doing nothing but Savannah River Site

and continuing with all the closeout activities. That's on Task I.

On Task III I think there was general agreement with letting SC&A move forward.

On Task IV, this is the most complex, I would ask that the Board allow for SC&A to begin another group of 20 reviews. There would be no discretion built in, unless and until the subcommittee decides what that discretion would be. We would be asking SC&A for a proposal as to how it would exercise its discretion, but at this point we'd be -- we'd be empowering them to do another batch of 20, and it would be biased towards full dose reconstructions, not min/max.

And Tasks V and VI I think are -- there was general agreement.

So we would back off on Task I and Task IV, but I would like there to be some activity there so we don't stop, for example, what's being done on Savannah River or the closeout activities. And I would like to be able to have SC&A start the year with another batch of 20 individuals. And my compromise there would be without discretion until there's agreement between SC&A

and the -- and the subcommittee on what discretion is, and let's bias this group towards full dose reconstructions.
So that's a proposal at the 11th hour to try and get a sense of the Board that I don't think limit any of the Board's options on the important questions that it's raised.
DR. ZIEMER: You've heard the suggestion. Is there any Board member want to make a motion that we adapt this suggestion?
DR. MELIUS: I have a question first.
DR. ZIEMER: Uh-huh.
DR. MELIUS: And maybe a modification to that, to the -- what Lew was proposing. The question is like -- I don't know if Dave Staudt's still on the Board --
MR. STAUDT: (Unintelligible)
DR. MELIUS: -- (unintelligible) but on the call -- (unintelligible) we've been on the call a long time -- but will this -- if we only approve what Lew -- Lew has mentioned so far, is that going to get us into any -- if we then wait until our September meeting to flesh out the rest -- is that going to get us into any problems with delaying --

MR. STAUDT: No, no, not at all. I mean --
DR. ZIEMER: What about budget requests overall?
DR. MELIUS: Yeah.
MR. STAUDT: If it was me, I would -- I would take the opportunity to, you know, within the available funding, it's anticipated (unintelligible) happens and get -- get it pretty much under contract, and then that way Lew can, you know, go forward and ask for some additional funds. We can always change the scope and -- and I -- I would -- I would alter a little bit what Lew suggested. This is mine. If you wanted to put some more hours into Task I, because I think the consensus was that there definitely was not enough hours in there, 150 wasn't going to cut it, but you would like Lew and I to work with SC&A to put some more hours in there, and then we could shift some of the funds away from Task Order IV if you want to. That's just something to think about until we can figure out exactly what we want in Task Order IV. That's kind of your call. But you do whatever you want right now. We can make whatever changes, we can get revised proposals

back from SC&A and -- and allow Lew and I a little bit of discretion to -- to get these in place.

DR. ZIEMER: Considering the fact that we can always do revisions in any event, I'm wondering if it wouldn't be prudent to do what David suggested and -- and take Task I, up it by some number of hours, and then -- and then select one of the options for Task IV, with the understanding that, you know, we can modify that, too.

DR. WADE: That would be preferable if you guys are ready to do that.

DR. MELIUS: Yeah, I -- what I was going to -- I'm not going to put this in a motion yet, but let me see if I can talk --

DR. ZIEMER: (Unintelligible)

DR. MELIUS: -- talk through it. One -- one is that we -- we -- assuming that if I have -- Lew's math here is correct, that -- assuming we -- we have three -- roughly $3.5 million --

DR. WADE: Correct.

DR. MELIUS: -- put in -- put in this contract, the -- that we take the -- approve -- you know, move some more money up to Task I for fully

funding that with -- with -- plus some additional money that we would take from really Task IV under option 2B, and I think Dr. Ziemer, you had a -- mentioned that we'd probably want to get to 60 ca--

DR. ZIEMER: I was going to suggest 60 cases, reviewer discretion with -- would hold -- we'd hold off on that until the workgroup defined that, but best estimates and I -- I think we could ask that it be at least funded on a reviewer discretion basis --

DR. MELIUS: Yeah.

DR. ZIEMER: -- with the idea that we're going to define what that is so that that number is going to be a little bit larger than the 55, but there -- it would be enough different from 80 that you could carry money up to Task I.

DR. MELIUS: Yeah, that -- that -- that was what I was thinking, too. I -- I think the -- the discretion issue I don't think has to be -- I don't think we need to go through a prolonged discussion on that, and I actually think it would -- would be informed by actually applying it and, you know, getting some feedback from them -- from SC&A actually doing it on a set of

cases, so I don't think we should hold it up until we have a completely approved procedure. But I think we can, you know, work with SC&A on getting that implemented. And we also have open the issue of blind reviews, also, but -- but I -- I agree with what you've just proposed, Paul, that we -- we sort of save enough -- keep enough money in Task IV that would do roughly 60 cases as you outlined, and then move the additional funding up into -- to Task I and -- and really better consideration of how we should -- if we have adequate hours in there for all the revisions and so forth that need to be addressed.

DR. WADE: Okay. So -- this is Lew again. So -- and thank you for that clarification. So starting at the bottom, Task VI as proposed, Task V as proposed; Task IV we would take option 2B but set the target at 60, with the understanding that this issue of discretion will need to be worked out, we'll realize certain savings there; Task III we would fund as is; Task I we would redo by putting some additional of the saved monies in from Task IV and try and make more realistic estimates of

what it takes to close out and build that into Task I, understanding that once we do this and the money's in place, the Board will always have the opportunity to adjust as it -- as it sees fit. And then in September we'll try and have a discussion -- a holistic discussion of funding that might lead to the Board recommending increases or decreases or level funding as it sees fit by addressing some of the broad issues.

DR. MELIUS: And I would also add to that that we should start in September a process to look particularly at Task I in terms of -- see if we could plan that pro-- that task out a little bit better in terms of where NIOSH is with site profile revisions, new site profiles that haven't been reviewed yet so we can have a better understanding how to distribute the money in there and what's the, you know, proper mix of -- of old and new and how we're going to handle that whole area of site profile reviews 'cause I -- I don't think we've planned it out (unintelligible) moving target, it's difficult to do that, but I think some discussion in detail on where NIOSH is with its contractors

in terms of site profile revisions would be helpful.

DR. WADE: Right, we'll work on that. I mean I accept that as -- as a very positive suggestion and we'll -- we'll aim for that presentation in September.

