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C O N T E N T S

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P R O C E E D I N G S

(8:30 a.m.)

WELCOME AND OPENING COMMENTS
DR. PAUL ZIEMER, CHAIR

DR. ZIEMER: Good morning. People have been here all week and we are hopeful in getting efficiently through the items for -- for the morning. And I say for the morning because if we move with expediency, there may not be much of an afternoon of work, so we will proceed.

SCIENCE ISSUES UPDATE

We have one item which we carried over. Our featured speaker, which we decided to cap our meeting with Dr. Jim Neton and to do this in the morning when everyone is bright-eyed, Jim. So here's our science issues update from Dr. Jim Neton.

While Jim is setting up here and getting the mike on, a usual reminder. If you didn't do it, register your attendance with us.

DR. NETON: Thank you, Dr. Ziemer. I know people have been anticipating this talk for...

DR. ZIEMER: For days.

DR. NETON: For days they've been anticipating

this presentation so hopefully I won't -- I won't disappoint.

We do science issues updates periodically. I think it's been some time since we've -- we've had the microphone and the opportunity to talk about what we've been doing behind the scenes to address some of the issues that -- that arise as part of the SC&A/Board review, as well as our own internal issues that we -- we discover during -- during the processing of cases.

Just to remind everyone, I have a slide that talks about the issues, how -- what -- what -- these issues actually are encompassed by two broad categories, and those are the working issues that are related to the risk model, and those were evaluated by an Advisory Board working group -- oh, back in February 2005. They're all related to risk model calculations and right now, just so you know, we do track these. There are seven on the list that we're -- we're working on right now.

And the other general category of these -- these issues fall under the dose reconstruction area, and these are issues that are dose

reconstruction-related but apply across almost all the sites. There's some overarching issue that would affect almost all claims. A good example of that is the super S issue, the highly insoluble plutonium. That affected a number of sites. Maybe not all sites, but a -- a very -- a large number of sites and claimants.

For the most part these are issues that were identified during the review process, and we do have a list, we're tracking those, and right now we have ten -- ten issues on that list.

I've listed here the risk model issues that we -- we are working on. I don't know if you can see it here, but the ones that are highlighted in blue are -- are the ones that either we've completed or have made significant progress and will be reporting to the Board a status fairly shortly.

The smoking adjustment for lung cancer, as you see is highlighted in blue, was taken care of some time ago. We presented to the Board, modified the IREP risk model to -- to do the two types of adjustments for lung cancer based on the new Pierce incidence data, and we've

moved forward and issued a PER on that and -- and that's completed.

The bottom two -- we're getting close -- which is the addition of chronic lymphocytic leukemia, we worked very hard on the risk model with our -- our partners in the risk business -- SENES Oak Ridge, Incorporated. Hopefully I can report that to the Board in the near term.

And the other one that I've highlighted is dose and dose rate effectiveness factor, which some of you may have noticed several months ago in *Health Physics* there was a fairly extensive review published by SENES Oak Ridge on the current status of knowledge of this -- of this parameter and -- and the, you know, where -- where we are with this and what -- we're using that as a springboard to determine where we might go with the DDREF calculation, and in particular bouncing that against what the BEIR VII committee had proposed.

That being said, I'm not going to say too much more about these issues today from this perspective, but I do have a couple -- risk model based issues that I -- I'd like to discuss with you. One is the -- periodically

we've reported to the Board the compensation rates by cancer -- by cancer model. It's of interest to the Board, and I know many stakeholders are curious about these numbers. Before I do show the data, there are some important caveats that we'd like to put out there, and these are listed here:

They are results through September. We've only analyzed the data for claims that NIOSH received notice from the Department of Labor if it had been finally adjudicated. We didn't want to presume -- presume the end result, so these are -- these data represent about 12,400 cases. And although we're fairly mature in the process now, the rates we've presented could be affected by the -- by the dose reconstruction efficiency process, although with 12,000 I think we've stabilized quite a bit. But again, if we're -- we're doing a lot of cases that are under 50 percent to screen through these things, it -- it might have some effect on the numbers, so they might not be predictive of future results. And unless otherwise noted, the rates reflect claims with only one primary cancer. That is, we can only really give you

some good numbers for where one primary cancer existed. Where there's multiple cancers, it can't be done.

With that being said, there are -- if you recall, there are 32 individual IREP risk models that -- that we can -- we -- we use in our program. I've not included all the risk mod-- all the -- all the data for the 32. I'm only presenting the data here for the -- the ones that exceeded ten percent compensation rate, although attached to the back of your -- to my presentation, both at the Board level and at the back, is a supplement that presents a Excel spreadsheet that has all 32 listed there, with some more detailed information about the actual number of cases we've had and that sort of thing.

So I'm just going to briefly go through the -- the first -- the ones that exceeded ten percent in our -- in our est-- in our calculation. And the highest one, which is not unexpected, is lung cancer. Lung cancer is compensated at a rate of about 70 percent. That's primarily due to the fact that -- I believe a lot of this has to do with the fact that when we do missed dose

calculations for people working with actinides, the missed dose is so large that it -- it puts these people into a very high missed dose category, oftentimes well over 100 rem, which ends up compensating lung cancer.

So three out of the top five are leukemia cancers -- chronic myeloid leukemia, acute lymphocytic leukemia and acute myeloid leukemia. Those -- as you know, we have three separate risk models so they show up here. Those are -- are very high compensated -- it doesn't take a lot of exposure for leukemia cancer to be -- to be over 50 percent.

One thing that actually did surprise me when we put this together, and this has moved up on the -- on the scale since Russ Henshaw reported this a couple of years ago -- is now the existence of basal cell carcinoma, up here at 57.8 percent. That's a pretty high compensation rate. I didn't expect that when we did this analysis, but fair-- fairly -- fairly good number of people are being compensated for basal cell carcinoma.

Liver cancer was expected. That does -- that's a fairly radiogenic organ so that's up there.

And malignant melanoma is not too far behind basal cell carcinoma, 38.3 percent.
Going down the list, other respiratory cancers, which would include tracheobronchus, those type of organs, definitely related to the -- the lung, 34 percent. Lymphoma is up there now.
As you remember, you may recall we changed our lymphoma target organ approach, did a P-- a Program Evaluation Report on that, and now the lymphoma compensation rate is -- is substantially increased due to that change. If you recall, we will use the tracheobronchial lymph nodes as the organ -- if -- for an inhalation exposure, as the lymph organ to calculate the dose for and that -- that jacks up the dose quite a bit.
Moving down, gall bladder, oral cavity and pharynx, eye, other endocrine glands -- some of these -- you do have to remember that there are small numbers, I think. When we get into the eye cancer model, there's a total of 24 eye cancers in -- in the -- in the pool, so you get into the small number statistics, and those numbers are all on the Excel spreadsheet that I've handed out.

On a more summary level, I've listed here the overall compensation rate for claims that have single primary cancer, that's 28 percent. When one has multiple primary cancers presented in the -- in the case, the -- the rate jumps up to 43.7 percent, and that of course is due to the fact that we treat multiple primary cancers as if they're totally uncorrelated events, and so we account for that in the calculation.

And if you lump them all together, the total compensation rate for all cases is 31.7 percent -- again, based on these 12,400 cases that are finally adjudicated. That number may be slightly different than what Larry Elliott presented yesterday, but he was looking at a -- a larger pool of cases, just so there's no confusion on that.

Okay, the second issue I'd like to talk about today is a report that was -- NIOSH was asked to put together by the Senate, Senate Report Number 109-303. And in that report -- it was requested that NIOSH evaluate the radiogenecity of cancers that aren't on the presumptive cancer list. And if there were cancers we thought should be on the list, recommend the

type that could -- should be added. And if we did recommend ones, we should identify the number of current SEC cases, by facility, that would be included in the cancer -- if the -- that may be compensated if the cancer type was added to the list.

So we did that. We reviewed 11 non-presumptive cancers that weren't on the list, and they're presented here. There are 11 listed here we reviewed. However, if -- if you note there -- if you notice, there's a footnote under rectum. It is a non-presumptive cancer; however, Department of Labor early on in the process consulted with the National Cancer Institute and the National Cancer Institute's determination was that colon and rectal cancer are substantially similar, so they should be treated with -- treated the same. And so for all intents and purposes, rectal cancer ends up being a presumptive cancer. So in fact, even though we looked at 11, we really only analyzed the data for ten because rectal cancer was already being compensated as a non-presumptive cancer.

Okay, we focused our review using comprehensive

reviews of the literature. We thought -- we didn't want to rely on a single study because clearly there could have been a random association of some type. So we looked at comprehensive literature reviews that were primarily conducted in the mid to late '90s, early 2000. Those were reviews that were done by Elaine Ronn*, John Boice, Mettler and Upton*, and then there was an UNSCEAR review that was published in 2000 on radiogenecity of cancers. So we -- we took those four studies together and looked at them and compared where they agreed and where they didn't agree, and made our determination based on that review.

As with most things that we do of this nature, we went out and obtained the review of five subject matter experts of our draft report. We got those expert opinions back and -- and addressed all the questions, consolidated it and issued a final report to the Senate Appropriations Committee just this June, a couple of months ago.

During the time period that we were putting this report together UNSCEAR had a draft report that remained draft through the entire period

we were writing. We were hoping it would have been finalized and we could have used it, but it never did get finalized and we felt it would have been better to rely on that data. Even though we had knowledge of the draft report, we didn't want to base our recommendations on som- - a draft that could change. So we committed in this report that we sent to Congress that we would update it -- send an update report -- I mean for the Senate Appropriations Committee -- once the UNSCEAR report became finalized.
The bottom line was that we concluded that consistent evidence existed to support the radiogenecity of basal cell carcinoma. It shouldn't be any surprise. You saw on the compensation rate graph that I presented, basal cell carcinomas are being compensated at about a 56 percent -- over a 57 percent rate, by NIOSH anyways, and there was general agreement among the four studies we looked at that basal cell carcinoma was indeed radiogenic. Some level -- some debate as to the degree and -- and what-not, but in general we felt that there was fairly strong evidence, based on those four reports, that basal cell was radiogenic.

To some extent, malignant melanoma may have been, but there was conflicting evidence and it wasn't as strong, so we -- we went and recommended just the basal cell carcinoma at this time.

To finish up on the request that Con-- that the Senate report asked, we looked at the cases that were in an SEC with basal cell carcinoma. We found that there were 1,985 claims -- this is as of June -- that were in an SEC that had at least one basal cell carcinoma. Now that sounds like a high number, but for -- about 60 percent of these cases are in the Congressionally-created SEC at the gaseous diffusion plants. So 40 percent are from the ones that have been created by NIOSH through the Board process; 60 percent would -- are in the Congressionally-mandated SEC. Anyway, that -- it's a fairly large number, any way you look at it. But I would -- I do believe that many have already been compensated due to the -- through the dose reconstruction process, because again, over 50 percent of the basal cell carcinoma cancers that come through our dose reconstruction process are compensated

anyway, so the -- the dealt is not going to be quite that great.

Okay, switching gears onto the second -- second aspect of what we looked at, which is the overarching dose reconstruction issues, I've presented a table here that has the -- the ten issues that are currently on our plate, as we see them. And again, in blue I've listed the ones that are completed or are very much nearing completion that we will present on in the near term.

The internal dose from super S has been done. We've issued a -- a TIB on that. We're working on the Program Evaluation Report to rework all those super S cases, and so this one is considered complete.

The two that I'm going to talk about today are oro-nasal breathing and thoriated welding rods. Those are two on our list that I think we've -- we've done enough review and analysis to consider these complete. They will be issued as Technical Information Bulletins in the near term. That's not done yet, but we have all the information assembled and are ready to do that. And I hope to have at the next Board meeting

the workplace ingestion issue to talk about as being complete.

Okay. Oro-nasal breathing is something that came about way back when in the Bethlehem Steel review. Seems like a decade ago, it was probably just a couple of years. We did a lit-- we -- we worked with a contractor, EG&G, on this and some of you may know George Anastas* was the lead on this, and they did a very good job of surveying the literature for us on -- on this issue. They identified more than 80 publications. They collected and reviewed these. A number of these were -- were applicable -- directly applicable to steel mill environments because this issue originated in Bethlehem Steel, but it was also -- the issue, as you'll see later when we get to discussing this, is -- is primarily applicable to, we believe, AWEs, Atomic Weapons Employers, and the reason will become apparent as we discuss this.

They looked at the work practices and ventilation rates and evaluated both oro-nasal breathing and the appropriateness of the default ventilation rates. There was some

concern early on that even a heavy worker, 1.7 cubic meter per hour breathing rate, was -- was not high enough for someone who worked in a steel mill environment. Turns out that you can't breathe much more than 1.7 cubic meters per hour without hyperventilating. There's a lot of good physiological data out there that would pro-- that shows that it would be very difficult to do that, and that's all included in the -- in the report. I won't go into it in detail in this presentation, though.

Okay, I don't want to make internal dosimetrists out of everyone, but I thought I -- I'd frame the issue here. This is the general biokinetic model that (unintelligible) ICRP-66. There's only three ways material can get into the body. You can either eat it, ingest it; you can inhale it, or it can come in via a wound or absorb through the skin. Of course with oro-nasal breathing we're concerned about inhalation. And it's somewhat intuitive, the more material that gets deposited deep in the respiratory tract will get transferred to the bloodstream and reside in the various organs. So the more you get directly into the

respiratory tract, the higher the dose is going to be, and that's exactly the issue that occurs with oro-nasal breathing.

This is a little finer blow-up on the lung model, and you see we have the extrathoracic region one, ET1, and the extrathoracic region two. What happens in oro-nasal breathing is you bypass this ET1 which is the nose and the nasal region up here. The material comes in directly through the mouth and deposits in the lung. So you -- what you end up doing is you lose this filtration capacity of the upper -- upper and -- airways of the nose and -- and the back of the throat. So what happens is for every atom or so that you breathe in through the mouth, there is a corresponding higher deposition in the lung than if you breathed some in the nose that would be subsequently cleared and swallowed.

In fact, that's very well brought out if you look at some of the numbers. This presents the fraction of the -- of an intake that's breathed through the nose for a nasal augmenter or a mouth breather -- a nasal augmenter being a normal person who breathes primarily through

their nose. And as you can see, for sleep, rest, light exercise, 100 percent is considered to be -- have -- breathe through the nose for a nasal augmenter, and it's 70 percent for sleep and rest for the mouth breather, goes down to 40 percent for the -- for light exercise, and down to 30 percent for heavy exercise.

Interestingly enough, you know, they're -- they're called mouth breathers, but reality is that even a mouth breather breathes 70 percent of the time through the nose. But what -- you can see here is -- is if you look at the ratio of the mouth through the nose for light exercise, which is what we use predominantly in our models, versus how much goes through the mouth, you can see that the ratio here is about a factor of two and a half.

Well, we did a comparison of what would be the dose difference if you breathed -- if you were a -- a nasal augmenter or a mouth breather, and that's what's presented here. The first column here is a 50-year dose for a nasal augmenter, and this is the 50-year dose to various organs for a habitual mouth breather, and this third column is the ratio of the dose for a nasal

augmenter to habitual mouth breather. And you can see they're all around, interestingly enough, close to two and a half, which makes some intuitive sense, except for organs like the colon which are not directly involved in the respiratory tract deposition region. You know, the colon is a little bit lower.

So the bottom line is there is a -- there is a fairly large difference in the dose. Of course we use annual doses in this program, not 50-year doses, but it's much easier to compare -- Dr. Poston?

DR. POSTON: Are these data from ICRP-66 --

DR. NETON: Yes.

DR. POSTON: -- is this what you're doing?

DR. NETON: Yes.

DR. POSTON: I know you don't use heavy exercise, but that looks strange to me.

DR. NETON: What, the 50 percent that breathe through the nose for heavy exercise?

DR. POSTON: Yeah, most of the time when you exercise, when you begin -- you almost breathe totally through your mouth when you get into heavy exercise, you're running and so forth. In fact, that's a -- a threshold, when you

start breathing through your mouth instead of through your nose.

DR. NETON: Right. Well, I think -- I think we need to look at what heavy exercise is defined as. That's 1.7 cubic meters per hour, which is equivalent to pushing a wheelbarrow with a 75 kilogram weight.

DR. POSTON: Oh, well, that's different.

DR. NETON: Yeah.

DR. POSTON: That's not -- that's not heavy exer--

DR. NETON: Well, that's -- that's the -- well, that's the definition that the ICRP has used. I mean that's my interpretation of what heavy exercise is, 1.7 cubic meters per hour. But I've read in the literature that it's like pushing a wheelbarrow with a 75 kilogram weight, something like that.

MR. GRIFFON: Along those same lines, Jim, the light exercise nasal augmenter?

DR. NETON: Uh-huh.

MR. GRIFFON: I'm surprised it doesn't have any change, it's --

DR. NETON: Yeah.

MR. GRIFFON: -- point zero, so -- that's

correct? It's not a --

DR. NETON: Yeah, I just checked that.

MR. GRIFFON: Okay.

DR. NETON: So -- at any rate, there is a factor of two -- two or more difference between -- between these two, so clearly there -- there is something that we need to think about when we're doing these dose reconstructions.

MS. MUNN: Is there a reason (unintelligible) use uranium (unintelligible) --

DR. ZIEMER: Use your mike, Wanda.

DR. NETON: I'm sorry?

MS. MUNN: Was there a reason uranium-234 was used for that analysis?

DR. NETON: It was a convenient example. We believe that this is relevant mostly to AWEs, and uranium is the predominant nuclide of exposure at the Atomic Weapons Employer facilities -- 234 was just conven-- is convenient. It could have been 238. It wouldn't really make a difference in the calculations. And again, 6.44 times ten to the sixth picocuries I think has to do with -- I suspect that this is the Bethlehem Steel annual inhalation that we use in the model. Again,

those numbers are just for reference. It would be the same for -- for any level of intake we chose.

But when you do a -- dose reconstructions, we -- we approach them in two different ways. We can either use air sample data to calculate the dose, or we can rely on bioassay data. When we rely on air sample data at an AWE facility, which is about ten percent of our cases, we use -- I don't want to say exclusively, but I can't think of a case where if we just had general air sample data and we can't position workers about the plant, we would use the 95th percentile of the observed distribution of the -- of the air sample data. And based on what we just looked at in the previous slide, oro-nasal breathing does definitely increase the dose per unit intake. That is, when you give a certain intake, it's going to be higher for an oro-nasal breather.

But -- and I'll talk about this in a little bit -- the increase in the uncertainty of the dose estimate, however, is extremely small. Just keep that thought in mind. I'm going to go through these two scenarios individually.

For bi-- when we -- we reconstruct doses using bioassay data, this is almost exclusively the way we approach internal dose at DOE facilities, which is about 90 percent of our cases, where if we -- if we don't have a monitored worker, we'll use a coworker distribution, oro-nasal breathing does not increase the dose per unit excretion, which is -- which is an interesting observation. Now let me go through these two separately and I'll -- I'll give you -- I'll fill in the details. Here's an example of an air sample distribution. I believe this is the Bethlehem Steel facility; I'm not 100 percent certain but that 553 MAC sure rings a bell. I think that's -- that's Bethlehem Steel. The distribution here is a lognormally distributed distribution of -- of data points. As I mentioned, we typically would go up here to the 95 percentile, which is 553 MAC. That's somewhere in the range of 40,000 dpm uranium per cubic meter. Whereas if you look at the -- this would be -- the Z score of zero would be the median value of this distribution, and that's somewhere in the neighborhood of a couple of

hundred. So we're way out here assigning this worker's dose. And in fact the geometric standard deviation on this distribution is somewhere around eight. It's huge. There's a large spread in the data. Those of you who work with geometric spreads know a GSD of eight is -- is huge. It's essentially -- the data -- at one standard deviation is times eight and divided by eight. That's the range for one standard deviation.

As I said, we use the 95th. They have a -- these distributions typically have a very large geometric standard deviation. We assume the exposure for the entire work shift. We don't take out any -- we don't make any allowance for lunch breaks, you know, coffee breaks, smoke breaks, anything of that nature. And this says at Simonds Saw and Steel the GSD was 8.37. I think that might have been Bethlehem Steel, but either way, it's -- it's one of -- it's a representative facility.

We went and looked at a study that Wesley Bolch did of the estimated geometric standard deviation for the -- for lung deposition, including mouth breathing. In other words, how

-- how variable is the deposition in the lung for the entire ICRP-66 model, including the deposition in the lung due to mouth -- the variability due to mouth breathing. And he came up with a GSD of about one and a half. So remember, the GSD on the air sample data is -- is over eight. The GSD on the overall distribution for the lung model is one and a half.

So if you propagate that uncertainty -- in other words, we're trying to get to the upper end of the -- the 95th percentile of the distribution of air samples, you propagate that additional one and a half GSD in with the GSD of eight, you increase the overall uncertainty at the upper end by 6.5 percent. It's a very small percentage in increase. In fact, in this particular example the increase in the uncertainty results in a minimal increase in the intake of the 95th percentile. It's equivalent to a worker taking a 40-minute break, so in other words, it's not making a huge difference.

MR. GRIFFON: Just -- I -- I follow your example. Is that a representative example,

though? The GSD of eight seems extr-- on your extreme side.

DR. NETON: I'd say when we --

MR. GRIFFON: Usually like three, don't you? Or is...

DR. NETON: For air sample data, when we use --

MR. GRIFFON: Air sample data, is that what --

DR. NETON: -- (unintelligible) I don't think so.

MR. GRIFFON: -- that spread for all these things?

DR. NETON: I can't say for certain that they're all eight, but they're all pretty large, and it's not -- it's greater than three.

MR. GRIFFON: Okay. I mean I follow this example, but I wonder if it's representative of everything we're looking at, so...

DR. NETON: We're going to -- as I mentioned, we're going to write this approach up in a -- in a Technical Information Bulletin that I'm sure the Board would -- as part of the process -- the review process, ask SC&A to -- to take a look at, but we're prepared to formally document this at this point.

Now the interesting thing, and this just

occurred to me one night, was when you're using bioassay data, it's different. Because if you think about it, you can only -- what comes out in the urine is directly proportional to how much was deposited in the lung and became suspended. So what we did was we took ICRP 54 biokinetics with type S uranium -- I'm not sure why that says Y -- and -- and looked at the excretion rate for a light worker who's a nasal augmenter. And sure enough, his excretion very quickly went down and became consistent -- it was a consistent ratio between the nasal augmenter and the mouth breather consistently over time, which was quickly stabilized at about two and a half, which is directly related to the amount of dep-- difference in the deposition. It makes intuitive sense, but unless you think about this in the right terms, you wouldn't necessarily think about -- so what this -- it really means, then, is that it's self-correcting. Whatever comes out in the urine, you -- you use to estimate your intake. You will -- you will end up with a higher intake because you're -- you're correcting it for the difference in the amount that's coming

out in the urine. So this is interesting. So this means that the -- the oro-nasal breathing issue, when you relay on bioassay data, doesn't really come into play. It's self-correcting, based on interpretation of the bioassay data, which was a -- kind of an interesting realization on our part.

So in conclusion -- on this one issue, at least -- we believe the 66 lung model's acceptable for use in dose reconstruction as it is. When using air sample data the increase in the 95th percentile is small compared to GSD of air samples. And I agree with Mark, we need to demonstrate that this is more universally acceptable than just the one example I provided, but I do believe it will come out that way.

And the second point is that if we're using bioassay data, the increase in the urinary output compensates for the increase in dose so that it comes out in the wash.

Okay, that's what I had to say on oro-nasal breathing.

We'll move on to a -- even a simpler issue, I think, and that is the -- it -- it came to our

attention that thoriated welding rods -- well, we've known this all along, that welding rods have thorium in them, but we hadn't been including them in dose reconstructions. And the question logically came up: Well, why not? And so we did a quick analysis of this and -- a little bit of background first.

Thor-- thorium is used in tungsten inert gas arc welding. They're at -- the electrodes starting about 1951. And it's about one to two percent thorium by weight in -- in these rods. And you've got the entire natural spectrum of thorium in there -- thorium-228, 230, 232. The ratio of thorium-232 is less than .2 -- this is important dosimetrically. The ratio of thorium-228 to 232 ranges anywhere from .4 to one.

Well, fortunately the NRC had recognized this early on and did some analysis of this, so we took advantage of their -- of their effort. And by and large, our -- our analysis is based on the work that was done in NUREG 1717. In that analysis they evaluated dose from inhalation during direct current welding in four different studies, and the average annual

intake estimated from those studies was about ten picocuries of thorium, with a committed dose to bones and lungs of, as you see there, three and six millirem -- pretty small dose. That's a 50-year dose, not -- not the annual incremental dose.

They also said well, not only do workers receive exposure from direct welding, they also receive exposure from grinding the tips. Apparently when you're doing welding you have to grind your tips to, I don't know, sharpen them or something. I'm not -- I've never done this, but there was a grinding exposure pathway that they evaluated. And in their model they assumed grinding for one minute per hour for 1,000 hours, which generated .3 picocuries per cubic meter dust loading or air -- air loa-- air concentration. And the committed dose to bone and lungs was -- was somewhat similar to that from the direct welding, two millirem to bone and three millirem to lungs.

Based on this analysis, NRC has -- has exempted thoriated rods from licensing. The dose was considered to be too small to consider to be hazardous enough to worry about having a

license to control this use -- this -- this process.

They did also look at the dose to non-welders. In other words, you have people in the environment of these welders. And as you expect, the dose from people in the vicinity of these welding operations was -- was much less than one-third to that of the welder. So not only was there not a problem with the welders themselves in grinding the tips, but the people in the general environment of the welding as it occurred.

So -- so based on this analysis, the annual dose -- we also want to point out that these are 50-year committed doses, and very rarely do you end up with a 50-year dose applied in our -- our dose reconstructions because we take from the day of the first employment to date of cancer diagnosis, and we do annual doses. So these would be parsed out over annual increments, so those annual doses would be much less than these two, three-millirem committed doses.

And so for chronic exposure over 50 years, the annual dose approximately equals a CEDE, which

would be less than ten millirem over any given year. So when we do an overestimate of a dose, the increase in dose would be trivial. For a best estimate, the dose is small and certainly within the range of uncertainty we assign for these which is typically a GSD of three.

So we feel that this exposure pathway is -- is not a significant exposure pathway that -- that needs to be considered in the dose reconstructions for -- for workers in this program.

And I think with that, that concludes my formal remarks, but I'd be happy to answer any questions.

Dr. Lockey?

DR. ZIEMER: Use the mike, Jim, please.

DR. LOCKEY: It's a fascinating presentation. I wanted to ask you about the -- the cancers. When you looked at bone, what -- what were you looking at when you looked at bone? Is that primary bone or is that metastatic bone, or a combination?

DR. NETON: See, bone cancer -- metastatic bone is -- is covered under this program, is it not? That's right, so it's a combination.

DR. LOCKEY: So that's not -- that -- that may be -- represents mostly metastatic rather than primary bone cancer?
DR. NETON: I can't answer that. I don't know.
DR. LOCKEY: And under -- under -- on your last page, I was looking at that. You have urinary cancers -- urinary organ, excluding bladder. Is that -- is that kidney and prostate under 18 rank, 18? That's on your very last page.
DR. NETON: Yeah. Yeah.
DR. LOCKEY: So that's kidney and bladder. Correct?
DR. NETON: No, bladder is down here -- it's got its own model --
DR. LOCKEY: Or kidney and prostate, that's kidney and prostate.
DR. NETON: No, pros-- prostate is included in all male genitalia. That's category number 24. Those are lumped together as one.
DR. LOCKEY: Okay, so 24 is prostate and 18 is then -- I -- I assume that's just kidney. Right?
DR. NETON: Kidney, correct.
DR. LOCKEY: Okay.
DR. NETON: I mean it may be ureter, I'm -- I'm

really not certain. I could get that for you, though. Whatever those ICD-9 codes -- well, it's actually ICD-9 code -- whatever's ICD-9 code 189, which I assume is kidneys.

DR. LOCKEY: Very good. Thank you.

DR. NETON: Uh-huh.

DR. ZIEMER: Gen Roessler?

DR. ROESSLER: Jim, I'm on the list of cancers also, and you listed the three different types of leukemia, and then one category just said leukemia.

DR. NETON: Right.

DR. ROESSLER: I don't --

DR. NETON: That's -- when -- if the diagnosis comes over and we can't tell one of the three types, there is a general leukemia risk model that we would apply.

DR. ROESSLER: So then for leukemia, you'd just add all those categories together.

DR. NETON: That would be total leukemias, that's correct.

DR. ROESSLER: All right. I understand then. Okay.

DR. NETON: Yeah. Interesting -- I didn't point this out, but under all male genitalia,

that includes prostate cancer, and I would -- I would venture to guess that it's mostly prostate cancer in those numbers. And there are a total of 1,800 out of the 12,000 cases that we received were prostate cancer cases, and the compensation rate is not zero. It's two -- 2.7 percent in that category. I -- I did -- I did point out but I think I had on my slide, there's a couple of cancers that are still at zero percent. I think it was ovaries and female genitalia. But those are -- those are also based on small numbers, if you look at -- oh, yeah, 57 ovary case-- ovary cancer cases.

DR. ZIEMER: Jim.

DR. MELIUS: Yeah, I have a comment and -- and -- and then a question. I -- I read your report to the Senate about the -- the list of cancers, and -- and I was disappointed in the report in the -- to the extent that you real-- I don't think you really sort of provided the proper explanation and -- for -- so what is radiogenic, 'cause it's -- 'cause radiogenic really has to do with the nature of the exposure. So even if you look at your current

list, I believe oral cavity, pharyngeal cancer is not a -- considered to be a radiogenic cancer, but you're compensating I think tw-- over 20 percent of them. It has to -- I think it's a -- a -- I won't say an artifact, but it's the nature of the exposures in -- in different facilities. And unfortunately when we ap-- apply this general list to facilities that are so diverse in terms of exposures that there are situations where that list may not be the appropriate list or there may be cancers that are overcompensated, so to speak, or undercompensated, be-- simp-- simply because -- partic-- the nature of the exposures in that facility would -- would tend to in-- involve cancers like, you know, oral cavity and -- and pharyngeal that aren't on that list. There would be a higher risk for them because radiogen-- I mean radiogenic is -- you know, how do you define it? And --

DR. NETON: Well, radiogenic -- the definition of radiogenecity has nothing to do with the number of cancers. I guess I'm confused by your comment. I mean it's rea-- if -- we -- we took it from the perspective is -- is there

scientific evidence in these epidemiologic studies that indicate the cancer itself is caused by ionizing radiation.

DR. MELIUS: Right, and -- and --

DR. NETON: In fact, many cancers on the list -- we don't know. We did not make the original list. That was a list that was provided to us in the Act, if you recall.

DR. MELIUS: No, I -- I recognize that, but the -- it -- it's an artifact of -- of what's in the literature that was used to generate the -- the initial list, and --

DR. NETON: Well, I'm not sure --

DR. MELIUS: -- and I think if you read the more -- more recent -- most recent BEIR report, I think there's an explanation for that and -- and how -- how it is in essence an artifact. I'm not saying that -- that you can do something necessarily different 'cause I think it's hard, because you have such a diversity of sites out there. But I think there should be some ex-- explanation for the -- you know, some of the shortcomings of applying that kind of a list to -- to the -- to the DOE and A-- AWE facilities and -- to that. I mean it's like --

it's sim-- simple, you know, you take the same -- the same thing if you look at, you know, the BEIR report, whatever. I mean there's lim-- limited amounts of scientific information for particular exposures -- scenarios and -- and -- or types of exposure and -- and we just -- you know, there's only so much you can say and then --

DR. NETON: (Unintelligible)

DR. MELIUS: Yeah.

DR. NETON: I -- I would point out that -- you know, you raise a good point, that there are cancers that are often considered not radiogenic that are being compensated in this program at a fairly high rate.

DR. MELIUS: Uh-huh.

DR. NETON: I believe that's more an artifact of the compensation rate being decided at the 99th percentile more than anything. In fact, if you look at the central estimate of the risk model for many cancers on this program, it's very near zero. It could even be negative at the best estimate, and still be paid some value -- some positive value at the 99th percentile.

DR. MELIUS: Yeah, and --

DR. NETON: I think that's -- that's part of the (unintelligible).

DR. MELIUS: Well, I think -- I think that's another factor, and I -- I just -- wanted to just argue is you should have explained that in your report --

DR. NETON: (Unintelligible)

DR. MELIUS: -- 'cause I don't think that's the -- the impression that -- and -- and I don't think it explains the discrepancy between the rate at which you're compensating particular cancers and -- and what's on that, you know, so-called radiogenic list.

DR. NETON: I appreciate the feedback.

DR. MELIUS: Yeah, it's -- it's a comment. Take it for whatever.

I also have a question, and that's -- I believe at one point you were working on a model for CLL.

DR. NETON: Yes.

DR. MELIUS: And I'm -- what's the status of that?

DR. NETON: Right, I -- we -- we are -- we are -- we're in the development stage of that model. We actually have a version of IREP -- a

test version with a model that we -- we've developed and are examining it for -- to see if it makes sense, to use a non-scientific term. And I hope that we can report on that in the near term, but it's not going to be quick, probably be six months down the line, somewhere in that ra-- we -- we have gone out and -- and polled the scientific community, five subject matter experts like we normally do, as to should chronic lymphocytic leukemia be -- be considered as -- as a radiogenic cancer. We have that information back. We've evaluated it with sufficient information -- feedback from us to go to see if we should -- could develop a risk model. This is about as far as I can go with it, but -- until we can get the risk model tweaked and have a definitive model that appears to work, we can't go any further.

DR. MELIUS: Am I over-interpreting, but are -- so you -- you have decided that you will -- you are developing the risk model.

DR. NETON: There are two things that have to happen for us to put CLL on the -- on the -- to recommend adding it to the list, and that is, is it potentially radiogenic; and if -- if we

believe it is, is there a credible risk model that can be developed to (unintelligible) --

MR. ELLIOTT: Well, let me make a correction here. We're not -- we're not asking the subject matter experts if it's radiogenic. We're asking can we put together -- can we develop a risk model that makes sense and is scientifically defensible. Okay? The risk model could be done and it -- and it -- have real low risk coefficients, and that's -- you know, maybe that's the way it'll come out. So we're -- that's what we're looking at. We're not -- we're not asking subject matter experts to determine the radiogenecity. We're asking can we develop a risk model that is scientifically defensible.

DR. NETON: And one -- I'm sorry -- I mean Larry's right, I mis--

DR. MELIUS: Yeah, no, tha-- tha-- tha-- and it's a question of -- of the amount of data, so I mean --

MR. ELLIOTT: Yes, the amount of data --

DR. MELIUS: -- (unintelligible) BEIR has a --

MR. ELLIOTT: -- is at issue.

DR. MELIUS: Yeah, BEIR has a number of risk

models for non-radiogenic -- so-called radiogenic --

MR. ELLIOTT: Right, right.

DR. MELIUS: -- cancers, so --

MR. ELLIOTT: So that -- that's the -- that's the prime issue.

DR. MELIUS: Yeah.

MR. ELLIOTT: Do we have enough data to develop risk coefficients from.

DR. ZIEMER: Yes, so built into that is the issue of having a risk coefficient, which means that there's some kind of a risk estimate that's based on some data. So sort of inherently -- I think one might argue that if you can show that there's a risk coefficient which says that there's a relationship between cancer and dose, that that might argue for radiogenecity.

DR. MELIUS: Well, it's not -- it's not how it's done. I would simply (unintelligible) --

DR. ZIEMER: Well, it's not how it's done, but I think Larry is saying --

DR. MELIUS: Yeah, yeah --

DR. ZIEMER: -- without a risk coefficient, we don't have a model to use. And --

DR. MELIUS: Yeah, yeah, I (unintelligible) --
DR. ZIEMER: -- and a risk coefficient implies that relationship, yeah.
MR. ELLIOTT: So what will happen next, if we determine we have a viable risk model?
DR. MELIUS: Uh-huh.
MR. ELLIOTT: We would put forward a rule-making change and seek the Board's involvement in that.
DR. MELIUS: Okay, I --
MR. GRIFFON: Can I --
DR. ZIEMER: Mark (unintelligible) --
MR. GRIFFON: Just a little -- just a little clarification on -- on -- I guess process on that. Do you -- you have a -- a draft model that was developed, or -- or you're asking experts whether a draft model -- a model can be developed? I'm not sure -- do you have a draft model in hand? Was it developed by maybe SENES or -- or --
DR. NETON: We have various models in development. I mean there's not just one.
MR. GRIFFON: And -- and are the--
DR. NETON: It's complicated because, you know --

MR. GRIFFON: Yeah.
DR. NETON: -- what is the target organ, also, for chronic lymphocytic leukemia? The medical literature --
MR. GRIFFON: Right.
DR. NETON: -- is very unclear. Is -- is it -- is it a cancer that originates in the -- in the bone marrow system itself, or is it a cancer originates in the lymph system? I mean there -- it's just -- it's not very well-defined and we're learning that.
MR. GRIFFON: Yeah, but -- but -- and the experts are -- are being asked to -- just a broad set of questions, or are they -- are they actually reviewing a draft model --
DR. NETON: No, no, not --
MR. ELLIOTT: They're not reviewing a draft model.
MR. GRIFFON: Right now they're just being asked the broad questions.
DR. NETON: That's right.
MR. ELLIOTT: Right now they've been asked is there enough data to support development of a risk model and risk coefficients therein.
DR. ZIEMER: Thank you. John Poston.

DR. POSTON: Jim, can you say a little bit more about the DDREF? It seems to me, maybe I'm wrong, that if you apply DDREF, then the estimated doses are going to go down. And you know, while I'm all for scientific accuracy and so forth, but we always hear the word compensable and -- and so forth used when we're doing these evaluations, and so I'm a little confused as -- why --

DR. NETON: It's not --

DR. POSTON: While I welcome that, I'm still a little bit confused when we're trying to be compensable.

DR. NETON: It's -- it's not that we're trying to find whether we should or should not use a DDREF. It's what is the distribution that should be applied to it. In other words, you know, there's a central -- there's a central estimate that's applied, and I honestly can't remember off the top of my head right now what it is, and there's a certain -- there's an uncertainty range put about that. SENES has gone and looked at the more recent literature to determine, you know, are there more credible values that could be included in this

uncertainty distribution, and the jury is still out. We don't know whether it would tend to move the central estimate lower or higher, but -- but we're looking very closely at it. And there's also a unique twist to this in the sense that -- no one's looked at it from this perspective before -- there's a -- there's some connection between RBE and radiation effectiveness factors that -- you know, they almost are -- are looking at the same issues, and we're trying to tease that out a little bit. You know, as you go down in energy, the RBE seems to go up, the REF goes up and is that really a DDREF issue or is that a radiation effectiveness factor issue and -- and we're looking at that very closely and -- and we'll see where we -- where we land on this.

DR. POSTON: (Off microphone) (Unintelligible)

DR. NETON: Yeah, the DDREF that we developed is unique to this program. I mean it's --

DR. POSTON: Well, I -- I commend you for trying that. But as you well know, the RBEs for even a single type of radiation vary maybe up to a factor of 100, and the RBEs are wei-- radiation weighting factors are just chosen as

sort of -- some median position in the distribution.

DR. NETON: Well, we've developed our own unique distribution for every radiation type in this program.

DR. POSTON: And the DDREF is also distributed some way that you -- and are you going to look at individual organs or you -- how are you going to -- I mean --

DR. NETON: I don't think --

DR. POSTON: -- how far are you going to break this thing down?

DR. NETON: I -- I hear you. I don't think we can go down to the individual organ level, but -- but, you know, we're trying to figure out what the literature says. I mean that's what we do. We look back and developments and the literature and see what it tells us.

DR. POSTON: Well, the other question or concern I have is, you know, in -- in our control approaches we look at 50-year committed dose and you've -- you're doing annual doses. And so, again, that's another factor that may just muddy the water completely.

DR. NETON: Yeah.

DR. POSTON: Be interesting to see. Thank you.
DR. ZIEMER: Mark?
MR. GRIFFON: Just -- just -- I think this is the last one, Jim. You -- you mentioned in your first slide smoking adjustment for lung cancer. I can remember a workgroup meeting -- I think it was the first Mallinckrodt workgroup meeting -- where I asked about adjusting the other way for -- ICRP-60 does have some statements about adjustments for -- I think they -- I forget the -- what they call the factor, but their -- they question as to whether smokers would retain materials in the lung longer, and it's not intuitively obvious, at least to me, whether that's going to increase dose or decreases 'cause there's a couple of competing factors there. But there are some factors suggestive of ICRP-60 on adjusting that retention in the lung because you -- you -- of smoking experience, rather than adjusting on the epi side. I understand that's what you've looked at, and have you looked at the IMBA --
DR. NETON: No, we haven't (unintelligible) --
MR. GRIFFON: -- the internal dose side at all,

and I -- if -- if not, I would suggest we might want to look at that.