So David, if the Board agrees to what was just discussed, then you have what you need?

MR. STAUDT: Absolutely.

DR. WADE: Okay.

DR. ZIEMER: Then let me ask for a motion to that effect, which would -- the motion would be to proceed as -- basically as just summarized by Lew, which includes taking Tasks III, V and VI as they are; on Task IV agreeing to 60 cases with discretion and best estimate; and then moving the saved funds up to Task I to increase the number of hours available for the closeout activities.

Is there a motion to that effect?

MR. GIBSON: Dr. Ziemer, could I ask -- ask one more question?

DR. ZIEMER: You bet.

MR. GIBSON: This is Mike. Lew, I know the -- the fiscal year ends October 1st and you've got

to, you know, get your budget proposals in and all that. If during the next fiscal year whatever case arises, whether it's dose reconstructions, SECs or anything else, can we as a Board request more money for our contractor or are they -- are we tied to $3.5 million or how -- how does that -- can you explain to me how that works or --

DR. WADE: You can -- the Board can certainly request more money. I would think realistically the -- the possibility of getting more money would always be best as you approach a new fiscal year than in the middle of a fiscal year. But again, the Board could, you know, ask me to seek additional funding for the contract and then I would do the best that I could. I would tell you honestly that I would likely be more successful aiming for funding for the next year than I would be seeking funding in the middle of a fiscal year. But it's a very political process, obviously, Mike, and it involves -- it would involve our negotiations with DOL. It would also involve, you know, appropriations action and it's not a trivial activity. But the Board certainly can

make its voice clear on this.

DR. MELIUS: What was the appropriations for this year, Lew? Do we have a number?

DR. WADE: I -- I don't have it in front of me, Jim. I mean I can certainly get it, but I don't have it in front of me.

MR. GIBSON: So -- so once -- this is Mike again --

DR. ZIEMER: Well -- yeah, go ahead, Mike.

MR. GIBSON: Once you make your -- your budget request to DOL and they make the request to OMB or whoever they do, Congress, the appropriations committees, then that's a -- that's a one-time shot. And then during the year you would have to (unintelligible) funds within your Department or the Department of Labor if we needed more funds for our contractors.

DR. WADE: Within the discretion of what the appropriators have said. I mean we don't have unlimited discretion to do that.

DR. ZIEMER: And if -- if -- it's really very difficult because once those funds get earmarked for -- in a certain way, a lot of times you can't go back and just shift them

around without involving the -- the Hill committee, so it would not be -- I think the bottom line is, Mike, mid-year is not easy to change a budget by any significant amount.

MR. GIBSON: Okay. Well, I guess -- I guess what you're saying --

DR. ZIEMER: -- at least that's been my experience. Lew?

MR. GIBSON: -- right, and I --

DR. WADE: Sure.

MR. GIBSON: -- I kind of understood that, I just wanted to make sure. But I just -- I'm just very uncomfortable with the level I've heard that's -- that the Board is taking on and our contractor's taking on that this shifting funds from one task to another -- I just see somewhere there being a shortfall or someone getting short-changed or work not being done, and that (unintelligible) --

DR. ZIEMER: But -- but I think, Mike, in terms of even our contractor's current ability in -- in -- you know, ramping up even is -- is not an overnight process, so I think the ability to proceed -- and this is a good chunk of work, and I think it's reasonable for us to proceed

on this basis. Keep in mind that originally our budget was less than $1 million per year, when we started out five years ago.

DR. WADE: Right, we've ramped up considerably, and if -- if it's the Board's wishes to consider further ramping up, that's fine. You --

DR. ZIEMER: Well, actually it wasn't even five years ago. I'm talking about when we added our contractor. We were -- we were talking about $3 million over a five-year period.

DR. WADE: Correct.

DR. ZIEMER: So we have ramped up considerably.

MR. GIBSON: No, and I -- it'd probably be better for me to talk to Dr. Wade after this meeting off the record on this issue, but that $3.5 million figure came about in an odd way, let's just put it that way, and I'd like to talk to Dr. Wade after the meeting about that.

DR. WADE: Sure. But I'm certainly -- and I look forward to that, Mike, but I'm certainly open to the Board's suggestion as to what funding we should pursue for the Board and its audit contractor, and the Board is free to make those recommendations.

DR. MELIUS: I just checked my old e-mail and my understanding's right. The actual appropriations for this year is $4.5 million.

DR. WADE: Right, I think that's right, and generally it's a million for the Board and 3.5 for SC&A. The reason I hesitate is I don't know exactly the state of play of things, but I think that's what -- what we were targeting for, a million for the Board's operation and 3.5 for SC&A. Again, if the Board thinks, with reason, that a higher level is appropriate, then it needs to make those arguments and I need to take them forward.

DR. MELIUS: I -- I think if our -- discussion at the next meeting we can address...

DR. WADE: Right. But again, for the public record, we've -- we've worked very hard to grow the audit effort as I sense that the Board required it or thought it necessary. And again, we've -- we've more than tripled it, quadrupled it over the last several years. And again, if the Board thinks more is appropriate, it can make those recommendations.

DR. ZIEMER: Did -- did somebody make a motion to adopt this recommendation?

DR. MELIUS: I thought I did, but maybe I --
DR. ZIEMER: Jim Melius did?
DR. MELIUS: Yes.
DR. ZIEMER: And who seconded it?
DR. MELIUS: I don't think we got as far as a second.
MR. CLAWSON: I'll second it. This is Brad Clawson.
DR. ZIEMER: Okay, any further discussion?
MR. GIBSON: Yes, just a question. I don't know if it's appropriate according to Roberts' Rules or whatever --
DR. ZIEMER: A question is always in order.
MR. GIBSON: Would it -- would it be appropriate to ask for a motion to increase the amount of money allotted to SC&A if needed?
DR. ZIEMER: You can certainly request that we amend this motion. I -- I would suggest that if we do that, we tie it into something more specific, like if the Board can identify how many hours you want to add to Task I and let them cost that out and if it goes over to -- you know, if it comes out $3.6 million, so be it. Or are you -- is that basically what you're asking?

MR. GIBSON: I'm -- I'm just asking -- I would like to make a motion that in the event SC&A needs more money, whether it's from incoming SECs or dose reconstructions, blind dose reconstructions at -- I think -- it's my motion that the Board should request NIOSH to seek more money this fiscal year -- this next coming fiscal year for our contractor.