DR. NETON: You know, I honestly don't recall that issue, but I'm sure it did, I (unintelligible) --

MR. GRIFFON: I brought it up. Dave Allen brought ICRP-60 into the meeting, actually, and we -- we talked about it briefly, but we never sort of --

DR. NETON: It's certainly an interesting issue to look at. We haven't -- we haven't looked at that at all, though.

DR. ZIEMER: Other questions, comments?

(No responses)

Jim, thank you very much for a very interesting update. We look forward to the outputs from some of these.

NIOSH WEB SITE UPDATE

Next we'll go to NIOSH web site update, and Chris Ellison is going to tell us what's happening there. Chris?

MS. ELLISON: Good morning.

DR. ZIEMER: Good morning.

MS. ELLISON: I believe it's been a while since I've given a presentation on the web site, so I

know this morning there are some issues that you all would like to have addressed regarding transcripts and minutes. But before we get into that, I -- I know that there's some new Board members and I don't think we've ever done any web site tips and tricks for anyone recently, and the web site seems to be growing by leaps and bounds so let's spend a few minutes to go over some navigation things for you all to hopefully help you find things on the web site.

You should have received in your packets a handout, and it's what's up here on the screen. And I put this together for you all to -- to give you somewhat of an idea of how to navigate through the web site, and I think it's best if I -- I try to show you some of this.

Just to point out the magnitude of the information on the web site, currently there's 126 individual web pages on our web site. And from the time I had put this document together -- at that time we had just under 2,000 PDF documents. That number's now right around 2,002, 2,003, and it's going to jump again today. And of those, currently there's about

419 of those deal with Board activities. That includes your minutes, your transcripts, SC&A documents and those sort of things that I've lumped together in that number.

Something else that's new with the web site, and I hope that you all are receiving these -- we've started a notification system. And each time the web site is updated, I send out an e-mail notification letting people know what page has been updated and then I tell you what section on that page has been updated and the information that's new, or what has changed. And you don't have to tell me now, but if you're not receiving those messages for some reason, please let me know because I think that's vital to what you do to receive that information on what's being updated. So -- and then the other thing, just to let you know how I work the web site, information that is submitted to me -- I do try to get it up and posted on the web site that day. I can post things anywhere up to about 2:30 in the afternoon, so -- and it -- once I get done with my job, I have to push it on to -- to be updated, so...

Now the rest of that packet that I have given you, it contains some tips and tricks on recommended pages. And forgive me, the version that I have on my laptop is running off of a CD because they could not provide me with a land line for the internet, so mine is not quite up to date, but I have as much of the web site as I could load on my CD.

One thing that's important to know with the web site, and I hope you all kind of figured this out, is our navigation system. And if you look, it's up on the right side of the screen, each page has three sections to the navigation system. It always has this section here at the top that says "on this page," and that'll tell you the topics that are on the page you are currently on.

The next section to the navigation bar contains the claimant corner, and we've kind of put together information in that section of the navigation bar that we think the claimants are interested in, their claim information, some commonly-used acronyms and those sort of things that we think that thi-- this is the top order of what the claimants might want to come to our

web site for.
And then down below, on the navigation bar's third section -- which is quite lengthy and it's just the overall directory. The Advisory Board link is on there under that section, and there are some -- some links that are in both the claimant corner and down there on the OCAS directory. We just wanted to make sure people find the information that they need.
And now on to some of the -- the pages of interest. One of the things that I think you're most interested in is finding information on specific work sites. I believe it was up until somewhere around the end of 2005, if you wanted to find a site profile, a technical information document -- TIB, TBD -- you had to go to the page on technical information documents. If you wanted to find something out on an SEC on a site, you had to go to the SEC page. Something that we've created -- and they're fairly new, but I'm hoping the -- the use of them gets picked up. Under the claimant corner there is a link called list of work sites. I highly recommend that -- if you're looking for information on a

site, that you go to that link.
If you go to the SEC page, if you go to the technical documents used in dose reconstruction page, you're going to find information -- these same links, and they're all going to link you to what we call our site pages. The difference in -- and this list is most comprehensive, and the difference between it -- there are some sites that we only have SEC information on. There are some sites that have both technical documents and SEC. If you go to those site pages, you're going to find all the information that we have developed on those sites. If SC&A has done a technical report on a document pertaining to a site, it's going to be on those site pages.
For instance, let me go to one -- let's pick a good one.
UNIDENTIFIED: (Off microphone)
(Unintelligible)
MS. ELLISON: I'm sorry?
UNIDENTIFIED: Rocky Flats.
MS. ELLISON: Rocky Flats, I can go to Rocky Flats. And again, on this page you're going to see up there where it tells you "on this page,"

you're going to find site profile, if there's any TIBs the TIBs will be there. The Program Evaluation Reports or the Program Evaluation Plans, worker outreach activities, comments on the Rocky Flats documents -- I'm going to bump there real quick -- and if you look there at that third bullet, there's the information that SC&A has presented on Rocky Flats. So it is also located on that page.

I was trying to think what else. Some -- I -- I receive comments about the web site, and I know one of the things that people are having issues finding, if you look -- if you look right here under -- this is back on the list of web sites page. If you look back here under AWE site-wide documents, the -- the TBD-6000 and 6001, those are not specific to a site. Those are specific to Atomic Weapons Employers in general, so there are the links to those documents.

If you're familiar with those documents, they have a lot of appendices. The appendices cover individual sites. For instance, GSI is one of them. If you look on this list of work sites, it is also listed. It will take you to that

document and you can scroll down to the appendices. So if you're looking for site information, I highly recommend using the list of work sites pages. Like I said, those -- those individual work site pages will get you to all that information I think you might be looking for.

Also another alternative for you is -- my little mouse doesn't want to work -- it's either in the claimant corner section or you can also find this link down lower on the OCAS directory. We have a help A to Z. And again, if you want to find something on GSI -- I'll keep picking on it -- it should be on there, and that will get you back to the GSI page. TBD-6000 and 6001, I clicked on U for uranium, 'cause that's what those documents talk about, and here is the link again to those documents. So -- also the help A to Z page will get you I think to where you want. But again, I would highly recommend those individual site pages. Any questions on any of that real quick before I --

DR. MELIUS: I'd like to --

MS. ELLISON: -- trudge along?

DR. MELIUS: I would just point out that the individual site pages are not complete and -- good example is Blockson, which we've been talking about in the last few days. The SC&A report is not available. It's only available on the Advisory Board page.

MS. ELLISON: And which document would that be?

DR. MELIUS: Well, if you go to the Advisory Board page, you'll find a document which is the SC&A review of the Blockson.

MS. ELLISON: Right there it is, the top one, possibly, comments from Sanford Cohen & Associates?

DR. MELIUS: Okay, I stand corrected then.

MS. ELLISON: I'm sorry. I'm telling you, things are in so many different places, it -- it's hard to keep track, even for me, but I do try to remember where I place everything. And I do know -- and most of them are under comments on the -- the documents. There is one page -- let me go to the Dow page real quick. Dow Chemical Company -- most of these sites have comments on -- Dow Chemical Company, you'll see -- here we have documents related to Dow Chemical. One of the issues when these

reports are done by SC&A, there was one that was a focused review of operations and thorium exposures at Dow Chemical Company, Madison plant, was the title. It's not really a comment on a specific document. It's not a -- it's a comment on a site profile, TBD, a TIB. It was something else -- something related, so it got put in a little bit different category on that page, but it is also there.

Yes, ma'am?

DR. ROESSLER: The list of work sites is really helpful, but what I've been doing is I ignore the claimant corner list.

MS. ELLISON: Uh-huh.

DR. ROESSLER: I go down to the OCAS directory and it's not there, so I've been going to help A to Z. I think it would -- I know you want to keep that short, but I think it would be good to have it down under OCAS directory --

MS. ELLISON: And that's easy enough to do. We can do that.

Let's see, what else would I -- all right, we've kind of talked about -- in the packet that I've given you, kind of talked about the technical documents used in dose reconstruction

and how you can find those. Again, I strongly urge that you use the site pages.

Advisory Board page is another thing I mention in your little packet of information there. Here Advisory Board page contains a lot of information, and what I've done -- what we've done recently is, with the transcripts and minutes, the -- on your page are only things currently from this year. If you scr-- if you look down through that director, or the navigation of "on this page," you're going to find -- the charter is out there, and a list of your members and how to contact the Board, subcommittee and workgroup information, all of your subcommittees and workgroup members and things are listed there.

But then you come to the meetings, and that takes up a large portion of the -- of this page. And what we've done is only the -- the meetings from the current year are posted there. You have to go to some supplementary pages to get to the other previous years. But I've done that so that page is not humongous 'cause it's fairly large as it is.

On this page also you'll find the technical

support for the Board's review. That's the contract information for SC&A. And then there is also the section on the recommendations from the technical support contractor is where I put all of the SC&A reports, and I clicked on that to get you down there.

One of the things I've done -- a while back, and I'm sorry, I don't recall when I changed the format for this -- they were listed by the date that they were submitted or received, and now I've kind of broken it down into categories to hopefully make -- make it a little bit easier. So it's a live and learn situation; as things grow, things change. I'm just going to scroll down through these, sorry, rather than popping back up.

The next section on that page are the -- your recommendations on SEC petitions. Again, these are posted on your Advisory Board page and again on the individual S-- work site pages, so they're in both locations, wherever you're trying to find them. And that's pretty much it on that page.

The last thing in the handout I gave you is a big table at the very, very end. And what --

what I have done is taken the navigation bar and I've told you what section of the navigation bar this item deals with. And then I told you the page. I've given you the link to that page, and then a little description of the information on that page. In that description, it's all those items that are on the navigation bar on -- under this pa-- on this page. So this kind of gives you a summary of what's on all the main pages on our web site.

Before I go on and discuss transcripts and minutes, any issues about what's on there and where and how to find it? Jim?

DR. MELIUS: Yeah, I think -- I would also suggest that if we're going to have a comprehensive page for each site, that it really be comprehensive, that it include the workgroup meetings for that site. It should include, if there's a workgroup, the listing for that workgroup. And then also the transcripts from those workgroup meetings where they -- they have been transcribed. Again using Blockson as an example, the workgroup meeting that we had today is not mentioned at

all. I mean --

MS. ELLISON: No.

DR. MELIUS: -- and now maybe that's a question of -- because of scheduling and so forth, though it was transcribed and so forth, we have no -- no record of that.

I'd also suggest that we, you know, put all things relevant to the SEC evaluation together, things relevant to the site profile review together so that people can go and -- do that.

I think the -- the other issue -- and I'm not sure there's anything you can do about this -- is that if you try to use the search function, you end up with a lo-- just -- (unintelligible) information and it's -- the labeling is -- sometimes it's labeled by its web site, you know, address. Sometimes it's a document -- you know, a long title that -- then cut off so you have no idea of what's there and --

MS. ELLISON: And part of the reason for that -- let me scroll back up here so people understand what I'm referring to. If you look at the very, very top of the web page, all the area in the blue -- the CDC logo and -- and items -- are -- are you referring to the search

that's up in that --

DR. MELIUS: Yes, says search NIOSH, and --

MS. ELLISON: And it tur-- it searches the whole entire NIOSH site is the issue. I -- I tested it and did a couple of searches -- and I'm sorry, I'm not on line here --

DR. MELIUS: Yeah.

MS. ELLISON: -- to do it, but I know I typed in like Hanford, and I think I typed in Y-12 and a couple of the other sites, and the first thing for me that popped up was the individual site page.

DR. MELIUS: Ye-- no, it -- it gets -- but then it gets other stuff, too --

MS. ELLISON: Yes, it does.

DR. MELIUS: -- that actually may be helpful to people.

MS. ELLISON: Right, right.

DR. MELIUS: You know, I mean -- and again, I don't think you can put the section of each --

MS. ELLISON: No.

DR. MELIUS: -- Board meeting that reference, you know, say Blockson or something --

MS. ELLISON: Right.

DR. MELIUS: -- in the site page, but -- but

it's -- it's a hard one. And again, I don't know if there's something -- you know, if you had a separate OCAS search, maybe it's better, but it's also the -- I think -- I think the nature of the technology that -- that you're using, but I -- I think it's very important that there be -- and I -- I think if there can be some instructions on there, maybe there are, just for the users that they -- again, this is for people that are, you know, interested in what's happening with a site are able to come back, can't find it on one page, but let's make it really -- really comprehensive and we'll talk a little bit about the Privacy Act stuff next 'cause I think that's another part of that.

MS. ELLISON: Yes, it is, and -- and thank you for that. There's one other thing you had mentioned about the meetings and things and that I didn't quite point out. The -- the meeting-- the Advisory Board meetings are listed on your Advisory Board page. Down under the -- the OCAS directory section of the navigation bar there's also a link to public meetings. And again -- just to point out the

differences to you all on these two si-- two pages and two sections, the Advisory -- the -- the meetings listed on the Advisory Board page are obviously just those of the Advisory Board. NIOSH does -- we -- we do conduct some public meetings with workers and things, so that other page does have a mix-- mixture of both Advisory Board meetings and other meetings that might be occurring. So just in -- in case you're wondering about that.

Any other issues with navigation and where you find things?

DR. WADE: Chris, in terms of --

MS. ELLISON: Yes.

DR. WADE: -- Dr. Melius's desire to see that on the site page you would find the workgroup identified and workgroup meetings, that's very doable.

MS. ELLISON: That-- that's pretty easy to do. We can -- we can work on that.

DR. ZIEMER: Just a cross-link.

MS. ELLISON: Yeah, yeah, that-- that should be no problem and I wrote it down.

Okay, I'm going to move on then to the other issue at hand. I know it's a burning desire

for some of you there, the transcripts issue. And -- and just to give you a little bit of background on this, and I think -- did Zaida provide you all with a --

DR. WADE: Yes, everybody should have the matrix of transcripts.

MS. ELLISON: -- should be a spreadsheet on this. To give you a little background of where this started and what's currently occurring with the transcripts and minutes, I believe it was towards the end of May the NIOSH Privacy Act office determined and decided that the minutes and transcripts needed to be reviewed and redacted for Privacy Act concerns. And part of that stems from -- if you think about it, we -- we try, and we're bound by Privacy Act, to protect the privacy of our claimants and also those SEC petitioners. During the Board meetings you -- you address the petitioners by name and call them up. They speak, so their names are in the transcripts. And even during some of the public comment sessions individuals obviously give their name, they talk about their health conditions, but it's not only just that. They also talk about

other people's health conditions and things, and those were in the transcripts so that is stemming part of the concern by the Privacy Act office and why they have now asked that these things be redacted before we post them.

And one thing that does occur, when Ray completes a transcript he does send an electronic copy to me, but he does also send it at the same time to the NIOSH Privacy Act office, so they do get them at the same time. It helps me keep track of what I'm waiting on and that's sort of how this -- this spreadsheet that you have in front of you was put together. I do have some changes and updates for you, if you don't mind -- yes, sir.

DR. ZIEMER: I'd like to get a few comments on the Privacy Act issue. I for one don't understand the ruling -- it seems to me it's a defensive reflex on the part of the agency, but the -- the open meeting is a public meeting, and once something is public, I don't see why it isn't public. People have revealed themselves. If -- and -- and I know probably it takes a full legal reading but this is not unlike patent issues. If somebody in a public

meeting tells about their idea, they've lost patent rights. It's public.

MS. ELLISON: Right.

DR. ZIEMER: It's too late. And why is this any different from any public meeting. Our transcripts would be in the public domain much faster if the redaction wasn't done and, you know, the Village Observer can sit here and videotape --

MS. ELLISON: Right.

DR. ZIEMER: -- legally, and I think it was the name of the group that was taping our procedures (unintelligible) and put them on the air. Or any news media person could do the same.

MS. ELLISON: Right.

DR. ZIEMER: So I -- I would hope that that -- that decision at some point could be revisited. I don't see how it serves us very well at all.

DR. WADE: I mean that's noted. What I can do is I could have someone from the Privacy Act office here -- not here, but at our December call and have that issue explained and debated.

MS. ELLISON: Right.

DR. ZIEMER: Yeah, I -- I'm -- I think if you

act a Privacy Act person about that, I know what the answer will be. I'm wondering from a legal point of view if that were -- see, to me, if I'm a Privacy Act person, their starting position is that almost everything is private and then we'll go from there. But this is a public meeting, and the -- the information is already in the public domain. A reporter could be here and report it and so on. (Unintelligible) it's just -- I'm sort of asking about the logic of it and it concerns me because now it seems to be a major bottleneck in getting our transcripts available to people. I don't know how the other Board members feel about this, but I am certainly concerned. Wanda, Jim.

MS. MUNN: I can see attributes on both sides of the issue. The fact that this is a public meeting means that anything that's said or done in what we do is available to the public. Whether or not it's actually placed in front of the public eye is a different thing. And when we have people talking, especially about case reviews and case reports, and they frequently do refer to their colleagues, other people that

they've worked with, I can see that we would have no way of knowing whether those other individuals have given their permission to have their names and information put on the -- on the record or not. Even though they're on the public record, unless someone goes to our site to look at the printed information afterwards, they have to be actually present at the time in order to see that data. Anyone who is not present at the time has to go look it up. And if -- if we become the channel through which that information which was not agreed to is made public on a much broader scale, then it does rather put us in a questionable light. Right?

DR. MELIUS: Yeah, I think what we need to seek out 'cause I have some -- share some of the concerns that -- that Wanda has, particularly about the public comment period of the -- of the meetings, and people -- or people not understanding what -- what it means when they get up at the microphone and speak, that -- that that's then going to be available very widely and someone can look up their name on the internet and, you know, find that --

whatever Joe Smith said, this or that, and has cancer and, you know, insurance salesman comes to their door the next day or something, which isn't that far-fetched and I -- and so maybe what could be worked out is I -- I think most of the business parts of our meetings are -- this is not an issue and I think usually in the Board -- in the way things are presented to us, we're very careful about what we -- we -- we say that -- and -- and we have lawyers in the audience that -- that -- for our government that -- who can, you know, maybe red flag if there -- there is something that is questionable. But maybe if the process was split up so that the Board business meetings could get onto the -- the web sooner and maybe without review or with less review, and then put the public parts of the meeting on later with -- with appropriate review. Now this all -- I mean I agree also with Paul, there's a question of how much you take out and -- and -- and so forth and then, you know, do we want to -- we're trying to follow up sometimes on -- on some of these situations and making sure we have some way of -- of continuing to do that

about a particular -- particular site or something. But to me, some of -- approach like that. I mean we've got situation -- we have meetings from February of this year that the minutes are still not available, and -- and it's not a -- I think that's --

DR. WADE: (Off microphone) (Unintelligible)

DR. MELIUS: -- very bad precedent for an open meetings. I think in some cases the transcripts are but the minutes aren't, but in terms of public information that -- you know, that -- read through the transcript, which is...

DR. ZIEMER: Can you -- Lew, can you tell us, or someone else, is it the public comment period that's the main issue? Is there much redaction done from the main Board meeting?

DR. WADE: From my perspective, no. And I think -- to the issue of relative amounts of work, it goes to the relative amounts of pages of the -- the Board meeting and the public comment. I think Dr. Melius's suggestion is a wise one.

What I would like to possibly -- how I'd like to approach that is possibly for the Board to

give a sense of what it thinks is a reasonable time lag between the occurrence of a meeting and the posting of the transcript or minutes. If we could set a mark for that, then we could work processes to try and reach that. And if bifurcating the work is necessary to do that, then that might be a tack that we'd take. But I would like to leave here with some sense of is one month, two months, three months -- what's reasonable from the end of a meeting to the appearance of the transcript.

I need to make one point for the record, I think, Paul. And this goes to Privacy Act, but I'll make the point in terms of security issues. We've had public comments made that have raised security concerns. The fact that those issues have been raised in a public forum doesn't mean that we can publish transcripts (unintelligible) --

DR. ZIEMER: Particularly if there's classified issues that arise.

DR. WADE: Privacy stuff is as important, really, as (unintelligible).