DR. ZIEMER: Let me ask the question in this way, and maybe David Staudt can help answer it. I think -- I think we -- we certainly have to tie it in with a specific statement of the work task. Right?

MR. STAUDT: That's correct, I mean this --

DR. ZIEMER: And they have to cost that out. If -- if the Board were to determine, for example -- I mean we've -- we've spelled out everything except the number of hours to be added in option one. If we said we want that to be, at a minimum -- and pick your number, 1,000 or 2,000 hours -- and then let them cost it out and if it comes over three and -- I think the motion is if it turns out that they need more money, we should -- the instruction would be to ask for more. But I don't think

open-endedly we can just --

MR. STAUDT: No, absolutely not, this is a cost plus fixed fee, it's basically best effort, so you're identifying a scope and they're doing their best efforts within the available funding. And you can't, for example, just say well, we'd like to have them do $500,000 more of work, but they're really not -- that $500,000 hasn't been identified. You're not supposed to put that on a contract.

DR. MELIUS: This is Jim. I think -- the procedure, we're fine. One is we were making recommendations for this current contract based on past orders that were put in front of -- the draft task orders put in front of us and from our -- from our contractor, and I think that's one motion -- sort of separate motion to address that, and I think we have that pending. And my understanding is that we were going to discuss at our next meeting -- more fully discuss some of these scope issues, and I think it would be -- you know, may be appropriate at that meeting to discuss, you know, do we need -- given -- when we've more fully explored the scope and what the Board needs, that -- for us

to discuss should this total amount be modified or should the contract be modified some way. Then there would be an issue of -- of whether the funding is available.

MR. GIBSON: Okay. Well, I -- I just -- you know, I -- earlier, you know, I heard that it can't -- it's nearly impossible it be done in the middle of the year, so if we don't do it today -- if we don't do something today, you know, I just thought we'd lost it for a year and I don't want to see one task cut down to ramp up for another one. But okay, I'll -- never mind, I'll --

DR. WADE: Thank you. This is Lew. I think in all honesty that the difference between today or the September meeting is not critical in terms of the ability to get funds. I don't believe it to be.

MR. GIBSON: Okay.

DR. WADE: Those appropriations have already been set and -- but -- so I don't think we're -- you're surrendering anything, at least in my -- in my considered opinion.

DR. MELIUS: And I think it’s important that we have a -- a good a full -- full justification

for the need for additional funding beyond what's already been put in front of us.

DR. WADE: Right, I mean again --

DR. MELIUS: But I don't (unintelligible) adequate information to be able to do that today.

DR. WADE: Right, and just because the Board asks for it doesn't mean NIOSH is going to seek it. And just because NIOSH seeks it doesn't mean NIOSH is going to get it. I mean so the stronger the arguments, the -- the more likely we can succeed at whatever it is that the Board desires.

MR. GIBSON: Okay, understood. Thank you.

DR. ZIEMER: Okay, so we have the motion as it was stated. It's been seconded. Any further discussion?

(No responses)

Then let's vote and we need to vote -- all in favor will say aye when your name is called.

DR. WADE: Okay, here we go. Clawson?

MR. CLAWSON: Aye.

DR. WADE: Gibson?

MR. GIBSON: Aye.

DR. WADE: Griffon?

MR. GRIFFON: Aye.

DR. WADE: Melius?

DR. MELIUS: Aye.

DR. WADE: Is Presley still with us? We can --

DR. ZIEMER: If we don't need his vote, we don't need to (unintelligible).

DR. WADE: We don't need his vote. Roessler?

DR. ROESSLER: Aye.

DR. WADE: Lockey?

DR. LOCKEY: Aye.

DR. WADE: Ziemer?

DR. ZIEMER: Yes.

DR. WADE: And Poston, not with us.

DR. ZIEMER: Okay.

DR. WADE: Okay, so it -- it passed.

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

INDIVIDUAL DOSE RECONSTRUCTION AND TASK III REVIEW UPDATE
MR. MARK GRIFFON, WORK GROUP CHAIR

We need to move ahead here, we're a little behind schedule. It's currently 4:00 o'clock. We have individual dose reconstruction Task III review update. Mark Griffon chaired that workgroup and Mark wanted to --

MR. GRIFFON: Yeah.

DR. ZIEMER: -- pick that up at this point.

MR. GRIFFON: Yeah, hopefully I -- I can be fairly quick with this one. We have -- I sent around matrices. I hope everyone got them. Brad, I can send them to your new address if you didn't get those. But I have the Task III procedures matrix and the second and third set of cases matrices. And we, at the last workgroup meeting -- I think it was the 27th -- we went through our review process. And basically at that meeting we merged my version of the matrix with -- with NIOSH's -- Stu Hinnefeld's -- to incorporate the final column of the matrix, which was the program actions. And I think we -- we -- the agreement with everyone at the workgroup, NIOSH and SC&A, that the program actions captured were accurate. So I think those at this point are -- are in final form. Does everybody agree with that on the workgroup? I think those are in final form.

(No responses)

And since then I tried to draft -- and I sent this around and I hope now everyone has it -- sent around a draft letter, which is formatted in similar fashion as the letter that we had for the first set of 20. So it's supposed to

be -- the front end will look very familiar, but then the -- the conclusions I reformatted a little bit to -- to sort of highlight different sections of the letter report here. The method for ranking is highlighted. The summary of findings impacting estimates of individual doses, that's the -- the SC&A ranking. And then if you recall, we have this -- this program-wide or site-wide ranking as a separate column in the matrix, and that's really based on not only the individual case finding but also, you know, whether that finding would have applied to several different cases because it would have been carried through for -- for instance, if -- if there was something that would likely carry through many dose reconstructions for that site, or DOE-wide, then it would have a larger impact or -- or may have a larger impact. And then the section -- I'm on page two now, halfway down or so, the summary of audit contractor findings. I do have a comment on that. I'll come back to that paragraph. And then the process followed in the review. That's the six-step process that we've often referred to. And then the last

part is the conclusions and recommendations. And some of these, I should point out, are similar to findings in the first set, the first letter that we wrote. The DR report on-- you know, once again we found several findings related to concerns about the DR report and the fact that it may -- may not have captured information identified by the claimant in their CATI interview and -- and that would be wise to do so, some other items like that. Also the -- the ability to -- to audit the DR report, that it was very difficult to crosswalk the DR report unless you had all the -- the records that go behind it, which are on the O drive but ma-- you know, are often not available to the claimant.