DR. ZIEMER: Well, let me ask this question. Is it possible for the Board to enact some

rules of engagement where -- whereby we specify that individuals participating in the public comment period may not discuss other people's cases, or name them? Is that possible to do?

DR. WADE: It's possible to do; it's impossible to --

DR. MELIUS: Yeah, I think --

DR. WADE: -- enforce.

DR. MELIUS: -- we'll have a hard time doing that and -- and -- from the Privacy Act perspective, I mean -- then you -- trying to figure out what's the relationship 'cause you -- remember, it's not just -- it's not just family members. You know, it's --

DR. ZIEMER: I understand, I'm --

DR. MELIUS: -- people speaking for --

DR. ZIEMER: -- I'm asking whether --

DR. MELIUS: -- other people and there's the permission issues and so forth and -- I mean I've done a lot of public meetings and -- and telling people not to reveal their --

DR. ZIEMER: And it still happens.

DR. MELIUS: It still happens.

DR. ZIEMER: Okay.

DR. MELIUS: I mean they can't help them-- you

know, selves.

BOARD WORKING TIME: TRACKING OF STATUS OF TRANSCRIPTS AND MINUTES

DR. WADE: But to set the stage -- excuse me -- for this discussion that we're going to have -- I mean I have to give kudos to Ray. We -- we put the work of the workgroups and the Board first, and the rule we followed is that if a workgroup chair wants a transcript, they get it almost immediately. Now it's not been redacted, but they can work with it. Now that sometimes upsets the queue in terms of other things, and that's my responsibility to manage and, you know, I take that responsibility gladly.

If I could get a sense from the Board of how soon it wanted to see redacted transcripts posted, then that would be a starting point. I can't guarantee that we could meet that. I'd like to get a sense of the Board, you know -- the numbers that jump to my mind are one month or three months. You know, what's the sense of the Board? One month is --

DR. ZIEMER: Wanda Munn.

DR. WADE: -- tough; three months is doable.

MS. MUNN: I think there is something in between that we might consider. One of the --
DR. MELIUS: (Off microphone) One and three, (unintelligible).
MS. MUNN: -- one of the -- yeah, one plus three, let's see, in between there there might be.
The -- the problem with minutes being too late or not appearing at all seems to be that we can't refresh our memories with respect to exactly what was said, exactly what the action items were, exactly who is charged with doing what. In light of the current schedules that we have with respect to face-to-face public meetings, for a full-scale meeting of this kind it would appear that a time period like in the six-week time frame would be a reasonable expectation that would appear to give a Privacy Act office an adequate amount of time since the turnaround time on their draft review for -- of the minutes is relatively short -- what Ray, normally two weeks or so they have the information back? Is that about right? No, you don't normally get -- you don't normally get that --

THE COURT REPORTER: I can speak?
DR. WADE: Yeah, you can speak.
THE COURT REPORTER: You're asking two weeks from the --
MS. MUNN: No.
DR. WADE: No, from the time the meeting is over to the time we receive --
MS. MUNN: I'm -- I'm talking about the time the meeting is over to the time you send the draft in to the Privacy Act is usually --
THE COURT REPORTER: Right, I'm glad to speak to this because like just in Naperville I've been hit by four different people saying Ray, I need those immediately, and I usually take that to heart and do it, which means other stuff that's still pending gets waylaid. I think what would help the process is more interaction with directive to me. You know, like if all the requests would go to Dr. Wade or Dr. Branche, and then they tell me this goes in order. So you know, it's hard to just generally state how fast something gets somewhere.
One thing that I'm thinking is, given the huge amount of meetings we're having, it's just

about impossible for me to get everything turned around in a month. And if you say let's turn it around in a month, are you talking about all the workgroups also, because that would be impossible.

I've had one idea, because I'm real backlogged on minutes right now because there's been so many transcripts to get out, is that if I could bring one of my reporters with me, I could be working on minutes at the meeting and have those out almost immediately and -- while the court reporter's taking down the verbatim. That's just a -- just a thought, just an option that I have that could help expedite me getting stuff to the redaction department. So you know, if we're going to talk about just the big Board meetings and I can get to work on them immediately, I can turn those around in a month and then how long it takes the Privacy Act people, I don't know.

DR. WADE: If you would -- in my opinion, if you were to say two months for Board meetings, the last date of posting, I think that's -- that's achievable.

MS. MUNN: That's achievable, then -- then that

seems to be a reasonable starting point. With respect to working groups, now this creates an entirely different issue for many of the working groups have a working phone call and a working face-to-face in between our full Board meetings. I know it's certainly the case with the procedures workgroup. We feel like that's necessary for us to keep track of -- of the new findings that are coming in on a routine basis. So in the case of some of the workgroups that are most active, a turnaround time for them, especially of a rough draft, not necessarily redacted or -- or posted yet, but that's crucial for the smooth operation of the -- the working group. So if Ray's suggestion that we bring our specific requests to our Designated Federal Official and have them make some prioritization, if that falls on welcome ears --

DR. WADE: Oh, sure.

MS. MUNN: -- then I can see no reason why that wouldn't be --

DR. WADE: Right, and --

MS. MUNN: -- (unintelligible).

DR. WADE: -- I would also add, if you want any

part of a Board meeting immediately -- I know Mark wanted a section on a Rocky Flats discussion immediately after a Board meeting -- we would get it to him that next day or within two days. Again, it's not redacted. It's for his use. That I think we've been pretty good at being able to do. But getting it redacted and posted then takes time and things slip in the queue.

DR. ZIEMER: As the -- maybe a reference point, Ray, can -- can you tell us in -- you do a lot of legal -- court cases and so on and -- is there some kind of standard that's used in the legal profession as to what would be -- what would constitute sort of the timely appearance of -- of transcripts from court proceedings, for example? It -- this might -- perhaps could serve us as at least a reference point. Not that we would use that, but -- you know, is the turnaround time two weeks, two months, a year, what --

THE COURT REPORTER: Well, actually in Georgia, and this varies from state to state, but in Georgia it's 120 days from the time a trial is finished before that court reporter has to have

it filed in that courthouse. Now of course all the court reporters could turn that around in two weeks, but they're usually not set aside and said you now have two weeks to go work on that trial. They're immediately back in more court cases, taking down. And that's the problem. It's like if I was to go home right now and have nothing to do but Naperville, you would have it at the end of next week. But of course I've still got -- I currently have 18 transcripts pending just for this group, and I think most of you know this isn't the only project I work on, although it's the main one. And what I'm suggesting is that the workload for this group alone is more than one person can handle. I mean I love this work and I'm honored to do it, but it's just obviously more than one person can handle and get your transcripts and minutes out timely enough. And I am saying that I can bring aboard another person, which would help immensely.

And one other thing about the turnaround, I think whatever y'all determine is doable. It's just my -- but then we have to determine what kind of manpower I bring aboard.

DR. ZIEMER: Jim.

DR. MELIUS: Say -- actual -- the common practice in court in depositions now is instantaneous transcripts, at least in depositions. You see people hooked up to computers and networked and doing that. In court it's usually overnight turnarounds are requested, and some of that's the technology and do use a little different approach than what Ray does.

I was going to suggest that we -- we check about the availability of that Italian gold medal winner from a few years ago who I think is -- heard is so much quicker and might (unintelligible) --

DR. ZIEMER: (Unintelligible) all the transcripts (Unintelligible).

DR. MELIUS: But seriously, I -- I think that two months is too long, and I -- I think try-- you know, 30 days is what we should be -- aim for. Now that's with the proviso that one is that we -- we may want to, you know, bifurcate or -- or try to eliminate some of the -- the roadblocks when we know there's going to be problems, like the public meeting aspects of

some of these meetings that they could take a little bit longer.

DR. ZIEMER: Jim, are you talking 30 days for the total process --

DR. MELIUS: Total --

DR. ZIEMER: -- Ray plus the redaction?

DR. MELIUS: Total process. 'Cause I don't think it's just a question of us 'cause we actually do have quicker access to some of this information because of -- we can see it before it's redacted if -- if necessary. But for, you know, the public out there that -- that I -- I think -- it's transparency and certainly the -- the current situation, the backlog is -- I -- I don't think it's acceptable and I think it's become problematic in some of the deliberations of the Bo-- of the -- of the Board, so I would like to see -- see something sooner, and I think if that requires additional resources -- not the Italian, then maybe an extra person with Ray, that --

DR. WADE: And extra --

DR. MELIUS: -- that's fine.

DR. ZIEMER: Okay, Mark.

MR. GRIFFON: Yeah, just -- just to reflect on

the Rocky Flats experience, I mean I think as we went along with workgroups, I also tried to, as workgroup chair, start to pay closer attention to keeping a detailed list of actions that were due by NIOSH, by SC&A and making sure that those went to the petitioners, too, al-- although that was, you know, difficult to manage in and of itself. We had a matrix that was growing out of hand. I -- I -- I do know that we -- we did run across in that process a situation at the end of -- of the -- the crunch to get to a decision for Rocky Flats, we had very frequent workgroup meetings and, you know, we were running across situation where the petitioners were getting on the phone saying I haven't even seen the transcript from the last meeting yet and -- but it was -- they were very close together so we do -- you know, I think it does become sort of this manpower question for Ray's side. But I guess, you know, one thing we as workgroup chairs could do maybe is sort of standardize our, you know, what -- what are we responsible for delivering and keeping, as opposed to just relying on the transcripts. I think it started -- it started helping the

process in Rocky Flats where I would -- would update the action listing in our matrix, and I even got to the point where I was, you know, highlighting in different colors 'cause we went through so many evolutions. But I'd circulate that to NIOSH and SC&A before we got to the workgroup meeting and make sure yes, these are the agreed-upon -- and then those rare instances -- there was a couple of, as Lew mentioned, there was an instance where we had some disagreement, then we wanted the transcript to kind of reflect back -- what did people say, what did people commit to. But I think that -- that does help and maybe lessens the need for an immediate transcript from some of those workgroup things if we have a good list of actions that your -- your -- you know, your priority action list, then I think that is mainly what people want to know going into the next step. But that's not always the case, so...

DR. WADE: Ray, do you want to say something?

THE COURT REPORTER: Well, let me kind of clarify that thing about the 120-day turnaround in Georgia. That's rarely needed. It's set in

statute just so in case some court reporter's stuck in a 3-month murder trial or something. Obviously that's going to take forever to produce. We, too, can do real time reporting on simple Workers Comp depositions where it's one person asking one person questions and it's yes and no. We -- we have the capacity to do that. Obviously these meetings aren't of that nature and so that's why we're not set up for real time. Now we could get to that if the request was made, but that again would require a reporter and a scopist. That might be something y'all want to look into.

DR. ZIEMER: Thanks.

DR. WADE: A couple of points if I could make -- oh, I'm sorry.

MS. MUNN: I'd like to request that my fellow colleagues on the Board to join me in a recommendation -- a formal recommendation that our court reporter be given the opportunity to bring additional resources to bear on what we are doing here, certainly at least on a temporary basis until we feel we're level with where we need to be, and perhaps on a permanent basis if it appears that that's going to be

necessary in the long term.

DR. ZIEMER: This sounds like a motion. Is that needed for this to occur, Lew, or --

DR. WADE: I mean I understand the sense of the Board, certainly, and will carry it back.

DR. ZIEMER: Is there any objection to -- do the rest of the Board members feel that it would be of value to increase the manpower here and try to get this backlog taken care of and then -- appears to be a consensus on that. We -- we still need a little more clarification on the turnaround time. Thirty days has been suggested.

DR. WADE: Right, I'd like to react to that.

DR. ZIEMER: Uh-huh.

DR. WADE: But first I want to react to several things in general, just to put them on the record. The first is that under FACA, workgroups really are intended not to be formal meetings with transcripts taken. And this Board I think has made the completely appropriate decision to do that and I applaud that. We've created an expectation in everyone's mind that -- that they will have quick access to transcripts of all workgroups,

and I think we need to live consistent with that. It's created a dynamic that we're talking about now, but I think it's worth noting and applauding.

What I'll do is I will attempt to put in place a process that meets the 30-day requirement for Board meetings, and I'll report to you in December on the status of this matrix and where we are. And I -- and I can't imagine I won't have a positive report to make about previous Board meetings, and I will then either commit to you to try and live to the 30 days or I'll come to you with a -- an honest statement that that's not doable within the resource structure we have, and we can talk further. But I think it is doable, but I -- I can't commit to it today, but I'll try and come to you in December and tell you it is doable and we commit to it.

DR. ZIEMER: Okay. Further comments? Jim, another comment there?

DR. MELIUS: Yeah, I -- yeah, I agree that I think having Lew report back to us -- the December meeting I think is sort of -- way to move forward. I would ask -- actually I would extend -- I'm willing to extend the 30 days to

all workgroup meetings and so forth, but if maybe Lew could come back to us at the same time with a -- sort of what would be an expected schedule of that, 'cause I think that would be -- be more variable. There's a wor-- workgroup that's meeting -- you know, doing a site profile review, it's not going to meet again for six months or four months or whatever, I -- I'd -- I think then that the, you know, 30 days or 60 days may not be necessary. When we're having a workgroup that's dealing with an SEC issue that we're trying to move along to closure, then -- then I think a more timely transcript and -- and so forth is -- is helpful.

Now I -- the other alternative -- it may end up being more work, I don't know, but is there something like minutes from a workgroup meeting that would help to summarize what went on would be a -- rather than a transcript, but I suspect that that's more work and probably wouldn't be any quicker, may even take longer to do.

DR. ZIEMER: Sometimes summarizing is as lengthy as --

DR. MELIUS: Yeah -- no, I --

DR. ZIEMER: -- simply transcribing.
DR. WADE: And that would normally fall to the workgroup chair, as well, as we've been doing business.
DR. MELIUS: Yeah.
DR. ZIEMER: And if the workgroup chairs all pass their requests through Lew so that he can control the priority demands on -- on the reporter, then that will help, I think.
DR. WADE: We'll commit to getting a workgroup chair whatever they need as quickly as possible, and I think we've lived good to that. But that doesn't solve the public burden we've taken on.
DR. MELIUS: And -- and -- and I realized that as I was suggesting that that Wanda was smiling 'cause I don't think it would fall upon the workgroup chair. I think certain workgroup chairs would readily assign that to another workgroup member.
MS. MUNN: Quickly.
DR. MELIUS: So I withdraw that.
MS. MUNN: Thank you, sir.
DR. ZIEMER: Phil, did you have a comment?
MR. SCHOFIELD: Yeah, just one. In order for

Ray to do this kind of information, are we going to have to go to legal to see about the procurement of an increase in the contract?

DR. WADE: Ray, I was going to --

MR. SCHOFIELD: And how long will that take?

DR. WADE: I was going to mention that. Well, it's more dicey than that. I mean, you know, we in government are constantly looking at competing and recompeting, and -- and the services that we secure here are under some scrutiny in terms of an open competition. So I don't want to prejudge that, but -- but these are issues that we'll have to deal with. We certainly want to see the Board have the highest quality service and we're aiming to provide that. We have procurement issues that we're dealing with now and I'll keep the Board apprised of them. I don't know that your request here will adversely affect our ability to succeed in what we're trying to do, but one never knows.

DR. ZIEMER: Michael?

MR. GIBSON: Just for the procurement issues, there are certain specialties that the contracting agent can sole source, and I

believe that it would be -- it'd be a great step backwards to try to bring someone in on certain issues and -- for instance, you know, Ray's job -- that has no idea of what we're talking about and I think it would further delay.

DR. WADE: Noted and understood --

DR. ZIEMER: Thank you.

DR. WADE: -- completely.

DR. ZIEMER: Wanda, you have additional comment?

MS. MUNN: As I was -- I was just going to comment that although the Chair mentioned that only 30 days had been suggested, I (unintelligible)--

DR. ZIEMER: It was somewhere between 30 and 90 with what -- what was that --

MS. MUNN: I -- I had specifically suggested that six weeks might be a reasonable time. I understand that Dr. Melius is a powerful argumenter, but nevertheless --

DR. ZIEMER: So noted, we have a four weeks and we have a six weeks, and I -- I suspect maybe before we -- I think I heard Lew commit to something that -- that would meet a six weeks

requirement, something like 30 days.

MS. MUNN: That's right.

DR. WADE: Which would --

DR. ZIEMER: But we may want not to freeze that at the moment till we hear your report and -- and get a better feel for how that is going, as opposing -- as opposed to making a firm time commitment at this point. But I -- I think I heard you say that perhaps 30 days is doable, at least --

DR. WADE: We -- we want to do this as quickly as we can. Obviously I have the sense of the Board that there's a sentiment for 30 days. Maybe there's a sentiment for a bit longer. Let us go and sharpen our pencils and see --

DR. ZIEMER: But not three months or --

DR. WADE: We don't -- I mean I'll commit to two months now, but we'll do better than that.

DR. ZIEMER: Okay. Another comment.

DR. MELIUS: And just in deference to my wise colleague, I was not trying to impose my 30-day deadline. It was -- which is why I was suggesting that Lew report back to us on what was reasonable 'cause -- giving him flexibility.

DR. WADE: I would like to choose between Ms. Munn and Dr. Melius, so I will decide which we like better and we'll go with that number.
DR. MELIUS: Five (unintelligible).
DR. ZIEMER: The standard deviation on both (unintelligible) is pretty large actually.
DR. WADE: But now to this little matrix, I mean we will -- the -- the last thing I'll say to you, there's evidence of this matrix of the pushing we're trying to do.
UNIDENTIFIED: (Off microphone) (Unintelligible)
DR. WADE: Oh, you want to do it? Okay.
MS. ELLISON: I have updates for it.
DR. WADE: (Unintelligible)
DR. MELIUS: (Unintelligible) going to say the 99 percent confidence interval's (unintelligible) we made (unintelligible).
DR. ZIEMER: Okay, back to Chris.
DR. WADE: I'm sorry, yes. Chris got -- good news.
MS. ELLISON: I have some more news on -- on the matrix for you. The -- and I don't know if you've received the e-mail on the web updates or not, but the minutes from the February 7th

through 9th meeting were posted yesterday on the web site, so that redaction is completed on the February 7th through 9th.

There's a -- the March 27th workgroup teleconference for NTS that's listed on there, those should go up this afternoon.

DR. MELIUS: Aah.

MS. ELLISON: Ah, we're making headway.

DR. ZIEMER: What date was that last one?

UNIDENTIFIED: (Off microphone) March 27th.

MS. ELLISON: March 27th. Those -- you should receive an e-mail later today with that update.

Okay, on to the next page, the May 2nd through 4th meeting, all of those items we have received back from the Privacy Act office with the markups for the -- the redactions. So all of those are back, ready to be redacted. And then --

DR. WADE: And then posted.

MS. ELLISON: And then posted. And then the last item I have is under the June 11th and 12th meeting. The transcript for June 11th, we received that also back from the Privacy Act office with all the markups.

And just to let you all know, I have received

word that our plans in posting these and completing the redaction removing all the information, the current plan is to start from the oldest and work our way forward, so if there are any priorities, I need to know.

DR. ZIEMER: Again, I think, Lew, you're going to need to coordinate those priorities with respect to the workgroups and --

DR. WADE: Right.

MS. ELLISON: But currently the plan is to work oldest from -- to most recent, just so you know.

DR. ZIEMER: Yes, thank you.

MS. ELLISON: Okay? That's the latest that I have right now.

DR. ZIEMER: Okay. Other questions or comments for Chris?

(No responses)

Chris, we do thank you for all your work on the web site. We know that we always have issues that we would like to improve and -- and change, but it's -- it's been a very helpful and useful instrument for us and we do thank you for the work that you do on it.

MS. ELLISON: (Unintelligible) --

DR. WADE: I would like to make mention of Zaida, who's in the audience, and she's taken on the task of developing these matrices and -- with much help from others -- and updating them. So a week before the December 6th call you will get an updated matrix of this type and we'll use that as -- as the basis of my report, so thank you, Zaida, very much for your efforts.

DR. ZIEMER: Some of the Board members have requested that we skip breaks and just let people take breaks individually. I -- I don't know if that's -- is this the sense of the whole Board or just the people who have planes to catch, but --

(Whereupon, multiple Board members spoke simultaneously.)

DR. ZIEMER: A brief comfort break, okay -- five minutes. Okay, comfort break.

(Whereupon, a recess was taken from 10:25 a.m. to 10:40 a.m.)

ROCKY FLATS FOLLOW-UP ACTIONS STATUS

DR. ZIEMER: Our next item on the agenda is the follow-up on -- or status of Rocky Flats follow-up actions, and Jim Neton's going to

give us that presentation. Jim?

DR. MELIUS: Before Jim starts, I have a question about the agenda, in my -- this is for Lew. Are we going to talk about the Privacy Act review and schedule on some of the documents also?

DR. WADE: Yeah.

DR. MELIUS: Okay. Is that later in the agenda to...

DR. WADE: Well, when we come to these matrices, it's where those documents would be in play.

DR. MELIUS: Okay, fine. Okay, I just wanted to make sure that -- I have some questions there, that's all.

DR. ZIEMER: Okay, Jim.

DR. NETON: Thank you, Dr. Ziemer. I don't have any slides or anything for the presentation, it should be brief. I'm just going to update the Advisory Board on our efforts to move through the Rocky Flats cases that were not part of the SEC, as we committed to when the Board voted to add Rocky Flats at the Colorado meeting in June.

I presented a -- an update on September 4th

during the Board's conference call, and this represents main progress that we've made since then.

If you recall, the issues -- there were three issues at Rocky Flats -- four, but really three issues that -- that arose as a result of the deliberations of the working group that we needed to modify the site profile. Those included the super S dose reconstructions, use of the 95th percentile for unmonitored workers, and the neutron dose model from 1967-'70.

We have -- we have revised both the internal/external dosimetry site profiles for Rocky Flats to include those new models, and we are up on the web site. They were revised in August -- early -- mid-- mid-- mid-August time frame, and so we are ready to do dose reconstructions based on -- on the new models that were developed during the working group deliberations.

We took a look at the cases that we had -- had been denied at Rocky Flats. There were, by our count, 590 cases out of the 947 that were -- were processed that needed to be reevaluated in light of the new -- new approaches. One

thing that was not realized at the time we made this discussion, though -- when I -- when we discussed how we were going to proceed was that we are now in the process of working -- when we rework a case we not only look at the -- at the isolated changes that were made to the Rocky Flats site profile, but also we will examine all other changes that have been made in the program at the same time. That is, if we're going to re-- reopen a case, we -- we're going to apply current technology to it across the board.

In -- in light of that, it became very obvious to us that we could not triage these cases, in a sense, and say these cases are not affected; these cases are, send them back for a rework. Because of that, we've written a Program Evaluation Report, PER-21, that is out on our web site now that has requested the Department of Labor return to us all 590 cases that are less than 50 percent. They will be completely reworked with a brand new dose reconstruction, applying the -- the revisions to the Rocky Flats site profile as well as all the other changes -- any other changes that have been

made as part of the general program review that -- that we've gone through. Again, that's PER-21. That's on our web site and available for people to look at if they choose.

There's a slight twist to this as well, though. Since Rocky Flats is now part of the SEC, we're only asking Department of Labor to send us back cases that are not in the SEC. In other words, it would be silly for us to tell a claimant that their dose reconstruction's being reworked, go through the interview process and everything, only for them to be subsequently added to the SEC. So of the 590 cases we -- we've asked back -- asked for Labor to return to us for rework, we've only asked for them to send back the ones that are not part of the SEC. We work with Department of Labor on -- on determining the SEC class, or helping them to determine who is in the affected class. We have provided them a list of the workers who were in the Neutron Dose Reconstruction Project 'cause certainly those people have potential for neutron exposure. Department of Labor has that list. They are also using the list that we -- we had available to us from the Neutron

Dose Reconstruction Project of the workers -- of the buildings that were included, and they are working to determine any other workers in those buildings that were not in the NDRP that need to be in the class.

We've also provided the Department of Labor a list of cases that we've reconstructed that we believe have employment in the relevant class period, as well as one SEC -- at least one SEC cancer, and that list has been provided to the Department of Labor.

And I think that's what I have to say.

DR. ZIEMER: Okay, that's the report. Thank you very much, Jim. Let's see if there's any comments or questions on your report. What -- sort of what's the timetable you think for getting all this done?

DR. NETON: Well, it's difficult to say. I mean we've asked for them to be sent back -- since they're going to be complete reworks, the claimants will be notified that their case is being sent back to NIOSH and will get a brand new dose reconstruction, including the CATI and everything --

DR. ZIEMER: Uh-huh.

DR. NETON: -- and we can't do those till we receive them back from Department of Labor.

DR. ZIEMER: Okay, thank you.

DR. MELIUS: Does Jeff have any idea?

DR. NETON: Maybe Jeff Kotsch is here. He could speak to that.

MR. KOTSCH: It's always our intention to try to implement the class as soon as it's effective. Unfortunately on this one and -- as some other ones, the development of the actual bulletin that drives the work in our district offices has lagged. When I left it was in management review, so we're hoping that it pops out -- you know, this week or next week, and then it takes a couple of wee-- weeks to go through administration. But the district offices, once they see the bulletin in the semi-final form, start to at least stage the cases, especially the SEC cases, for -- for -- for a movement through the -- through the process.

DR. MELIUS: Okay, and -- and -- and I just --

MR. KOTSCH: (Unintelligible) hopefully it (unintelligible).

DR. ZIEMER: Sounds like some of them will be

back at NIOSH within about four weeks then perhaps.

MR. KOTSCH: At the -- yeah, you -- we -- we're sifting through what we -- you know, we'll make the cut for the SECs, do any additional development that we have to for those, and then all the rest are just going to be returned, basically.

DR. ZIEMER: Thank you. Yeah, Mark.

MR. GRIFFON: This might be for Jeff or Jim, I'm not sure -- or -- or both. Thi-- this question about who -- the definition of the class and the interpretation of that definition certainly was a concern of the workgroup a-- and the Board, and I -- I believe -- I -- I don't -- well, I guess I'm asking -- Jim, you said you sent a list of individuals you thought would be affected by...

DR. NETON: We sent a list of individuals who were actually in the NDRP (unintelligible) --

MR. GRIFFON: NDRP only, so then the question that we raised in the workgroup --

DR. NETON: Right.

MR. GRIFFON: -- was we -- we felt there were other buildings that could have been --

DR. NETON: Correct.
MR. GRIFFON: -- could have involved neutron exposure, and I want to -- I want maybe clar-- clarity on how that's being interpreted, and maybe it's a DOL question, but...
MR. KOTSCH: The way the bulletin's written -- and again, it's -- it's draft, but I'll give you the essence of it -- is we work through the three basic pieces of information that we have, the NDRP list -- or the --
DR. NETON: NDRP.
MR. KOTSCH: -- I always get that acronym messed up. Anyway, work through that list. We -- we will look through the dose reconstructions to see if there is basically mention of plutonium or neutron exposure; that's another check. And the third check is -- what am I missing?
DR. WADE: Buildings.
DR. ZIEMER: Buildings.
MR. KOTSCH: Buildings.
MR. GRIFFON: Yeah.
MR. KOTSCH: The building numbers.
DR. ZIEMER: So that -- that list from NIOSH was just the starting point.

MR. KOTSCH: That's just the starting point. Actually there are a number of lists. We -- Jim also mentioned the list that we always get, which is the SEC cancer -- non-SEC cancer list. We have also generated our own list of all cases that -- that we have in the process that have basically been denied for Rocky Flats, and so all those lists are culled through and -- of those three criteria are basically sifted through, and then anyone who's still -- or any claimant, I guess, who still considers that they may be part of the SEC goes through continual -- you know, continue development to determine whether there's any other information that puts them into a facility where they should have been monitored for neutrons.

MR. GRIFFON: I gu-- I guess -- let me be more sp-- I mean at least specific on one instance, the Building 881 question and the question of -- that we raised was not only that there was plutonium contamination in there, but also there were I believe these subcritical experiments, at least for a period of time, and we did hear some information from NIOSH that there was likely very few individuals involved

in the subcritical experiments, but we never -- we never really heard much more. And some of us sort of took issue with the fact that it would have only been two researchers that ever were near any of this subcritical -- so the question was, how was this going to be implemented. Was it going to be considered -- the whole building considered a -- a potential neutron exposure; was it going to be limited time periods; was it going to be limited areas, and we -- we don't have any more information and I guess I was hoping that NIOSH would research that more and -- and at least give DOL guidance on that and, you know, someone -- I guess I want maybe clarification (unintelligible) --

DR. NETON: I don't think there's much more re- - there's not much more we can research. I mean we --

MR. GRIFFON: You don't have any more. Right.

DR. NETON: -- pulled that string as far as we can go. I think you -- you know, there -- there were certain buildings in the NDRP that were listed for sure (unintelligible) neutron workers --

MR. GRIFFON: Right.
DR. NETON: -- and I -- I won't list them here, but they're in the 700 series, 886, 991.
MR. GRIFFON: Yeah.
DR. NETON: When you get into buildings like 21, 22, 23, 34, 44 and 81, those workers -- those buildings were included in the NDRP when there were workers who were monitored. For instance, 81 I think was the uranium building.
MR. GRIFFON: Yeah.
DR. NETON: But the NDRP did include workers who had neutron badges who worked in building 81, and those -- those have already been forwarded over to Department of Labor.
Now for workers who were not monitored for neutrons as part of the NDRP that may have worked in 81, I think what Jeff is saying is they're going to make sure they look through the case file closely for evidence of -- of additional work that could have resulted in neutron exposure.
MR. KOTSCH: (Off microphone) Yeah, (unintelligible).
MR. GRIFFON: So -- so -- but -- I mean -- yeah, I -- I just don't want -- I -- I feel a

little bit of responsibility here. I -- I mean I don't want this to fall through the cracks if -- I think we -- we saw through the workgroup process that not everyone was monitored for all time periods for neutrons that -- that should have been --

DR. NETON: Yeah.

MR. GRIFFON: -- and therefore I -- I don't know -- I'd have to look back at all my notes on 81, but there were certainly questions raised as to whether -- so then, you know, it's not only if they were in 81 and were badged that they should be included. I -- I think there could have been other people. At -- at least that's my question to NIOSH or to DOL --

MR. KOTSCH: Well, like I said --

MR. GRIFFON: -- is -- and then if you don't know -- I mean we've always been told, you know, in the absence of information, if you know there were some neu-- potential there, maybe you can narrow it to a time period, I don't know, but if anyone was in that building they should be presumed to have had the potential and be in the class, and I -- I just want -- I think we owe it to the petitioner for

clarification on that issue.

MR. KOTSCH: All I can say is it's -- it's not final yet, but -- but the intent is once you go through those other three screening devices, basically, any with the buildings, is -- they'll develop for potential for neutron exposure. You know, if the person deems that they were in a facility that was either a plutonium or they were exposed to neutrons.

MR. GRIFFON: Okay, well, I -- I don't know that we can ge-- get a answer on the specifics, but I think we just have -- I -- as -- I guess --

DR. WADE: I put it on the agenda for December --

MR. GRIFFON: Yeah, and part of the -- I guess part of a -- the Board, I think we need to follow this because how we define classes going forward certainly becomes critical. I -- I'm concerned that our class definition is something that everyone can live with and we serve the petitioners correctly, but also we al-- we give DOL enough information that they can do an appropriate -- a -- a job that -- in the way that we expected it to be implemented,

so...

DR. ZIEMER: Thanks. Any other questions?

(No responses)

REVIEW OF SEC PETITION WRITE-UPS

Okay. Thank you, Jim. Next we have on the agenda review of the SEC petition writeups. We -- we just have two actions, and they both were very straightforward and the Chair is wondering if we even need to review these. The standard wording will be used. We have the -- the NUMEC posi-- petition which I -- I think Mike made and, with the help of our standard template, if -- if there's no objection, we'll just ask Mike to provide me with -- and Jim, who is assisting, to provide us -- or maybe you have copies.

DR. MELIUS: I have -- I can circulate them if people have time (unintelligible) --

DR. ZIEMER: Yeah, I think it's standard wording and straightforward. We don't need to take further action on it, and --

DR. MELIUS: And Larry has -- and his staff have reviewed --

DR. ZIEMER: Have looked at it?

DR. MELIUS: -- reviewed these. I think Larry

has a comment on NUMEC that he wants to gi-- bring up. I don't think it necessarily changes the letter.

DR. ZIEMER: Okay.

DR. MELIUS: I would just add there's also a Y-12 rejection letter that --

DR. ZIEMER: Right.

DR. MELIUS: -- I did, so why don't we just circulate some of that --

DR. ZIEMER: Sure, let's do that right now then.

DR. WADE: Right, and on NUMEC now we're operating -- until we reach decision that Dr. Melius might be conflicted, so again, Larry, if your comment on NUMEC is just informational, that's fine. If the Board's going to deliberate on it, we'll have to take appropriate action.

MR. ELLIOTT: I don't think there's a deliberation point here. I -- it's just a comment that I feel needs to be made for the record. The draft of the NUMEC recommendation letter language is fine as it is couched. However, when we draft the Secretary's designation letter we will take note of the

caveats that are associated with internal and external dose that can or cannot be reconstructed. Those caveats may be found on page 19 of 23 of the evaluation report. They are important because they -- they -- caveat number one goes to the reliability of the -- unreliability, the integrity of the SC-- of the CEP data on internal dose.

And caveat two specifies that uranium bioassay data is available from 1960 to 1976. And so if you look in that table, we're saying we can reconstruct that dose in that way.

And then caveat three specifies that where available external data is included in an individual's file, we will use that data to reconstruct dose for partial dose reconstructions. So this just provides the specificity that I think we will make sure is included in the Secretary's designation letter. I don't think you have to change this current letter that the Board is sending forward. Just wanted to make sure that you were aware that's the intent.

DR. ZIEMER: Yeah, we normally do indicate those things that can be partially

reconstructed. I think we do have a -- there's one sentence in here that refers to components of the internal dose, the uranium, from '60 on, and occupational medical. And then -- so there's an additional component that we -- I mean we normally do include those.

DR. MELIUS: In -- ac-- in assisting Mike, I -- it included the sentence there and I have uranium after 1960, but I think it's --

DR. ZIEMER: I mean we -- we have in our previous letters tried to include the things that could be done in the partial dose reconstructions. Now maybe we have not covered them all. I think that -- we have the ur-- the internal uranium, we have the occupational med.

MR. ELLIOTT: That's correct. What I guess would be missing would be this comment that external data in an individual's file would be used for partial dose reconstructions.

DR. ZIEMER: But isn't -- that's always the case, is it not?

MR. ELLIOTT: That is always the case, so --

DR. ZIEMER: Yeah, so that --

MR. ELLIOTT: That's why I (unintelligible) change your letter. I just want it on the

record --
DR. ZIEMER: No, no.
MR. ELLIOTT: -- that that's -- that's the --
DR. ZIEMER: Right.
MR. ELLIOTT: -- intent behind --
DR. ZIEMER: Right.
MR. ELLIOTT: -- these caveats associated with internal and external --
DR. ZIEMER: Right.
MR. ELLIOTT: -- dose.
DR. ZIEMER: 'Cause --
MR. ELLIOTT: And as we write up the Secretary's designation letter --
DR. ZIEMER: Right.
MR. ELLIOTT: -- we'll make sure that they're included --
DR. ZIEMER: Right.
MR. ELLIOTT: -- in that memo.
DR. ZIEMER: Right, and that is -- we understand that. Right.
So if there's no objection, I'll -- I'll use the -- I'll use this letter -- I -- I -- I can see one change that will be made. This occurs from an old template. This is not a Special Exposure Cohort, this is a class of the Special

Exposure Cohort, so that last sentence will -- will change to reflect -- enclose the supporting documentation where this class of the Special Exposure Cohort, so I'll make that change.

DR. MELIUS: Anybody else has grammatical -- that...

DR. ZIEMER: And then on the Y-12, it basically says that we've evaluated the petition, that we concur with the determination and the supporting documents, so these are both standard letters and I'll take it by consent that the Chair should go ahead and -- and prepare the final drafts of these.

DR. WADE: And for the record, Dr. Ziemer and I have secured Dr. Lockey's vote on NUMEC. Dr. Lockey voted in the affirmative -- oh, excuse me.

DR. ZIEMER: Dr. Lockey voted in the affirmative, so the vote on NUMEC is now 11 and zero because Dr. Melius was at least --

DR. WADE: Temporarily.

DR. ZIEMER: -- temporarily conflicted, and maybe permanently, but it won't affect the outcome.

DR. WADE: When I speak of Dr. Lockey I get all choked up.

DR. MELIUS: Don't we all.

DR. LOCKEY: And I'd say rightfully so.

DR. ZIEMER: Okay. We have suddenly moved to -- we're now a half-hour ahead of schedule, just like that. Wanda, may-- do you have a comment or question?

MS. MUNN: Just a concern whether our letter should even refer to the fact that additional caveats to what we are saying will be included in the NIOSH letter. It --

DR. ZIEMER: I think it's always -- this -- this is the form our letters have always taken.

MS. MUNN: Yes, I know.

DR. ZIEMER: Larry's statement applies -- that's always been the case, that partial dose reconstructions are done where they can be done. So I -- I don't think we have to say that. And Larry's just pointing out that they -- in their letter to the Secretary, they will point that out as they make their recommendation, and just to make sure that we understand that that is the case. And in fact, that's why we make the other statements that we

do. We -- we have recognized that certain components can be reconstructed.

MS. MUNN: Just seemed a little different here with this case to me, but that's fine.

SUBCOMMITTEE AND WORK GROUP REPORTS

DR. ZIEMER: Okay. Now we're ready to -- to have the subcommittee and workgroup reports. Let's begin with --

DR. WADE: Subcommittee.

DR. ZIEMER: Let's begin with the subcommittee, Mark. Actually I'm going to have you do two reports, the subcommittee on dose reconstruction, and then the workgroup on blind reviews.

MR. GRIFFON: Oh, okay.

DR. MELIUS: The record-setting workgroup.

MR. GRIFFON: Yeah. Yeah, these -- these should be both quick updates.

The subcommittee met Wednesday and we had a meeting actually in between the last Advisory Board meeting and this meeting, as well. And in both of those meetings we focused on the fourth and fifth set of review cases, and at yesterday's meeting we made a little more progress toward closeout of the fourth and

fifth set of -- of cases, 20 cases in each set. And we -- we're all shooting for final closeout on all those items on the fourth and fifth set -- final resolution by the next December 6th phone call meeting, anticipating another subcommittee meeting somewhere in between now and -- and that Board meeting in Cincinnati. I've -- I've held off on the exact time on that until I find out just how long -- Stu Hinnefeld has to look into how long some of the responses are going to take, as well as SC&A, but we'll -- we'll certainly circulate that information. I'm going to -- and -- and before the next subcommittee meeting I will also update our matrices to show more specific on the -- the resolution. A lot of -- I -- I'd say 85 percent of the items, the findings, have some form of resolution at this point in the fourth and fifth set. Sometimes the resolution is SC&A and NIOSH have agreement on the finding. Sometimes the resolution is that the -- further work on the finding is deferred to the procedures workgroup or to a site profile review. It's an issue that was already being -- under discussion on those workgroups so we

deferred it to those workgroups. But the fourth and fifth set should be closed out prior to -- and -- and open for discussion for the full Board at the December 6th meeting.

I'll make sure I also circulate the final matrices a few weeks before the December 6th phone call meeting so that everyone can look through all these and be ready to discuss as a full Board.

The sixth set we -- we -- we did a preliminary review of the sixth set with NIOSH responses to the SC&A findings in our -- in our subcommittee meeting in Cincinnati, and we did not really discuss that yester-- Wednesday any further, but we're beginning the resolution process on the sixth set.

And I think -- the seventh set of cases I think SC&A has probably set up meetings with most of our -- most of the Board member teams, so that's just -- just sort of initiating. SC&A's got their report completed, but they're discussing individual cases with the -- the two- or three-person teams from the Board.

So that's kind of the status on -- on where the subcommittee stands with -- with our reviews.

DR. WADE: Mark, you're expecting batch three, four and five to bring to the December meeting?
MR. GRIFFON: Three -- three is done, but four and five --
DR. WADE: Four and five --
DR. ZIEMER: Yeah, three is already gone --
MR. GRIFFON: Yeah.
DR. ZIEMER: -- to the Secretary.
MR. GRIFFON: Four and --
DR. ZIEMER: Do you anticipate that we could do four and five as one report to the Secretary?
MR. GRIFFON: I -- I believe so, yeah, I believe so. And that also brings us to a point where we have 100 completed, and I think it would be a good time to, as a subcommittee, develop a summary report of --
DR. ZIEMER: Yeah, roll-up of the first 100 cases.
MR. GRIFFON: -- roll-up report of what we found in the first 100 --
DR. ZIEMER: Right.
MR. GRIFFON: -- cases. And we'll -- we'll -- we'll work on that on the subcommittee as well.
DR. ZIEMER: And -- and a roll-up report could also go to the Secretary to give the sort of

the over-- overview of what the first 100 cases have shown.