Internal quality control came up in several different findings, and that was a finding before, also. Procedural issues, the highlight of this is the TIB-8 and TIB-10, which we've heard about at several meetings now. And then a -- a sort of a new category in the letter is the external dose issue. This is related to primarily -- or solely, actually, to the dose conversion factor that was raised and -- and --

and it -- it actually came up in several of the cases out of these 40 and it -- it remains unresolved, though. There is -- NIOSH has an interim strategy for being claimant favorable in place.

And then the ongoing concerns are -- are similar as in the last one. They -- the -- the CATI interview, this -- this has come up in these cases as well as in the procedures review. And the validation and verification of -- of records. And the final one is the -- considered one of the efficiency approach that the -- and the last line there indicates that NIOSH has modified or clarified their policy, indicating that overestimating approaches are warranted only when there is clear efficiency advantage to them. In other words, if -- if the data's there and it -- there's no benefit to using that efficiency approach, then use the data that you have.

So that's -- that summariz-- you know, that's -- that's the summary letter. I hope people had time -- I'm sorry for getting it out just this morning, but that is a summary of the second and third set of cases -- doesn't address the

procedures review at all. I've -- I've left that separate.

Just to -- go ahead, Paul.

DR. ZIEMER: I was just going to ask, Mark, do -- is this ready to take action or did the Board members -- since you only got it this morning, do you wish to defer action till our meeting or are you -- are you ready to act on it now? We do -- we will need to get -- on page one we will need to get some numbers, perhaps from Stu Hinnefeld --

MR. GRIFFON: Yeah, and he -- he did provide those to me. Just this morning I got some of those numbers from him.

DR. ZIEMER: And maybe you can give us those numbers. This first -- I guess it's the second paragraph, the XXX, and then the third paragraph --

MR. GRIFFON: Yeah, I think Stu said it was thirty -- around 3,900 -- I think he had a specific number, but around 3,900 is what I've filled in now for cases.

DR. ROESSLER: What is the down side of waiting until the September meeting? This is a lot to go through because --

MR. GRIFFON: Yeah.
DR. ROESSLER: -- we didn't get until we --
DR. ZIEMER: I don't think there's a particular problem in waiting.
MR. GRIFFON: No, although I would -- I mean I -- I don't -- I certainly don't mind waiting to vote on the whole package, the matrices and this, you know, 'cause the matrices'll be attached, so I think it would be beneficial for all Board members to --
DR. ZIEMER: Have the whole package.
MR. GRIFFON: -- look close-- look closely at it, yeah. The only thing I would ask, Paul, is that if we do vote on it in September, that it be delivered shortly after. I think --
DR. ZIEMER: Right.
MR. GRIFFON: -- I don't know where the first letter stands.
DR. ZIEMER: This will be pretty much ready to go I think --
MR. GRIFFON: Yeah.
DR. ZIEMER: -- by the time you're ready in September, and if we have all the -- if we have those numbers from Stu, it just -- everything in electronic form, we can shoot it right in,

so --

MR. GRIFFON: Yeah, and I'll send out a -- a revision two in a couple of days. I actually -- the -- the -- the -- one thing I wanted to discuss briefly is the summary of the audit contractor findings. I think I -- I -- I've already edited it on my copy here, but I put down 38 of 40 and two cases that may have been affected, and I think really at this point -- or -- or -- I think conclusion's more likely that one case, case number 49, could be affected. And that's a lymphoma case which has the new policy in place for -- for dose reconstruction. The -- there are four other cases, though, that -- in our -- out of the 40 that are -- that NIOSH and SC&A have agreed need further evaluation, so they've -- so I've re-- I've re-worded that paragraph a little to reflect that, that one -- one has insufficient information --

DR. ZIEMER: Oh, okay, so --

MR. GRIFFON: -- but there's four --

DR. ZIEMER: -- (unintelligible) --

MR. GRIFFON: -- that need re-evaluation -- yeah.

DR. ZIEMER: -- paragraph, okay.
MR. GRIFFON: Yeah, so I'll -- I'll forward a rev. 2, and then you'll have the two matrices and -- that are -- you know, I think we can take it up for a vote at the September meeting.
DR. ZIEMER: Okay. Let me ask if there's any questions on this at the moment?
MR. HINNEFELD: This is -- this is Stu Hinnefeld. Well, the -- the comment that, you know -- the one that is insufficient, that case number 49, since that is the result of the change in the policy for target organ rather than any kind of error in the dose reconstruction, will those words kind of be reflected in the letter?
MR. GRIFFON: Yeah, I think we'll have to put something -- yeah. Yeah. Yeah.
DR. ZIEMER: Yeah, it probably --
MR. GRIFFON: We have to clarify that, right.
DR. ZIEMER: -- clarify that it --
MR. GRIFFON: Yeah.
DR. ZIEMER: -- make sure it's not shown as a deficiency then.
MR. HINNEFELD: Stu Hinnefeld again.
DR. ZIEMER: Right.

MR. HINNEFELD: Up on page two there's a second insert, Tables -- 21 to 60. Are those the selection -- the tables that are essentially the selection tables that I --

MR. GRIFFON: Yes.

MR. HINNEFELD: Okay. I'll provide those, as well.

MR. GRIFFON: Yeah.

DR. ZIEMER: And -- and Stu, what -- what are the correct numbers on the first page?

MR. HINNEFELD: Well, I e-mailed it to Mark. I didn't keep them --

DR. ZIEMER: Oh, you don't have --

MR. GRIFFON: It wa-- yeah, it wa--

DR. ZIEMER: Mark'll insert those --

MR. GRIFFON: Yeah, it was actually 3,892. I was just going to put approx-- since I have "approximately" in the -- in the letter, I thought I'd put approximately 3,900.

DR. ZIEMER: Oh, approximately, okay.

MR. GRIFFON: Yeah.

MR. HINNEFELD: And the --

DR. ZIEMER: Okay.