MR. GRIFFON: Right. So that's -- that's -- I guess that's basically where we are on the subcommittee.

And I can quickly report on the workgroup, unless you want me to --

DR. ZIEMER: No, you --

MR. GRIFFON: -- open it --

DR. ZIEMER: Well, let's see if there's any questions --

MR. GRIFFON: -- any comments or questions --

DR. ZIEMER: -- on the subcommittee.

MR. GRIFFON: -- on the subcommittee, yeah.

(No responses)

DR. ZIEMER: Okay, let's do the -- the workgroup.

MR. GRIFFON: The workgroup -- it -- part of the -- the subcommittee also was looking at the -- assigning blind reviews for SC&A to do, and as -- it -- we -- we came up with a -- a process, with the help of Paul and Lew and others, a process was selected whereby we could select cases without revealing the identity in a subcommittee meeting so they'd be blind to

the contractor. And Paul selected a workgroup, as you all know. Wanda and I took suggestions from individual members of the subcommittee, not a -- not a subcommittee recommendation but individual members of the subcommittee selected cases from a -- from a -- it was a list provided to us by NIOSH. Basically a refined list of best estimate type cases. I think that's open to ev-- everyone's aware of that. And then from that list, we -- each member made a selection and Wanda and I met yesterday in one of the shortest workgroups ever. We -- we looked at all the results together and we have two cases that we've selected for blind review and I'm -- I'll submit those to NIOSH -- start that process and they'll be then forwarded to SC&A, obviously without identifiers at that point. And that's -- so that's the closeout on that workgroup, actually.

DR. ZIEMER: Did -- it just occurred to me that even telling them that these are best estimate cases, should we have --

MR. GRIFFON: Well, we -- I think we said that in -- when we --

DR. ZIEMER: We agreed to that --

MR. GRIFFON: -- we had already agreed to that --

DR. ZIEMER: -- already, okay, I couldn't --

MR. GRIFFON: -- yeah, that's why --

DR. ZIEMER: -- remember whether we'd done that.

MR. GRIFFON: No, we had agreed to that in public so I mean --

DR. ZIEMER: I mean obviously they would expect that's what we would do, but I suppose you could argue that maybe -- maybe we should see how they handle even that issue --

MR. GRIFFON: Yeah.

DR. ZIEMER: -- but nonetheless, the cases are selected and they will remain blind to the full Board and -- or -- well, let me -- do we -- we don't have to approve those -- or do we? We can't really approve them.

DR. MELIUS: Approve the process.

MR. GRIFFON: Approve the process.

DR. ZIEMER: We would approve the process.

DR. WADE: We trust the process.

DR. MELIUS: Trust the -- yeah.

MR. GRIFFON: Yeah.

DR. ZIEMER: So these --

DR. WADE: Or not.
DR. ZIEMER: -- these'll be transmitted how, from Stu to -- to SC&A?
MR. GRIFFON: Yeah, Stu maybe can speak to this.
DR. ZIEMER: How this will proceed --
DR. WADE: Blind leading the blind.
DR. ZIEMER: That was off the record -- off the record, Ray.
MR. HINNEFELD: I'm not offended by that. The -- well, I think maybe we'll have a few e-mail exchanges on that because exactly what is provided I don't know that we've actually talked about yet -- of the -- of the file -- of the case file. I mean certainly we can't provide the entire case file.
MR. GRIFFON: Right.
MR. HINNEFELD: We -- theoretically we will provide those pieces of the case file that were available on the date the draft dose reconstruction was done. I -- you know, we could provide that.
DR. ZIEMER: Yeah, I -- I think we agreed that you would provide what you would provide a dose reconstructor starting --

MR. GRIFFON: When they start --
DR. ZIEMER: -- at the front end of the process.
MR. GRIFFON: And that's it, yeah.
MR. HINNEFELD: Okay.
DR. ZIEMER: So they would have access to -- to the DOE records and the medical information and --
MR. HINNEFELD: Right.
DR. ZIEMER: Whatever a -- whatever a reconstructor would have at the front end of the process -- the CATI reports, the whole thing, is it not?
MR. GRIFFON: Yeah --
MR. HINNEFELD: Yeah, we can --
MR. GRIFFON: -- but no --
MR. HINNEFELD: -- put together -- we can put that together, right.
MR. GRIFFON: But none of the --
MR. HINNEFELD: And I will provide it to --
DR. ZIEMER: Not the interviews after something's been underway and not the intermediate reviews of --
MR. GRIFFON: Right.
DR. ZIEMER: -- you know.

MR. HINNEFELD: Right. This would -- they would have the information the dose reconstructor has.

MR. GRIFFON: Right.

MR. HINNEFELD: Okay. Then we'll -- I can provide that directly to SC&A or I can provide it to the subcommittee or workgroup or however you'd like it. It'd probably be -- probably if it's two cases, it'd probably fit on one disk, so...

DR. ZIEMER: Mark, do you want to have a copy of the -- those two cases and --

MR. GRIFFON: Yeah, I guess it doesn't hurt to have -- to forward it to SC&A and the subcommittee members as --

MR. HINNEFELD: Okay.

MR. GRIFFON: -- that -- that seems fine to me, yeah.

MR. HINNEFELD: That would be the --

DR. ZIEMER: Well, let -- let me just ask this, and maybe Liz can help us here. If -- if copies are provided to the subcommittee members, since these are individual cases, they still would not be made public, would they?

MS. HOMOKI-TITUS: (Off microphone)

(Unintelligible)

DR. ZIEMER: No. So we're okay on that.

MR. GRIFFON: Yeah.

DR. ZIEMER: So the subcommittee could have the information about what case was provided. Okay. It seems okay. Any concerns? Okay, thank you.

Wanda?

MS. MUNN: I had assumed that they would be given all of the information except identifying names, numbers -- I had assumed that the information -- that kind of information --

DR. ZIEMER: Well, they don't need the -- the name -- well, but I think --

MS. MUNN: That kind of information is (unintelligible) --

DR. ZIEMER: It's not necessarily redacted because you're going to have --

MS. MUNN: That's right, they (unintelligible) --

DR. ZIEMER: -- the whole file is going to have information about where they worked and --

MS. MUNN: Yes, but it would not have --

DR. ZIEMER: Well, they don't need the number, obviously --

MS. MUNN: Nor the --
DR. ZIEMER: -- the case number.
MS. MUNN: Nor Social Security numbers nor actual names.
DR. ZIEMER: They don't -- they don't -- I don't know if -- if -- I don't know if it's critical that the name be redacted or not because it's not going to enter into the determination of the --
MR. HINNEFELD: A redaction would make this really complicated, from our standpoint. I mean if we were to do it -- just provide what the dose reconstructor had, I mean the --
DR. ZIEMER: I don't think knowing the name helps the -- helps the -- the reconstructor, per se.
MS. MUNN: No, it shouldn't.
DR. ZIEMER: No. Okay, thank you.
MR. GRIFFON: Right.
DR. ZIEMER: Any other questions on that?
(No responses)
Okay, let's go on to the other committee -- or workgroups. Do you have the list handy --
DR. WADE: I do, actually.
DR. ZIEMER: Maybe you could just work us

through that then. I don't have my list right here.

DR. WADE: Just reading from the top of the list as provided, Rocky Flats site profile and SEC petition workgroup; Mark Griffon, chair.

MR. GRIFFON: No further report from Rocky Flats at this point.

DR. WADE: Nevada Test Site site profile workgroup; Robert Presley, chair.

MR. PRESLEY: We meet -- well, we meet the 25th of October in Cincinnati. And if it's all right with HHS, 9:00 o'clock, can you all be there? We have talked the last two days with HHS and also SC&A, and the documents Arjun's going through. The TBD will be -- his evaluation will be delivered to the Board members and HHS right around the 10th. We will have a new matrix, hopefully in the next two weeks, from HHS. We will be ready to go on the 25th, hopefully to make a decision on this for the NTS meeting in January.

DR. ZIEMER: And you have a new member and I know you're aware that he--

MR. PRESLEY: That's correct --

DR. ZIEMER: -- needs to be brought up to speed

--

MR. PRESLEY: -- and Phillip is being --

DR. ZIEMER: -- on past documents.

MR. PRESLEY: -- Phillip is being added to everything, everybody's aware of it and he will be getting the same documents the rest of us do.

DR. ZIEMER: Yeah, and some -- some past documents, if needed.

MR. PRESLEY: If needed, yes.

DR. ZIEMER: Thank you.

DR. WADE: Hanford site profile and SEC petition; Dr. Melius, chair.

DR. MELIUS: Yeah, I believe I reported on that yesterday.

DR. ZIEMER: We did report on that.

DR. MELIUS: Nothing's happened since.

DR. WADE: Okay.

DR. MELIUS: Not quite as quick as Mark at...

DR. WADE: Savannah River Site site profile workgroup; Mark Griffon, chair. Note Phillip Schofield has been added to this workgroup as well.

MR. GRIFFON: And -- and we -- we have not met since our last meeting. I -- I -- I think that

was before the last Board meeting so I already reported on that. We did recently get an updated report from SC&A on Savannah River, so I think it -- that -- that we will schedule a meeting shortly on Savannah River to keep that process moving.

There -- there is one -- one question I have on Savannah River, maybe just to -- to clarify things 'cause I'm concerned about us spinning our wheels a little bit on the workgroup. I think that the SC&A report is -- is based on Rev. 3 and I think there's now a Rev. 4-E that's out. And if it's substantially different, I -- I -- I'm concerned that we start to go through our resolution process on Rev. 3 and everything -- all our answers are that well, it was addressed in 4-E and then we're back at, you know, do we have SC&A start to review Rev. 4-E -- so I don't know, maybe -- maybe NIOSH can -- can anyone speak to that? Is there major -- yeah -- I guess maybe that's something we just have to -- I -- I can e-mail and --

DR. NETON: Yeah, I -- I'm not familiar --

MR. GRIFFON: -- clarify that, yeah.

DR. NETON: -- at this point.
DR. ZIEMER: Let's see the -- the NIOSH liaison for that group is who?
MR. GRIFFON: Sam.
DR. WADE: Sam Glover.
DR. ZIEMER: Sam?
MR. GRIFFON: Yeah.
DR. ZIEMER: Maybe have Sam --
MR. GRIFFON: Yeah, I'll contact Sam and --
DR. ZIEMER: -- determine or let you know the extent to which that's substantially different and --
MR. GRIFFON: Right.
DR. ZIEMER: -- if so, then we need to see whether or not SC&A needs to look at the new material.
MR. GRIFFON: Yeah, I do want to -- I do want to get that process moving, but I don't want to --
DR. ZIEMER: Yeah.
MR. GRIFFON: -- waste our time, either, so...
DR. ZIEMER: Okay.
DR. WADE: SEC issues group, paren, including the 250-day issue and preliminary review of 83.14 SEC petitions; Dr. Melius, chair. Ms.

Beach has been added as a member.

DR. MELIUS: Yeah. On the 250-day issue, SC&A is actively working on a -- a review of a number of issues related to the Nevada Test Site. I'm not sure we have a schedule on that. Maybe Arjun can update me on the -- the timing for that, but we will -- I think -- believe -- we should be having a workgroup meeting as soon as we have a report from -- from SC&A on that to -- to work off of and...

DR. MAKHIJANI: Dr. Melius, I can send you a report I think by the middle of the month --

DR. MELIUS: Okay, I -- oh -- I

DR. MAKHIJANI: -- based --

DR. MELIUS: -- I didn't want to --

DR. MAKHIJANI: -- based on the preliminary materials that I sent you.

DR. MELIUS: Right.

DR. MAKHIJANI: Which would be a review of what Dr. Neton had --

DR. MELIUS: Right.

DR. MAKHIJANI: -- sent us.

DR. ZIEMER: While we're talking about this, recall that we committed yesterday to asking this workgroup to also include the -- the --

DR. MELIUS: NU-- NUMEC.
DR. ZIEMER: -- NUMEC --
DR. MELIUS: Correct.
DR. ZIEMER: -- issues, and I don't know whether -- whether SC&A is al-- may have not looked at NUMEC, but at least it -- tho--
DR. MELIUS: Yeah, we'll --
DR. ZIEMER: -- you're aware of that and --
DR. MELIUS: Yeah, we -- we'll figure out -- but if you remember, this -- this committee's trying to come up with a generic --
DR. ZIEMER: Right, right.
DR. MELIUS: -- approach to it, so -- and we -- we're focusing on -- on two sites, the Ames site in Iowa and we -- we already have a rep-- report on that. We just need to get that -- meet with NIOSH about that, and then we have this other activity that's -- report that's -- will be coming out, as Arjun said, the middle of the month. I think we're going to focus on those two first, and then I think --
DR. ZIEMER: Right.
DR. MELIUS: -- the question will be --
DR. ZIEMER: And those -- those may, depending on the outcome there, may automatically pick up

NUMEC --

DR. MELIUS: Yeah.

DR. ZIEMER: -- had two things. One was near criticality, which is not a criticality, by definition, so --

DR. MELIUS: Right.

DR. ZIEMER: -- so it -- that sort of drops out, and the other issue is fires, and I think you're looking at fires in other cases anyway, so...

DR. MELIUS: Yeah, and -- exactly, and -- an-- anyway, I -- I think if we -- we have a report middle of month we'll be doing a -- hopefully doing a workgroup meeting in November and, maybe optimistically, resolving something to come back to the Board for our January meeting for a vote.

DR. ZIEMER: Thank you.

DR. WADE: Procedures review workgroup; Ms. Munn, chair.

MS. MUNN: The procedures workgroup met in August, the 28th, and are trying to work through a very long list of outstanding individual findings with respective procedures. We have had some exchanges during the interim

and met again for a full day meeting just prior to this full Board meeting. That meeting occurred on Tuesday, October the 2nd. We have moved a number of findings through resolution. We're working from an action item list right now, which still has too large a number of unresolved issues on it. It is our expectation, especially in light of the fact that this last few weeks we've received two extremely important responses from SC&A to very significant documents that have been released in recent months. These will add a small number of findings, but very significant findings, to our list of outstanding items. We've already advised a number of people that one of those reports on Procedure 0092, which has generated a great deal of outside interest, will be incorporated in our activities but will not receive priority attention in view of the fact that we will place it in queue so that it follows as it should the other significant items which we still are addressing.

We currently have scheduled two, actually three, things which we hope will help a little. We had a significant discussion with respect to

the cumbersome nature of the matrices we are currently dealing with. They've reached a point where it's difficult for us to move from one matrix to the other, and the terminology is confusing for everyone. So our -- our -- we -- we are asking our contractor to take a look at reformatting. They presented a potential format for us and we're going to try that as a straw man to see if it works pretty well. We have a sub-group of our committee that's going to take a look at the straw man that they present and we'll convene -- that small group will meet by telephone on November 2nd to see if we have something that we want to replace our current format with.

Then we will have a meeting -- a telephone conference of the entire workgroup on Wednesday the 7th of September (sic). That will be --

MS. BEACH: November.

DR. ZIEMER: November.

MS. MUNN: November, excuse me -- well, no, we get to December, too, but yes, November the 7th. And at that time we will make some decisions with respect to the new format and what's going to be incorporated on it, how it's

going to, hopefully, work.
Then the group will meet face-to-face on December 11th in Cincinnati to undertake the new items that have been added to the -- what we hope will be a new format at that time.
DR. ZIEMER: Okay, so here's a workgroup that has a workgroup.
MS. MUNN: We do have a workgroup in our workgroup, yeah.
DR. ZIEMER: Okay, thank you.
DR. WADE: The next --
DR. ZIEMER: No, a question first -- question.
DR. MELIUS: Fir-- fir-- first, I'm im-- impressed by the energy and activity of -- of -- of the workgroup and -- however, I would question the issue -- I believe Wanda was referring to the recent report that came out on the -- the closeout interview process --
MS. MUNN: Yes.
DR. MELIUS: -- so forth, and I would ask the workgroup to reconsider the prioritization of that. I -- I think for -- for two reasons. One is that I -- I do think it -- it's -- it has gotten some publicity and will -- may very well continue to get some publicity, and I

think it behooves us to be trying to address that in as timely fashion as possible. Secondly, I believe that -- you know, should the -- that one of the recommendations -- possible recommendations, I don't want to prejudge too much, but I -- for addressing some of those issions (sic) are -- are QA/QC issues within the -- the program. Once upon a time a long time ago, many years ago, we did have a review of that process which raised some of these issues. I think it was -- I think Tony Andrade was actually -- chaired that -- that workgroup --

MS. MUNN: I believe so.

DR. MELIUS: -- I wa-- I was a member. I don't remember who else was on it, but -- but -- but I think that's -- we may want to revive that as -- that workgroup or a new workgroup to -- to focus on -- on that issue 'cause I think that, at least to me, is one of the issues that's raised by -- by that report and I think we need to decide how to move forward and I -- and I'd hate to have us in a position of having the program under criticism and the -- and the Board not taking action -- working in

conjunction with -- with NIOSH to address what, you know, at least is -- to me is a very serious potential problem.

MS. MUNN: I did not mean to infer that we were going to put Procedure 92 under a barrel somewhere. *Au contraire.* Quite necessary for our next step is for the agency to have an opportunity to review those findings and respond to them in depth. Because they are of significant interest, we would anticipate having feedback from the agency by the time we have our next face-to-face meeting in Cincinnati, and I -- I think the agency's aware of that.

DR. MELIUS: Okay, thank you. I -- I --

DR. ZIEMER: Yeah.

DR. MELIUS: That was not what you -- or was -- at least what I understood from your report.

DR. ZIEMER: Sounded like it was going to the end of some long queue --

DR. MELIUS: Exactly, yeah.

DR. ZIEMER: -- and I think what Wanda's saying is actually we're going to be awaiting some response and then go from there.

DR. MELIUS: Which is appropriate, I know.

DR. ZIEMER: Mark.

MR. GRIFFON: And one other thing I was going to -- along those lines, we had a discussion in the -- in the procedures workgroup. One of the recommendations was -- from SC&A, and I -- again, I agree that the agency's still reviewing these, but one recommendation was to have the Board actually do follow-up interviews with some of the individuals that they had looked at in their inve-- in their review. And I know this is a issue -- I -- I think I -- I submitted some lang-- you know, sort of language to be considered by NIOSH as to whether we could do this --

DR. ZIEMER: Yeah --

MR. GRIFFON: -- and I think we've had this discussion before about the Board interviewing claimants and --

DR. ZIEMER: Actually I think we were going to suggest that at this point in the meeting Mark officially raise the question, were we not? The question is really the legal aspects of going back and physically rev-- interviewing people. Is that not -- or maybe you want to frame --

MR. GRIFFON: Right, I ac-- I actually --
DR. ZIEMER: -- the question for us.
MR. GRIFFON: -- don't have it written down. I think Lew might even have it, or -- but I -- it -- it -- the difference -- the difference -- I think one distinction that we have to make here is that we want to re-interview for the purposes of -- of reviewing the effectiveness of the interview process, not --
DR. ZIEMER: Not the content.
MR. GRIFFON: -- not the content of -- right, right, so not getting new information for the DR process, but how -- just to -- interview them to see was the -- was the closeout interview, you know --
DR. ZIEMER: Effective and --
MR. GRIFFON: -- effective and --
DR. ZIEMER: -- useful and --
MR. GRIFFON: -- you know, what -- what are their -- get -- get their insight on the closeout interview process, not, you know, do you have more information to offer to your DR. That -- that wasn't -- that's not the purpose -- that wouldn't be the purpose of this if we -- if we chose to do it, and we're still not --

you know, the workgroup's not in a position -- 'cause we haven't heard back from the agency, but if -- if we go that route --

DR. ZIEMER: If the Board --

MR. GRIFFON: Right.

DR. ZIEMER: -- decides that we should do that, can we do it legally.

MR. GRIFFON: Right, right.

DR. ZIEMER: So --

DR. WADE: If it's the sense of the Board that I bring you back an answer to that question in December, then I will. I do have your words -- I don't have them in front of me -- so I know -- -

MR. GRIFFON: Yeah.

DR. WADE: -- precisely what the question is, and we'll seek a legal opinion and bring it -- bring back a policy judgment in December.

DR. ZIEMER: So Board members, so you understand what Mark is asking, there's a recommendation in the -- what -- what's the name of the report? It's an SC&A -- or a --

MS. MUNN: Procedure 92.

DR. ZIEMER: Yeah, it -- I -- the -- the --

MS. MUNN: Closeout procedure --

DR. ZIEMER: Yeah.
MS. MUNN: Closeout interview procedure.
DR. ZIEMER: Yeah, the closeout interview procedure, and there --
DR. WADE: I think Liz has --
DR. ZIEMER: -- we have not necessarily adopted the recommendations, but should we, can we do it.
DR. WADE: Liz, can you read Mark's words?
MS. HOMOKI-TITUS: Sure. One of the recommendations of SC&A's review of Proc. 92 was the Board interview those claimants who were the subject of the SC&A review to gain a better understanding of the claimants' opinion on the effectiveness of the closeout interview process. If the workgroup/Board accepts SC&A's recommendation, can the Board conduct such interviews with the narrow purpose of gaining insight from the claimants' standpoint on the effectiveness of the closeout interview process.
That's the question we'll address.
MR. GRIFFON: I couldn't have said it better.
DR. WADE: You did say that.
DR. ZIEMER: In fact that's what you said.

MS. MUNN: You did.

DR. ZIEMER: So we're not asking the Board to make a determination as to whether there should be an interview at this point. That's an SC&A recommendation. It has to go through the workgroup. The workgroup will make a recommendation to the full Board on that issue. Should the Board decide that it does wish to adopt that recommendation, then Mark's question is can we legally do it, and that's what the -- is there any objection to asking that the -- that Lew pursue that and determine, prior to us actually making a Board determination that we're adopting that as a policy, to -- to go ahead and get the legal background for it? Any objection?

DR. MELIUS: Well, I -- I'd just like a clarification -- I mean I would prefer that we pursue this not as, you know, requesting a legal opinion but a discussion with our -- our counsel over that issue, including the circumstances where it might be allowed, not allowed, what are -- what are some of the concerns about it, so we have a -- 'cause it's -- this is not the only instance and -- again,

once upon a time a long time ago, we -- we discussed this when we were initially doing the -- going through how we were going to do individual case reviews and -- and we deferred on this for several years and -- and some of us have some pretty strong opinions on it but -- but I -- so I'd much rather have a discussion at the December meeting, not a -- you know, an all out yes or no with -- or if it's a yes or no, at least let's have some discussion on -- on how we would -- would do that and so forth.

DR. WADE: Makes sense, yes. We'll --

DR. ZIEMER: Well, that -- that's fine then, too.

DR. WADE: -- put a discussion of that on the agenda.

DR. MELIUS: Yeah.

DR. ZIEMER: I think it's part of the same thing, what are the bot-- ground rules under which you can --

DR. MELIUS: Yeah, exactly, yeah.

MR. GRIFFON: (Off microphone) (Unintelligible) ground rules, just the narrow --

DR. ZIEMER: Right.

MR. GRIFFON: -- (unintelligible) that I...

DR. MELIUS: I mean just --
DR. ZIEMER: We'll take it by consent that --
DR. MELIUS: Yeah, I mean --
DR. ZIEMER: -- we should pursue that.
DR. MELIUS: Yeah -- yeah, I mean there's -- there's different issues, there's issues regar-- there's privacy issues, ther-- there's also issues about the nature of the -- the process of -- of where things are in terms of adjudication and so forth, so that -- that's why I think it's more helpful to have a discussion rather than...
DR. ZIEMER: Yeah. Okay, next workgroup?
DR. WADE: The use of surrogate data; Dr. Melius, chair.
DR. MELIUS: The surrogate data workgroup had a very quick meeting yesterday. In fact we -- we didn't even have a chance to sit down. And ha-- have a way forward with SC&A. We need to do a little work to clarify exactly what they will do as -- as their next step. They have already done an in-- inventory of procedures, evaluations of what the situations which NIOSH is -- are using surrogate data in various parts of -- various parts of this process and --

think we have a way of -- have to try to review that process in a generic way and to be able to go forward and deliberate on that as a -- as a workgroup. So as I said, we need to talk a little bit more with SC&A to get that process forward -- figure the timing -- again I think it's something that would expect we'd have at least one meeting befo-- of that workgroup before our January meeting.

DR. ZIEMER: Thank you.

DR. WADE: As is our custom, I, as the Technical Project Officer, would work with your workgroup chair in terms of tasking SC&A. I do think that this would fall under their task to review procedures, and I'm comfortable with that. But the details are yet to be determined but again, you've empowered your workgroup chairs to -- to task the contractor and I'll work with Dr. Melius.

DR. ZIEMER: Thank you.

DR. WADE: The workgroup on worker outreach; Mike Gibson, chair.

MR. GIBSON: We've been working with Larry's staff and they, through, ORAU, put together some training last week for us to get us up to

speed, give us access to the WISPR database, the -- the worker comment database. So we're starting to look into that and see what we can -- information we can get out of that. They've also -- Larry's staff's provided us with some dates for the various type of worker meetings they put on, the -- the town hall meeting, the worker outreach, et cetera. I attended one a couple weeks ago and couple members of the working group are going to attend a -- try to attend a meeting in a couple weeks in Texas City so we can get a feel for the different types of meetings. And then hopefully, if we can, we'll try to have a meeting sometime in the -- the late October/November time frame, if we can coordinate it when everyone might be in town for the other working group meetings.

DR. ZIEMER: Thank you. Linde Ceramics site profile workgroup; Dr. Roessler, chair.

DR. ROESSLER: I'm pleased to have something to report this time. We held our last meeting on March 26th and actually that was our first meeting. At that time we did the usual going over the SC&A matrix. We made some assignments

to NIOSH. Also at that time we had the expectation that there would be more urinalysis data that would be pertinent to the Linde site and we have learned recently that there are no more urinalysis data. They -- the records were mistakenly identified to be Linde but they -- they were not.

Nevertheless, Joe Guido at ORAU is working up the -- through the rest of the assignments. He has a preliminary report. The final will be available to us before November 15th. So because we will get that, we will be able to schedule another workgroup meeting, and I'll talk about that in a minute.

There is something else I think I need to report. I received this from Chris Crawford just the other day, and I'm going to read it so that I have it exactly right.

He said (reading) The DOL has decided that the Linde site is a DOE site, except for employees who worked exclusively at the Linde lab, Building 14, which remains an AWE site.

He continues (reading) This has several implications, as I understand it. First it means that some contractors at the Linde site,

mostly D&D workers during the cleanup from 1950 through 1953, are now eligible claimants. Second, the main Linde site will no longer have a residual radiation period, which will limit claims based on employment after 1953. And then third, by implication, only employees who worked exclusively at Building 14 will be able to include the residual period in their claims. So we have some new information to work with. I'm glad Mark is still here because we are trying to get a workgroup meeting set up as -- this has to do with you, as --

MR. GRIFFON: Oh, okay.

DR. ROESSLER: -- I'm going to ask something from you. It's very difficult if we don't get the final report or we -- let's say we get it November 15th, SC&A needs some time with it, the workgroup needs some time with it. That's a bad time of year, I have found talking to workgroup members, to try and get together. So what I'm proposing, and I haven't talked to the NIOSH people or SC&A specifically about this, but several workgroup members suggested January 8th, which is the first day of our Board meeting. It's the -- I would suggest the

morning of January 8th. I know Mark usually has his dose reconstruction meeting starting about 9:30. I'm kind of hoping we can meet about 8:00, push you back to about 10:00 so we could have a couple hours to meet that morning. And if that would work with you, I will then contact the rest of the people involved and we'll see what we can set up, so that's tentative right now.

The only other thing I'd like to report is the transcript from our March meeting is available. I believe just to the workgroup members right now. It's not on the web site yet.

DR. WADE: So for the record, we'll try on January 8th first to have a workgroup on Linde and then about 10:00 a subcommittee meeting. As Dr. Melius mentions, we can push back the start of the Board meeting if you need time.

DR. ROESSLER: I'll have to check with SC&A and NIOSH first. I haven't done that.

DR. WADE: Okay. Well, let me know and we'll make that happen.

DR. MELIUS: I don't want to take up much time at this meeting, but I am puzzled by the -- the status of -- of some of the issues you -- you

have -- you raised regarding, you know, residual time periods and -- and -- and so forth and would like to get some more information on that if you have any or if someone can provide it. It's --

DR. ROESSLER: I actually do --

DR. MELIUS: -- very puzzling.

DR. ROESSLER: I felt the same way. It was rather new to me. I talked with -- Paul was not aware, but either it's new inf--

DR. ZIEMER: First I heard it was today, as well, and --

DR. MELIUS: Yeah, I --

DR. ROESSLER: It's new information. I did talk to Jeff, and I don't know if you want to make any further comments on it at this point or...

DR. ZIEMER: I'm not sure we even know what brought about the change --

DR. ROESSLER: That was my question to Jeff, and I'm not sure we know.

MR. KOTSCH: I have to admit that I -- I'm not that intimately familiar with that change. I don't usually get involved with those things. We can check into it and get back to you. I'm

confused as to why --

DR. ZIEMER: Maybe Pat Worthington can help us with this.

DR. MELIUS: Well --

DR. WORTHINGTON: It's really the same kind of response. We certainly are aware of the -- of the mixed time periods and whether it's AWE or DOE, and I was just going to update the people back in Germantown, but we can look into it further and -- and get back --

DR. MELIUS: Yeah, that --

DR. ZIEMER: I don't think we -- we know exactly what's happened so --

DR. ROESSLER: Well, somebody's on the phone maybe.

DR. MELIUS: What -- what we could --

DR. ZIEMER: We have someone on the phone that maybe --

UNIDENTIFIED: Joe Guido.

DR. ZIEMER: Joe Guido's on the phone. Okay, Joe. He's the guy that --

MR. GUIDO: (Unintelligible) EEOICPA circular number DOL, that might be helpful. It's circular number 07-07 published September 5th, 2007. I think that's available on the web at

the DOL site. That would be the reference to verify at least the text of the decision. So I don't know if that's helpful to you guys, but...

DR. ZIEMER: Was -- I'm sorry, was that a -- was that --

DR. WADE: Circular 07-07.

DR. ZIEMER: Joe, could you repeat that again, the reference?

MR. GUIDO: It's -- the circular number is 07-07, and it was published September 5th, 2007.

DR. ZIEMER: And was that on the DOL web site then?

MR. GUIDO: (Unintelligible) this e-mailed to me, but I believe you can get these if you -- I think I did a Google search on just EEOICPA circular number 07-07 and I was able to find it again.

DR. ZIEMER: Okay. Thank you.

DR. ROESSLER: Thank you.

MR. GUIDO: Official --

DR. ROESSLER: Thank you, Joe.

MR. GUIDO: -- (unintelligible) these are, but they are -- it is published by Department of Labor.

DR. ZIEMER: Okay.
DR. MELIUS: Well, some of us may take a look at that and then if we're still puzzled we may still need a briefing at our next meeting --
DR. ZIEMER: Well, we -- we will --
DR. MELIUS: -- (unintelligible) Cleveland.
DR. ZIEMER: I think the chairman of the workgroup is also --
DR. MELIUS: Yeah.
DR. ZIEMER: -- frankly, puzzled at this point.
DR. ROESSLER: We can probably report on that in our December conference call.
DR. MELIUS: Yeah.
DR. ZIEMER: Thank you.
DR. WADE: Captured it.
DR. ZIEMER: Okay.
DR. WADE: More, Gen, or done?
DR. ROESSLER: I'm done.
DR. WADE: Workgroup on LANL site profile and SEC petition; Mark Griffon, chair.
MR. GRIFFON: LANL workgroup has not met. I -- I think we're waiting still for a updated site profile from NIOSH, and I don't think it makes sense to have any meeting, al-- although, you know, we have a outstanding SEC -- it -- it's

contingent on this -- this change -- modification in the site profile, so I don't know if anyone from NIOSH can give me a sense of where that stands. But I will follow up on that with the NIOSH contact and, you know, as soon as it makes sense to schedule that, obviously we want to get it on the -- on the --

DR. WADE: Right.

MR. GRIFFON: -- agenda.

DR. WADE: Three points in closing. Blockson, Fernald and Chapman, I didn't ask for those reports. We had reports --

DR. ZIEMER: We had them yesterday.

DR. WADE: -- yesterday on those. Dr. Lockey has asked -- there is a -- a workgroup that's inactive on conflict of interest. He asked that I explain again why and place the responsibility where it exists. The Secretary's position --

UNIDENTIFIED: (Off microphone) (Unintelligible)

DR. WADE: -- the Secretary's position is that this workgroup has not been chartered to look at conflict of interest issues --

DR. ZIEMER: This -- this Board has not.

DR. WADE: This Board has -- I'm sorry, this Board has not been charged with looking at conflict of interest issues. The argument that that is part of their normal administrative procedures has not been accepted to this point. An attempt to modify the charter has been rejected at this point because the enabling legislation that has given rise to the Board didn't call for conflict of interest. We are continuing to raise the issue. I think the work of that workgroup would be well to have proceed, but we are not in position to do that. I would ask that you hold it as inactive for a bit longer in hopes that maybe we can break the logjam. But right now that's where it is. It is no reflection on the workgroup or its chair.

DR. ZIEMER: Does that complete the list?

DR. WADE: That's the list. I have one other request by Mike, very quickly.

DR. ZIEMER: Yes, uh-huh.

DR. WADE: You know, we have your contractor ta-- funded now for this next fiscal year. We have to start to give them work. Again, dose reconstructions will begin to flow. We need to think about procedures we would want them to

review next year, and I think out of the procedures workgroup we're starting to identify those. I would like to put this item on the agenda for December.

We also need to think about additional site profiles, either new site profiles or site profiles that are indeed -- have been reissued, to have them reviewed. So I would like to put that on the agenda for December.

One action that I intend to take, SC&A has been reviewing Hanford. Again, we now have -- we're now into the phase of the second part of the Hanford petition being considered. I consider that, and I've talked to Dr. Melius, that this would be considered as a new SEC review for SC&A this year that we're in now, and they could work and bill that accordingly. I think that's appropriate.

We do need to think about site pros-- profiles for them and procedures for them.

DR. ZIEMER: Thank you.

MR. GRIFFON: Can --

DR. ZIEMER: Comment? Yeah, Mark.

MR. GRIFFON: I just -- and -- and I agree, we can talk more in depth in the December meeting,

but I was wondering myself -- there's TIB-6000 and 6001, and I don't know if they're under our procedures workgroup currently or if they're not. And if they are, I'm almost thinking they might -- we might want to pull those out of the procedures workgroup and have a separate workgroup and task for those. Those are humongous efforts. I think they're basically mini site profile reviews for a lot of these uranium -- or AWE sites, and I don't know if we've tasked --

DR. WADE: We have tasked SC&A with those reviews --

MR. GRIFFON: We have? Okay.

DR. WADE: -- out of -- with last year's funding, as I (unintelligible).

MR. GRIFFON: Oh, okay, with last year's funding.

DR. WADE: But the workgroup question remains.

MR. GRIFFON: Yeah. Well, if it -- if it's -- if it's in process, it's probably fine to leave it in the -- in the same workgroup.

DR. ZIEMER: Well, if the -- if the workgroup reaches a point where they think that that is, in itself, a full effort, it could be broken

out at some point.

MS. MUNN: It was my assumption that the workgroup would have the responsibility for looking to -- at the two basic documents, at 6000 and 6001, and that the supplements would fall under the issue of individual site reviews.

MR. GRIFFON: Yeah, okay.

MS. MUNN: But it seemed logical to me, but that -- we may --

DR. ZIEMER: Well, and we did task --

MS. MUNN: -- need to discuss that --

DR. ZIEMER: -- separately I think on the BBs --

MR. GRIFFON: Okay, that's probably fine 'cause the supplements is where you get into the real site-specific (unintelligible) --

MS. MUNN: Exactly.

MR. GRIFFON: -- (unintelligible) we have (unintelligible) those, that's fine.

MS. MUNN: Yeah.

DR. WADE: I think there is an open issue that we need to talk about 'cause, as Chris pointed out, they're grouped maybe not by site-specific, but they might be AWEs uranium and

AWEs thorium, so I don't -- we wouldn't want to fall through the cracks. I think it's worth talking about in December.

DR. ZIEMER: Okay.

DR. WADE: And that's the workgroup reports.

DR. ROESSLER: May I add --

DR. ZIEMER: Gen.

DR. ROESSLER: Using Joe Guido's hints, I went on Google and I did find this report he referred to, not -- not real easily, but I do have it, so I will send to the Board members the place to find it, or I'll just send you the report.

MR. GRIFFON: Just send -- send us the report, yeah.

DR. ROESSLER: I just copied it on my flash stick, so I'll send it to you.

BOARD WORKING TIME: TRACKING OF BOARD ACTIONS

DR. ZIEMER: Thank you. I think we can move along here. These next items -- we can probably get through them even before lunch. We have some issues on tracking, and we -- we talked a little bit in a preliminary way at our last meeting. I think it may have been the phone call meeting, even; I don't recall now.

In the meantime, we've developed sort of a prototype tracking matrix to keep track of site profiles and -- and SECs, and of course we're tracking the -- the transcripts and so on separately, but Lew, you -- you want to lead us through the -- the status of the tracking documents now?

DR. WADE: Oh, Zaida, I just want you to be in the room now, that's all. You -- just sit with us and listen to...

Zaida's put together these matrices. There are two parts to it. There'll be the status part and then the results of the Privacy Act part that Dr. Melius wishes to speak about.

If you look at the SEC matrix, all we're trying to do is now to capture all petitions that have -- the Board has acted on and that are in process, and I need to know if this is useful, if there are other elements that -- that you would like to see us track.

In terms of the Privacy Act issue, if you look at the column in the middle that looks like the dates of SC&A reports, it's those documents that would appear on the web site. And I believe at this point -- and I -- I'd look to

counsel -- that all or all but the last two that had been received have been cleared through the Privacy Act and posted.

MS. HOWELL: (Off microphone) (Unintelligible) with our point of contact at SC&A that we (on microphone) run all documents through, we do not have any currently -- any SC&A documents currently awaiting review in our queue. We expect to receive a couple of documents from SC&A in the next week or so, so we're up to date at this point.

DR. WADE: Okay.

DR. ZIEMER: Thank you.

DR. WADE: But now if -- those are the only documents that are being tracked. If the Board has a desire to see another array of information tracked, then I need to know what that it. It's a little bit more diffuse when we talk about site profiles, but this is sort of your SEC work. My plan would be to update it, you know, before every meeting -- a week before every meeting and bring it to you. If there's other information you would like, I'd be pleased to supply it.

DR. ZIEMER: I haven't had a chance to look at

the -- the content here in detail, but I -- it appears that as soon as the -- it's -- well, let me -- I'll just simply ask it this way. At what point will something appear on the list? As soon as it's qualified, we would add it to the list and then we can track it as it progresses through the system?

DR. WADE: My trigger has been as soon as it's presented to the Board. I mean I -- I'm -- I'm establishing this as the Board's work.

DR. ZIEMER: Right.

DR. WADE: So once an evaluation report is presented to the Board, it triggers inclusion. We could do something else if you want, or qualified --

DR. ZIEMER: Well, the -- the only advantage of having the list of qualified ones, it would give us an -- we could anticipate what's coming down the road. I think we know if it's qualified there's going to be an ER coming.

DR. WADE: We try and use LaVon's presentation for that purpose --

DR. ZIEMER: But maybe that will --

DR. WADE: -- but we could --

DR. ZIEMER: I simply ask the Board -- it would

make the list a little longer, but what's -- what do you think about that?

DR. WADE: It's easy to do.

MR. CLAWSON: I think it'd be beneficial for us. You know, we get a lot of these that are coming down, and unfortunately I know for me that there's -- they kind of run together. It'd be nice for us to be able to look and see what we've got coming toward us.

UNIDENTIFIED: (Off microphone) (Unintelligible) pending?