MR. HINNEFELD: -- that was as of the selection for the third set. That was February of '05

when the third set was selected, so --
MR. GRIFFON: Okay.
DR. ZIEMER: Yeah, we need to put the date in --
MR. HINNEFELD: -- the second set was selected a couple of months earlier.
DR. ZIEMER: Okay.
MR. GRIFFON: All right.
MR. HINNEFELD: I thought that would be the -- since we're talking about them sort of together here --
DR. ZIEMER: And the second number --
MR. HINNEFELD: -- (unintelligible) --
DR. ZIEMER: -- is what then?
MR. HINNEFELD: -- that other date.
DR. ZIEMER: In the next paragraph, the 40 cases covered in this report, selected from an unrepresentative pool of -- what is that number?
MR. GRIFFON: I think that's the same number.
DR. ZIEMER: Oh, that's the same number?
MR. GRIFFON: That's referencing the same number, yeah.
DR. ZIEMER: Oh, okay. I see.
DR. WADE: So we can get those numbers in rev.

2 and get --

MR. GRIFFON: Yeah, yeah.

DR. ZIEMER: Okay, any --

MR. GRIFFON: And I'll cla-- I'll clarify that wi-- yeah, I think that's the same number, though, Paul, but...

DR. ZIEMER: Okay, good. Any other questions on this?

(No responses)

PLANS FOR SUBCOMMITTEE ACTIVITIES
DR. PAUL ZIEMER, CHAIR

If not, I think we can move on to the issue of subcommittee plans. Let me remind you, at our last meeting we talked about sort of modifying the structure of the subcommittee so that it looked and acted more like a subcommittee rather than a full Board. And the -- the idea there was to have a four-person subcommittee with two alternates, and to revise the charter bec-- this would become the Subcommittee on Dose Reconstruction. Currently it's called Subcommittee for Dose Reconstruction and Site Profile Reviews. I think we have distributed the existing charter, and it's on the web site, as well. Did we -- Lew, I think you distributed to --

DR. WADE: Yes.

DR. ZIEMER: -- the Board members the charter. What I was going to suggest and -- and based on our discussion at the last meeting, it had been agreed that Mark would chair this. The other members identified for this subcommittee were Mike and John Poston and Wanda. Since Wanda no longer will be on that subcommittee, the next person -- we had two alternates identified. One was Bob Presley and the other was Brad, and so I'm suggesting that we move Bob Presley up into the membership position and we need a second alternative (sic) in addition to Brad, and I -- according to Lew's notes, Gen had also volunteered but we didn't use her so we -- 'cause we had our two alternates. But if Gen is still available, she could become the second alternate then.

DR. ROESSLER: Okay.

DR. ZIEMER: Is that agreeable?

DR. ROESSLER: Sure.

DR. ZIEMER: And now -- so that subcommittee is the one that, if we have a subcommittee meeting prior to the meeting, that's the group that would be meeting. Those are the four

individuals, and the alternates of course could attend if they wished, as well, and Mark would lead that.

And in terms of the charter itself, if you would turn to that charter, I'll just point out a couple of items, and then I -- I think we can --

MR. GRIFFON: Paul --

DR. ZIEMER: Yeah.

MR. GRIFFON: -- just a question on that. If we -- we now have nine members. If the two alternates attend, don't we have a quorum of the Board?

DR. ZIEMER: Let's see -- yeah, I guess it's going to depend on whether some new members are named --

MR. GRIFFON: Yeah, okay.

DR. ZIEMER: -- but --

DR. WADE: I'll try and manage --

DR. ZIEMER: Yeah, we may --

MR. GRIFFON: Yeah, we may have to --

DR. ZIEMER: -- alternates out of there. Right?

MR. GRIFFON: No, I'm just --

DR. ZIEMER: (Unintelligible) but -- a good

point, but in any event, if you look at the charter, the changes -- and again, I think we can operate next month under the existing charter. That wouldn't be a problem. But what I'm going to propose is the adoption of a new charter at our next meeting. I just want to point out what changes would be made.

The -- on the very first page, the name of the subcommittee would become the Subcommittee for Dose Reconstruction, so we would be dropping the site profile reviews. And then the membership, if that -- wherever that "site profile reviews" appears again, that would be dropped.

It says the membership shall be selected from the attached roster of Board members, and what we would do would be to say that the membership shall be as shown on the attached roster, and we would simply name the individuals, not being the full Board. So those changes would occur on page one.

On page two, which has the subcommittee charges, as I see it now -- and again, we'll have a revision copy for you to act on at the next meeting, but as I see it now, items one

and two would disappear because those are some items that are now handled in different ways and actually have really nothing to do directly with -- with the issue of dose reconstruction, per se. The third item would become item one, but we would drop the words "and site profile reviews". Item four would drop out. Item five, six, seven -- five and six would remain. Item seven would be the same except for dropping "and site profile review reports." Item eight would remain the same except for dropping "site profiles and." And then I would say that we would --

MR. GRIFFON: Paul --

DR. ZIEMER: Yeah.

MR. GRIFFON: -- just -- just a question on -- on dropping number four. I thought earlier in the budget discussion we just -- I -- I understood that we were actually going to maybe work on some of that to -- clarifying scope.

DR. ZIEMER: Well, the way this is written is it was looking at all of the contractor tasks at that point, and I think -- I think we would handle it differently here, and I have -- I have a -- a new item to add --

MR. GRIFFON: Okay.
DR. ZIEMER: -- at the end. Let's see --
DR. MELIUS: Paul, this is Jim Melius. I've got to sign off. I have to get to another meeting.
DR. ZIEMER: Okay. Well, we -- we're not going to take action on this --
DR. MELIUS: I understand, that's --
DR. ZIEMER: Okay. The Board would still -- this group would still have some responsibilities to -- to make recommendations relative to such things as the scope of the dose reconstruction reports, the issue that we talked about earlier --
MR. GRIFFON: Yeah.
DR. ZIEMER: -- and then I have an item added which I'll just read to you here and you'll get it in writing for the next meeting. (Reading) Review findings of the Board's audit contractor regarding dose reconstruction cases that have been reviewed by the contractor in conjunction with the Board's review panels, assure that these findings are considered by NIOSH, and oversee the development of findings.
That really has to do with the -- the matrices

that are developed --

MR. GRIFFON: Yeah.

DR. ZIEMER: -- in the final findings. And then we would have to have some words to cover those one item that we talked about today in the --

MR. GRIFFON: Okay.

DR. ZIEMER: But basically what we would be doing would simply be modifying the charter to reflect the specific group and the focus on dose reconstruction activities.

DR. WADE: Right, and with your permission then, I'll work with the subcommittee chair to -- to bring a proposal to the September meeting as to the charter.

DR. ZIEMER: Yeah, and what I was going to do, and I'll make this available and the subcommittee can review the proposed charter, I'll just provide you a rewording of this stuff that I have here and you can use that as a straw man to work from. And then we -- we need to make sure that it includes these issues that we talked about earlier today in terms of --

DR. WADE: Right.

DR. ZIEMER: -- defining things like the -- the

issue of the blind reviews and those kinds of -- sort of policy issues.

DR. WADE: Right, and Mark and I can work --

DR. ZIEMER: And keep in mind now, in the framework of our meeting, insofar as it may work out, we can have other workgroups meet during that morning hour. Now obviously they can't all because there's an overlap in membership. But if we have -- have this subcommittee meeting, it might be possible for a couple of the other workgroups to also meet prior to the Board meeting. We'll have to look at the specific membership and see how that would work out.

DR. WADE: Right. And just for the record, Mark, subcommittee meetings would be noticed, and we don't have to worry about the quorum issue. We've often had a quorum of the Board present at subcommittee meetings.

MR. GRIFFON: That's correct, okay.

DR. ZIEMER: Yeah, and since those meetings are announced and open, it's probably not a -- an issue.

DR. WADE: Right, it's only the workgroups that we have to.

MR. GRIFFON: Correct, thank you.

DR. ZIEMER: So that sort of outlines the plan there, and there will -- we'll be prepared to take specific action then and implement it at the -- at the September meeting.

CONSTRUCTION WORKER ISSUES
DR. PAUL ZIEMER, CHAIR

Now on the construction worker issues, which is the last main item on the agenda today, there was a letter which I distributed to everyone several weeks ago -- I'm looking for my copy here. Here it is. This is -- was a letter from Pete Stafford*. Pete's the director of -- what they -- group is called, it's CPWR --

DR. WADE: Center for Protection of Worker Rights.

DR. ZIEMER: Yeah, Center for Protection of Worker Rights. And he referred to comments made by Knut Ringen at our meeting and some issues relating to the development of -- of a model for reconstructing doses for construction workers and so on. Did everybody get a copy of that letter?

UNIDENTIFIED: Yeah.

DR. ZIEMER: Anyone that didn't?

(No responses)

Subsequently -- and I asked Larry Elliott to also comment and -- and see where they were 'cause we know they're developing some models for -- for construction worker dose reconstructions. And we got -- Larry did provide some information relative to the information in -- in Pete's letter, and -- is Larry or -- or Stu, are you handling --

DR. WADE: I think Jim -- Jim is on, Jim Neton.

DR. ZIEMER: Jim Neton.

DR. NETON: Yeah, I'm on.

DR. ZIEMER: Can you kind of give us an update on where we are in terms of the -- the construction worker dose reconstruction models and related issues? 'Cause I'll need to respond to Pete's letter and I'll need some input on that.

DR. NETON: Right. First I -- I could -- I should clarify that when we speak here of construction workers, we're -- we're speaking specifically of what we call second tier construction workers. That is -- and -- and I prefer to call them building trades workers, but those building trades workers who were not employed by the prime contractor at the site.

In other words, this wouldn't include people who were electricians, pipe fitters, plumbers who worked directly for the DOE prime contractor because we have been doing those dose reconstructions all along and we believe that the sites' monitoring program adequately can be used to bound their exposures.

For this sort of separate set of workers we are -- we have developed a site profile. It's on its probably third revision right now, and the release of it is -- is very close. In fact, I'm meeting tomorrow morning with the ORAU team that developed some of the -- this document to go over the final details. It has been through a number of revisions. It's been late in coming, but we feel that it's going to be released very shortly. That's about all I can offer, I guess.

DR. ZIEMER: Okay. Well, in any event, we -- we need to -- and perhaps what I should do is volunteer to draft a letter for the Board to review at our September meeting which will provide an update on where NIOSH is on -- on their process, and also I think Larry has provided some information on -- there -- there

is some information in -- in Pete's letter which appears to be incorrect in terms of the numbers of claims of -- or dose reconstructions of construction workers and so on and we need to provide the -- the correct numbers there. But would that be agreeable if I simply drafted a letter and brought it to the Board to review before we send it out?

DR. WADE: I would point out, Paul -- this is Lew -- that Pete also ends with some very specific requests. I think it would be worth your considering at least putting forward a possible answer. For example, he says in his first request he'd like to see the Board arrange to have the Technical Basis Document reviewed. Well, you know, that's something the Board could assign to SC&A as a -- as a task within that Task I we've been talking about. I think -- as you go through these I think there are possible responses the Board could make. You know, possibly you could consider them and then bring some alternatives or recommendations for the Board to consider on Pete's recommendations.

DR. ZIEMER: Well, they -- these are identified

in his letter on the second page as "issues" -- we raise these issues and ask that the Board consider them as -- and these are -- it says since OCAS expects to consider the Technical Basis Document soon, please consider establishing a subcommittee to address it. We heard from Jim as to where they are, so that will be on the street -- hopefully very shortly.

OCAS has completed a large number of construction worker DRs, and actually the numbers are -- according to Larry, are nine. So I don't know if that's a large number, but it says we requested SC&A (unintelligible) its expertise in construction worker exposure estimations, check the random sample construction worker DRs for audit, and so on. So we have that request. And then this third one -- OCAS should investigate and summarize cases of past DOE and concern-- and this is sort of a task for -- he's asking, I think, NIOSH to do.

Then we ask the Board to add a program performance evaluation of its overall Q and A procedures and so on.

DR. WADE: I think all of those deserve some consideration.

DR. ZIEMER: Yeah.

DR. WADE: I think they're -- I think they're -- they're -- they're presented I think in the spirit of improving things and I think we need to consider them as such.

DR. ZIEMER: Right. Now all of these may require a fair amount of discussion time, and we had hoped originally, when we set up this meeting, that we would have that time. But we actually are at our official adjournment point here and so it may be, Lew, that we will have to put these individual items on the table for specific discussion --

DR. WADE: At the next meeting.

DR. ZIEMER: -- at our Board meeting.

DR. WADE: I agree. Makes sense.

DR. ZIEMER: And I think in terms of those specific actions, anything -- well, we actually will have to defer responding till we see what the Board wishes to do on each of these items.

DR. WADE: I think you're correct.

DR. ZIEMER: In the meantime, I -- I could -- I could write Pete and simply indicate to him

that we plan to do so, and that would be -- I think I can just do that on my own.

DR. WADE: And invite him to -- possibly invite him to the meeting.

DR. ZIEMER: Sure. So in the -- without objection, we'll do that and indicate to Pete what the plan is.

BOARD WORKING TIME

Let me ask if there are any other items that need to come before us?

DR. WADE: I have two that are very important to me, if I might, Paul.

DR. ZIEMER: You bet.

DR. WADE: We -- there is a meeting scheduled on the 22nd of August in Cincinnati to look at the Savannah River site profile. That was a workgroup to be chaired by Dr. DeHart.

DR. ZIEMER: Roy DeHart was the chair.

DR. WADE: It had Gibson, Griffon and Lockey. I'd like some sense as to how to proceed. I -- you know, I would like to -- to keep the momentum going, but we are currently without a chair.

DR. ZIEMER: Yeah, Gibson, Griffon, Lockey, we really need to add a person to that group...

DR. WADE: (Unintelligible)
DR. ZIEMER: -- first meeting of that group, I believe.
DR. WADE: Correct.
MR. GRIFFON: Well, we did have one phone meeting.
DR. ZIEMER: You had a phone meeting.
MR. GRIFFON: Yeah.
DR. WADE: Uh-huh.
DR. ZIEMER: Right.
MR. GRIFFON: I mean I think we all set that date aside, I -- it would be good to --
DR. WADE: To keep it.
MR. GRIFFON: -- stick with it, yeah.
DR. ZIEMER: Yeah, I -- yeah, I'm just thinking we -- we need to -- we need to perhaps add one more person, and then we need to designate a chair.
MR. CLAWSON: Paul, this is Brad Clawson. I would -- I would help out with what you want, but I really don't want to chair it too bad.
DR. ZIEMER: You're volunteering not to chair it, is that --
MR. CLAWSON: I'm volunteering to help, but I don't want to chair it.

DR. ZIEMER: I understand.
MR. GIBSON: Paul --
DR. ZIEMER: Yes.
MR. GIBSON: -- this is Mike. I'll volunteer to chair the meeting if -- if -- if the other members agree.
DR. LOCKEY: I agree to that.
DR. ZIEMER: Let's appoint you -- and I'm going to change phones here. My -- my battery is going dead.
DR. WADE: Well, thank you, Mike, very much for that. You -- you've -- you've watched Mark and I think you're in wonderful position to chair, so we would add Mike as chair and add Brad to the working group, and the meeting would continue --
DR. ZIEMER: And Brad was already on the group, so we could still use one more person.
DR. WADE: Brad is -- Brad is not.
DR. ZIEMER: Oh, Brad is not? I thought I had him down.
DR. WADE: It was Gibson, Griffon, Lockey and DeHart.
DR. ZIEMER: Okay, I gotcha, yeah.
DR. WADE: So Brad joins and Mike --

DR. ZIEMER: Yeah, Brad as a volunteer.
DR. WADE: -- moves in as the chair.
DR. ZIEMER: Okay. All right.
DR. ROESSLER: And if you need an alternate for some reason, I just checked my calendar, I'm free.
DR. ZIEMER: Okay. Well, we'll proceed with Mike chairing then, and Mark and Jim Lockey and Brad Clawson.
DR. WADE: Right. The other issue I would raise -- Dr. Melius is not here, but there is also a -- a workgroup that was to look at SEC issues, with Melius chair, with Griffon, Wanda and Dr. Lockey. Two things about that. One is we have the hole created by Wanda. We also now have SC&A unencumbered to look at Nevada Test Site, and particularly that issue of the 250 days. So I just want to let everyone know that -- I think Dr. Melius was going to tell you that he's going to engage SC&A on that issue, and so I'll say that for him. We do need, though, a replacement for Wanda on that workgroup, chaired by Melius, Griffon and Lockey, and we need someone else.
DR. ROESSLER: When does that meet?

DR. WADE: It's not been scheduled yet.
DR. ROESSLER: I'd volunteer, depending on the meeting date.
DR. ZIEMER: Well, yeah, and the meeting date will be determined by common consent amongst the members.
DR. ROESSLER: Okay.
DR. WADE: But I'll also let the Board know that Dr. Melius intends to contact SC&A through me to -- to get them turned on to this 250-day issue.
DR. ZIEMER: Right. So this now will be Melius, Griffon, Roessler, Lockey.
DR. WADE: Right.
DR. ZIEMER: Okay.
DR. WADE: Okay, we have -- we have some others. We have the Nevada Test Site, which was Presley, Roessler, Wanda and Clawson. Now we have to replace Wanda. Again, Bob Presley, I don't know if you feel you desperately need a replacement or how that's going or what your thoughts are.
DR. ZIEMER: Lew, Bob is off the phone. Remember, he had a doctor's appointment.
DR. WADE: Okay, so we can leave that one

opened.

DR. ZIEMER: And we'll fill it if needed.

DR. WADE: I think then we're in decent shape.

DR. ZIEMER: Great.

DR. WADE: Okay. Sorry to rush through those.

DR. ZIEMER: Okay, any other business to come before us then today?

MR. CLAWSON: Yeah, Paul, this is Brad Clawson. I just mentioned the -- Mike Gibson on this Savannah River, if -- if I could get some of the information and stuff that it started out or whatever, I'd -- I'd appreciate it.

DR. ZIEMER: Yeah, Mike, can -- can you make sure that he gets copies of everything?

MR. GIBSON: Yeah, I'll get everything that -- I'll get everything that was sent to me and try to send it out and try to get up to speed on this a little bit more and get in touch with everyone.

DR. WADE: All right, Mike, maybe you and I can talk. We have several issues to talk about and maybe we could figure out how to get some of that matrix construction and stuff done and I might be able to assist you in that.

MR. GIBSON: Okay, great, Lew.

DR. WADE: Thank you.
DR. ZIEMER: Okay, then I think we've concluded our business. I look forward to seeing everybody in Las Vegas --
THE COURT REPORTER: Dr. Ziemer --
DR. ZIEMER: Yeah.
THE COURT REPORTER: -- this is Ray.
DR. ZIEMER: Yeah, Ray.
THE COURT REPORTER: Could I ask a question? It seems like last week in Cincinnati we scheduled -- did we schedule a teleconference workgroup for August 31st? Am I correct on that?
UNIDENTIFIED: This is (unintelligible), yeah, we did.
DR. ZIEMER: Let's see -- Lew, do you have that on your schedule?
DR. WADE: Boy, it rings a bell, but I don't have it on a piece of paper in front of me.
MR. GRIFFON: Ray -- Ray, that's a face-to-face workgroup. I was wondering why nobody heard me; I was on mute.
DR. WADE: So that's your workgroup?
MR. GRIFFON: Yeah, it's the Rocky Flats and we're going to be in Cincinnati. We're -- we

agree that those are better to be in person.

THE COURT REPORTER: Okay. So then am I correct that what we have left in August is the 22nd face-to-face in Cincinnati and the 31st, also in Cincinnati face to face?

DR. WADE: Right, and possibly something coming from Dr. Melius on Nevada Test Site 250 days.

THE COURT REPORTER: In August?

DR. WADE: I don't know.

THE COURT REPORTER: Oh, okay.

DR. ZIEMER: We don't know on that one yet. We'll have to find --

MR. GRIFFON: At least those two, yeah.

THE COURT REPORTER: Okay. Thank you.

DR. WADE: Thank you.

DR. ZIEMER: Okay, any other business?

DR. BEHLING: This is Hans Behling. Regarding the 250-day issue, that was also brought up in behalf of the Ames, Iowa SEC petition and was never resolved. Is there any status on that issue?

DR. WADE: No, I think -- I think Dr. Melius's workgroup will take on that issue, as well as Pacific Proving Grounds.

DR. ZIEMER: A couple of -- two sites at least,

or more.

DR. WADE: I think all three of them, Hans, will be brought to you, but it was -- it was awaiting a resolution of the Nevada Test Site.

DR. BEHLING: Okay, thanks.

DR. ROESSLER: Paul, since we haven't been cut off yet -- this is Gen.

DR. ZIEMER: Uh-huh.

DR. ROESSLER: I did want to bring up something that I think at some time maybe needs some discussion, and this goes back to the beginning of our discussion today --

DR. ZIEMER: Oh, you were asking about terms.

DR. WADE: Let me try and do that, if I can --

DR. ZIEMER: Yeah.

DR. WADE: -- well, until they cut us off. The charter -- when the Board was rechartered in 2005 the modification was made that Board members would serve terms and there would be rotation. Before that, there was no thought of rotation. The rules that are being used by NIOSH and the White House Office of Personnel are that one-third of Board members will rotate off each year. The initial rotation was determined alphabetically. The White House

Personnel will decide, on a case by case basis, of who stays and who goes. So that the plan was with 12 Board members there would be four rotating off each year starting in 2005.

DR. ZIEMER: Or four per year?

DR. WADE: Four per year.

DR. ZIEMER: Four per year.

DR. WADE: Excuse me, four per year or a third of the -- of the membership.

DR. ZIEMER: Oh, a third of the membership, right, okay.

DR. WADE: A third of the membership, four per year. There again, the annual rotation is subject to the timing of when the White House actually does it, and so I mean -- it can't be rigid that it's one year, but the target was each year four members would rotate and the order was selected alphabetically. It doesn't mean that everyone would be rotated off. Some members could be re-upped, and that's a decision made by the White House.

DR. ZIEMER: Yeah, this last statement we got said that three were going on four a four-year term, so that was a little confusing.

DR. WADE: Well, and they say -- it was up to a

four-year term --

DR. ZIEMER: Right.

DR. WADE: -- because that's the wording in the charter.

DR. ZIEMER: Oh, okay.

DR. WADE: The charter says up to a four-year term, and that's to allow for a little bit of --

DR. ZIEMER: Overlap.

DR. WADE: -- elasticity in the three years.

DR. ROESSLER: So does the -- I think what I'm really getting at is that most appointments by agencies, you have a clear understanding as to when your term ends, and that allows a person to plan for other appointments to other things that might come up. I guess personally I feel at this point I'm -- I'm really unclear as to what my appointment might be. I'd be unclear if something else -- if I had another opportunity as to whether I could take it or not.

DR. WADE: You need to consult with me on that. Alphabetically, you would be in the third group. The second group has just been dealt with in terms of this announcement, so next

year your -- you would be one of the four members under consideration.

DR. ROESSLER: Okay, that -- that helps.

DR. WADE: I can't speak beyond that, Gen, as to what the decision would be.

DR. ROESSLER: Okay. I think in answer to the question, for this year then the rotation has been determined.

DR. WADE: That's my understanding.

DR. ROESSLER: Okay. Okay.

MR. CLAWSON: And Lew, this is Brad Clawson. Being one of the newer members, if you remember right, it took over a year for me to be able to get put on line and going, from the time they made the announcement to me. I think it'd be very beneficial -- you know, there's a lot to -- to learn on this. If there's any way they could bring these new members in, let them learn from some of the previous -- I know it's just a suggestion, but I think they should really look at it.

DR. WADE: That's a good -- good suggestion. You know, personally, for the record, I'm not in favor of the rotation because I do believe that there is such a tremendous learning curve

and there's such a value in knowledge, and yet I do understand the value of, you know, fresh -- fresh faces, fresh minds. But you know, it's not my decision.

DR. LOCKEY: Lew, Jim Lockey, one question. The S-- SEC review, is -- at the last face-to-face meeting there was going to be a review process also for petitions denied. Is that -- is that what you were talking about?

DR. WADE: Yes, as part of the task of that working group, yes.

DR. LOCKEY: Okay, good. Thanks.

DR. ZIEMER: Okay.

DR. WADE: Sorry to rush at the end, but Gen, I wanted to get you your answer.

DR. ROESSLER: Thank you.

DR. ZIEMER: Thank you very much. So I'll declare the meeting adjourned. We'll look forward to seeing you all next month.

DR. WADE: Thank you.

(Whereupon, the meeting adjourned at 4:45 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 August 8, 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 24th day of September, 2006.

_____

STEVEN RAY GREEN, CCR

CERTIFIED MERIT COURT REPORTER

CERTIFICATE NUMBER: A-2102