DR. ZIEMER: One of -- one of the things also to mention, this is not cast in concrete. I think we do want to try this, or something close to this. If this turns out to be unwieldy or if we need more information, we need to get some reaction. May want to try this and -- what we would do, basically, would be at each meeting we'd have this -- the -- the latest version before us so that -- and -- and I'm not sure whether we would simply revise this monthly or revise this in connection with each meeting.

DR. WADE: Well, my plan was a week or two before each Board meeting --

DR. ZIEMER: We would have (unintelligible) --
DR. WADE: -- I would send it to you. Now I -- for Dr. Melius's purposes, we could add a column that would show the date posted of the SC&A report, if you would like to see that. It's not on this.
DR. MELIUS: Yeah. I mean I would like some tracking of the Privacy Act thing, or --
DR. ZIEMER: What -- what we're talking about is the date of the report versus when it's available on -- on the line. That's -- those are the two, are they not?
DR. MELIUS: Yeah, I mean we've had in the -- the past some significant delays in that process.
DR. ZIEMER: I think those two pieces of information would tell that picture.
DR. MELIUS: Yeah, and -- do that. And so I -- that -- that would be fine, I think.
DR. ZIEMER: It would be the date of the unredacted report and the date posted, or something like that.
DR. MELIUS: Yeah.
DR. WADE: That'd be fine.
DR. MELIUS: Yeah, that would...

DR. WADE: So I would add a column next to the dates of SC&A reports to show the date that it was posted. That would be (unintelligible) --

DR. ZIEMER: And the date -- versus the date it was issued.

DR. WADE: Well, we have the date issued.

DR. ZIEMER: Okay, so that's the issue date here, not the posting date.

DR. MELIUS: And -- and if -- if the process smoothes out and it turns out we're not having problems, then you know, it's --

DR. WADE: Well, one way to see that we don't have the problem again is to continue tracking.

DR. MELIUS: Yeah, yeah, and that's -- that's true, too.

I -- I -- I have some --

DR. WADE: Okay, Jim.

DR. MELIUS: -- re-- related questions and -- like to bring up and it -- sort of a cross between this issue and the issue of the -- the web site and so forth is that there are a number of documents that are produced that -- that I -- for workgroup meetings. They're sort of technical backgrounds. They small technical documents and -- and so forth that are

discussed in -- in workgroup meetings and -- and are hard for the petitioners and others to keep track out -- of and understand what's -- what's happening with them if they miss the meeting or then there's this delay with the transcript. I'd like to think about if there's some way of -- of reporting on those so at least people are aware of what documents were discussed at the -- the meetings and, you know, with some parentheses of -- of what might be issues with them. I mean some may have, you know, Privacy Act information in them. Others -- there may be other difficulties in releasing them, but -- but at least there -- there's some transparency to what's being under consideration and should people have, you know, legitimate need for them, I -- I think it would be -- be useful to -- they can request them, you know, appropriately.

DR. ZIEMER: Yeah. Jim, are you referring to other technical documents that may fall outside of this --

DR. MELIUS: Correct.

DR. ZIEMER: -- these or --

DR. MELIUS: Yeah.

DR. ZIEMER: Yes.
DR. MELIUS: Yeah.
DR. WADE: We have matrices --
DR. ZIEMER: Yeah, that actually --
DR. WADE: We have matrices that are prepared.
DR. MELIUS: Yeah.
DR. WADE: When you go to the --
DR. ZIEMER: Well --
DR. WADE: -- site profile sheet -- I just talked about the SEC sheet. Now the site profile sheet starts to make Dr. Melius's point.
DR. ZIEMER: Well, there are some matrices here, but I think there are also other technical documents that come into play. Maybe -- maybe we could think about whether there's another separate document which would track --
DR. WADE: Right.
DR. ZIEMER: -- and we'd have to identify what those -- kind of documents those are --
DR. MELIUS: Right.
DR. ZIEMER: -- and what it is we want to track.
DR. WADE: And the procedure --
DR. MELIUS: Yeah.

DR. WADE: Let's assume we'd had a list of them. You have to decide what it takes to get on the list. One way is the workgroup chair identifies a document. Mark talked about that, he did that --

DR. ZIEMER: That we want to track.

DR. MELIUS: Right.

DR. WADE: Once he identifies it, it's on a matrix, I can track it.

DR. MELIUS: Right. Yeah, I mean my -- my concern is -- this has happened is as we get to -- we're trying to resolve a -- partic-- an -- an SEC about evaluation and we're in the last day, we're about to vote and -- and somebody, either our workgroup chair or somebody from NIOSH gets up to the microphone and says "and we showed you this document at the last workgroup meeting" and it's the first -- rest of the Board's heard about it, let alone, you know, people that are -- public that -- that are -- you know, about it and I think it -- it certainly doesn't look good and -- in those circumstances and I think we need some way of sort of notifying and -- and -- and communicating about that information.

DR. WADE: Maybe I can bring Mark up to speak 'cause he has the mo-- by far the most experience on it.

We started, Mark, to talk about matrices on SEC and site profiles, and on these matrices we have the designation of SC&A reports and dates of those reports. We're going to add a column as to when those reports were posted.

Dr. Melius raises the question that you raised earlier, that during the workgroup process there are certain ad hoc white papers that come up. They appear, we ask for a -- an understanding on a point, a document appears. It's not an SC&A report necessarily. We need a way to track those and make sure that those are posted in a timely way. It seems to me that the workgroup chair holds the key to that. But I --

MR. GRIFFON: Yeah.

DR. WADE: So the workgroup chair could tell me of documents that need to be added to a tracking matrix and I can track them. But the way onto that matrix is the workgroup chair.

MR. GRIFFON: Yeah, I -- yeah, I think you're right. I mean I think -- if -- if we had a --

and it may not be perfect, but the action list that we try to generate during these -- during the workgroup meetings and the SEC process, oftentimes an action will be -- you know, NIOSH will give a -- you know, we'll respond to this question, you know, and the response is just a -- a white paper, a Word document, it's not a -- you know, so in that case...

DR. ZIEMER: Let me add that the proposed new matrix that SC&A has proposed to Wanda's workgroup may address some of that. They have a -- and -- and I think John -- probably off-line -- you need to make some of the workgroup chairs and -- aware of the form that's going to take because that will provide an ongoing picture of how issues in -- in some of these matrices are being resolved and will -- will address some of that. I think -- at -- at least the early version of it looks pretty good. It may not take care of all of these 'cause we may still want to have an overview of documents that are being tracked and where that stands overall. But...

DR. MAURO: I agree, I think that the proposed method that we're going to experiment with, try

out real soon, lends itself to a trigger or a hook to other documents that may be produced as a result of direction -- see, the way -- the new format is (unintelligible) of such a nature that each working group is going to have certain directions, very clear. On this working group we gave NIOSH this direction, we gave SC&A this direction, to produce this product. So that's sort of like a very nice place as your hook to say okay, that means there's -- there's a document that's gong to be moving through the system, a white paper, whatever, so --

DR. ZIEMER: Which could --

DR. MAURO: -- that might be --

DR. ZIEMER: -- then appear --

DR. MAURO: -- that might be --

DR. ZIEMER: -- on a tracking list.

DR. MAURO: -- the link I -- I -- yeah. Now I'm on the phone -- the -- I'm on the mike, could I just have a quick question?

DR. ZIEMER: Yes.

DR. MAURO: Is that okay? During the discussion of TBD-6000 a mention was made of 6001. Just want to let the -- the Board know

that we have not been directed to look at 6001.

MR. GRIFFON: Okay.

DR. MAURO: The second point is we have completed our 6000 review and delivered it as part of Task Order III.

DR. ZIEMER: Uh-huh.

DR. MAURO: But I did hear some language, some discussion that the expectation may be that the appendix BB portion of that work which was authorized -- along this sort of connect at the hip -- which deals with General Steel Industries, which is active right now and we're working our way through it and hope to have a report ready by the end of this month, but I've been handling that as part of Task III also. If you would like, we could -- we're -- it's -- we're still in the middle of it. I could shift it into a Task I site profile category and it would be managed in that matter, so I -- I look for some direction on that.

DR. WADE: Not necessary at this point, John.

DR. MAURO: Okay.

DR. WADE: Maybe in -- we'll revisit that. I would like, while John raised it, is the procedures workgroup, is the Board comfortable

with tasking SC&A to begin to look at 6001? It seems to me --

MR. GRIFFON: Yeah.

DR. WADE: -- something we're going to do, we could have them start.

MS. MUNN: I'd like for the workgroup to talk about that at the same time we're talking about exactly how to handle Allegheny, General Steel, et cetera. At this juncture we have done both those things with respect to 6000 in the procedures workgroup, but this is -- this is the telling time when we will need to make decisions about whether to proceed in that way. And hopefully John's right. With our new format we hope that will sort of fall out and it will certainly lead us to have an extended discussion on exactly how to handle the issue of white papers, where they will appear in the public documents, et cetera.

DR. WADE: Wanda, might it be possible on the November 7th procedures workgroup call to address the issue of tasking SC&A with the review of 6001?

MS. MUNN: I will put it on the agenda.

DR. WADE: Please. Oh, we just want to keep

our -- your contractor working.

MS. MUNN: I don't think we have a problem with that on procedures.

DR. ZIEMER: Josie?

MS. BEACH: I just want you to explain the -- Lew, the Board's meetings petition call-in.

DR. WADE: On which of the matrices?

MS. BEACH: The SE-- the SEC.

DR. ZIEMER: How many times (unintelligible)?

MR. GRIFFON: (Off microphone) Just the number of (unintelligible).

DR. WADE: Correct. Correct, the number of Board meetings where the petition was discussed.

MR. GRIFFON: Would it be better to have the --

MS. BEACH: A date put in there?

MR. GRIFFON: -- dates -- dates in there, yeah, 'cause then they can find the transcripts, is -- I think that'd be the interest, right.

DR. WADE: Good suggestion, thank you.

DR. ZIEMER: While you're talking about the form, the -- the last column on the SEC form is -- is not the decision of the SEC retary but of the Secretary.

DR. WADE: Interesting use of letters.

DR. ZIEMER: We've (unintelligible) the SEC along there, but --

DR. WADE: All the letters are right.

DR. ZIEMER: All the letters are right, it's the Secretary's decision.

Okay, other comments. Jim.

DR. MELIUS: Very good review, Paul. Glad you caught that. I -- I'd just like to bring up one other issue. It's related to the Privacy Act review. It's not quite germane to this -- what we're talking about here, but -- but I -- just a reminder. The -- I -- we've talked in the past and we've -- I think have steps in place, for the most part, to assure that this doesn't happen, but -- but I have a very serious concern that is part of any review that's done prior to the Board receiving a document that it be limited only to the in-- stated intent, which is Privacy Act review, and I -- you know -- you know, classified information review, that there not be any attempt or any appearance of an attempt to try to alter a document that -- that goes to the Board as it -- it passes through -- through NIOSH and I'm concerned about that with some

recent documents and I would hope that we -- NIOSH be very careful -- do that. When there is a need to do it, I think we should -- I think we have steps in place to, you know, talk with the Board members ap-- appropriately and -- and -- and consult and so forth if there's an issue about something being made public. But -- but I -- I think it would be a potential disaster for this -- the credibility of this committee and our processes if that should take place.

DR. WADE: Understood.

DR. ZIEMER: Thank you. Let's see, Josie, do you have another comment? No? Wanda, another comment?

MS. MUNN: No, I'm sorry.

DR. ZIEMER: Okay, any -- any other comments? I think what's being proposed here is we will try this tracking and as we get experience, we may modify it further. But hopefully this will be a tool for us to keep a handle on all of the different pieces of what this Board is doing. So thank you very much, Zaida; thank you, Lew, and we -- we look forward to the regular updates of these. And if we need to add

another matrix for special documents, why, we can add that at --

DR. WADE: We can indeed.

DR. ZIEMER: -- some point. I think we've covered the tracking of transcripts. We've covered tracking of Board actions. Future plans.

FUTURE PLANS AND MEETING

DR. WADE: Two things that -- I gave you a piece of paper that has Board meeting dates proposed out to February of 2009. I need feedback as to whether there is a need to modify any of those dates. We have cast in stone, theoretically, through June of 2000-and-some-year -- 8? But beyond that, they are proposed. Dr. Melius?

DR. MELIUS: Yeah, I -- I have a -- would -- believe I have difficulty with the dates for September 2nd through 4th due to another NIOSH-related meeting that I have that's the first Wednesday of every month, and this would -- case it's -- it somewhat depends on location, but I would have to -- you know, if we had a meeting on the west coast, I would meet -- have to miss the entire -- 'tire meeting because of

the Wednesday -- this is a -- you've chosen a Tuesday, Wednesday and Thursday, I believe.

DR. ZIEMER: And can you tell us when Labor Day is in -- in --

UNIDENTIFIED: (Off microphone) It's the 1st.

DR. MELIUS: It's the 1st. That's the --

MS. MUNN: (Off microphone) Literally, so (unintelligible) --

DR. MELIUS: Yeah, so moving it up is...

DR. WADE: Not possible.

DR. ZIEMER: Yeah, I --

DR. WADE: So maybe go to the next --

DR. ZIEMER: -- that's going to be bad, I think, anyway.

DR. WADE: Okay, so let's look -- I brought a calendar. Let's just move it back. And we're talking about 2008, good Lord, when did that happen?

UNIDENTIFIED: (Off microphone) When are you going to move back (unintelligible)?

DR. BRANCHE: To the following week.

DR. WADE: We're proposing that the meeting scheduled for the 2nd, 3rd and 4th be moved to the 9th, 10th and 11th of September 2008.

MS. MUNN: May I make a request that if we do

so we consider the location of that meeting to be on the east coast, or at least somewhere east of the Mississippi? I have to be in Florida on the 12th for a professional meeting and --

DR. WADE: Okay.

MS. MUNN: -- it would be very helpful if I were already on the east coast.

DR. BRANCHE: But are the dates okay?

MR. PRESLEY: I have -- no, I have a conflict on the 11th.

DR. WADE: Okay.

DR. ROESSLER: Do the dates again.

DR. BRANCHE: Eight, nine --

DR. WADE: Why don't we just -- We're talking about the 9th, 10th and 11th of September. Now I'm proposing the 8th, 9th and 10th of September.

MR. PRESLEY: That'd be good.

DR. WADE: On the east coast -- or east of the Mississippi. That's the big river --

MS. MUNN: Yes.

DR. WADE: -- that cuts the country in half.

MS. MUNN: Yes, so I can get there.

DR. POSTON: We've been talking about going to

Dallas.

DR. MELIUS: I would just concur with Wanda that we have a -- if we move it there, we move it onto the east coast because I -- I -- Dr. Howard and I will probably be busy on September 11th also --

DR. WADE: I understand.

DR. MELIUS: -- for -- for reasons -- now the other alternative is if it were done on the -- the week before, but starting on the -- Wednesday? So -- so it'd be the 5th --

DR. WADE: No, the week before that.

MS. MUNN: You said you had Wednesdays tied up.

DR. MELIUS: No, no, just the first Wednesday of the month.

MS. MUNN: That's --

DR. MELIUS: So I don't mind -- if it's the beginning -- first day of the meeting usually have a half-day subcommittee meeting so I end up missing a half-day.

DR. WADE: Do you want it to be that -- that week in -- the first week in September or the last week in August?

DR. MELIUS: The -- the first week in September is fine if it's the 4th and 5th.

MS. MUNN: But that incorporates Labor Day, and that will affect many schedules.

MR. PRESLEY: Yes.

DR. MELIUS: Well, I -- I -- I apologize. I thought Labor Day was early -- the --

DR. BRANCHE: Labor Day's the 1st.

DR. WADE: The 1st.

DR. MELIUS: Labor Day's the 1st? So --

MS. MUNN: Yes, it is the 1st.

DR. MELIUS: So --

MS. MUNN: But that means it's a short week for a lot of people, and many people will be taking that short week.

DR. WADE: Okay. So let's say September 8, 9, 10, east of the Mississippi.

MS. MUNN: Great.

MR. PRESLEY: Are we cast in concrete for the 9th, 10th and the 11th of April?

DR. WADE: Well, that's on everyone's schedule. We can always revisit anything.

DR. MELIUS: And -- and I would just add to the -- the list of reconsider-- I also need to check on February 17th through 19th. I haven't had an opportunity to do that yet.

DR. BRANCHE: Of 2000...

DR. MELIUS: Nine.
DR. WADE: So let's take them one at a time. April 9, 10 and 11 of 2008, Robert, what would you propose?
MR. PRESLEY: Seven, 8th and 9th.
DR. WADE: We have a proposal for the 7, 8th and 9th of April, 2008.
MR. PRESLEY: I need to be back home for the 10th.
MS. MUNN: Could we do 8, 9 and 10 instead?
MR. PRESLEY: My -- my problem is I have a -- I have a meeting the 2nd Thursday of every month.
MS. MUNN: So it's 8 -- 7, 8, 9.
DR. WADE: 7, 8, 9?
MR. PRESLEY: I could make that.
DR. WADE: April 7, 8, 9, 2008 as a modification. Okay, I'm going to put it down.
MR. PRESLEY: Make it on the east coast somewhere?
UNIDENTIFIED: Oak Ridge?
MS. MUNN: Oh, sure, thanks.
MR. PRESLEY: Be good.
MS. MUNN: I could travel all day Sunday.
DR. WADE: Okay. Now, Dr. Melius, have you been able to access --

DR. MELIUS: I have to call -- I have to call some (unintelligible) --
DR. WADE: Okay, so --
DR. MELIUS: -- (unintelligible) check on another meeting that I (unintelligible) --
DR. WADE: -- I'm going to draw a line under January 13th, 2009. And with the changes discussed here, present that as a schedule that is set upon. Again, we will always attempt to accommodate you, although you understand the cat-herding nature of this exercise. We will hold open the 17th through the 19th of February 2009 till we hear from Dr. Melius.
DR. MELIUS: Can you just give me the dates for the September '08 meeting again?
DR. WADE: September 8, 9 and 10 --
DR. MELIUS: Okay.
DR. WADE: -- east of the Mississippi.
UNIDENTIFIED: (Off microphone) That's '08?
MS. MUNN: '08, correct.
DR. MELIUS: '08, yes.
MS. MUNN: And --
UNIDENTIFIED: (Off microphone) What dates have been changed, September 8, 9 and 10?
DR. WADE: And then we've changed April 9, 10

and 11 to April 7, 8, 9.

UNIDENTIFIED: (Off microphone) Okay.

MS. MUNN: So we're --

DR. ZIEMER: We're okay on everything else.

MS. MUNN: We're okay on everything else, including December of both years. Okay.

DR. WADE: Very well done. Thank you.

DR. ZIEMER: Okay, thank you very much. It appears to me that we have completed our agenda. Does anyone have any other issue they wish to raise before we adjourn?

DR. WADE: Christine has one small housekeeping issue.

DR. ZIEMER: Housekeeping issue.

MS. BEACH: I have one -- one question.

DR. ZIEMER: Okay, Josie, go ahead.

MS. BEACH: Back on the schedule for December's meeting, would it be too much of a hardship to change it from the 6th to maybe the 13th? Or is that...

DR. WADE: We're open for anything.

DR. ROESSLER: December 2007?

DR. WADE: The call.

MS. BEACH: Yes. Yes, the call.

UNIDENTIFIED: The call -- next month's call --

or December's call.

DR. ROESSLER: I think I'm at a meeting the --

MS. BEACH: Well, for any date other than the 6th of the week following it.

UNIDENTIFIED: (Off microphone) We can't do it (unintelligible).

MS. BEACH: If not, that's fine. I'm just not available on the 6th.

MR. CLAWSON: I'm also gone that entire week, too.

DR. ROESSLER: Yeah, I think I am that entire week.

MR. CLAWSON: Well, the 6th.

DR. ROESSLER: Most of it.

MS. BEACH: Well, as I listen to this meeting this week, there's a lot of issues that are going to come up on the 6th, so...

DR. WADE: Let's try --

DR. ZIEMER: What are you proposing as an alternate date?

MS. BEACH: Any time after that -- that -- the week of the 3rd to the 7th -- the 10th through the 14th, those are open.

DR. ZIEMER: Workgroup on procedures is meeting on the 11th.

MR. PRESLEY: 11th.
MS. MUNN: Uh-huh.
DR. ZIEMER: I'm -- I'm tied up all day the 12th, 13th and 14th, although I -- well, yeah. 10th would be okay.
DR. MELIUS: I can't do the 10th.
MS. MUNN: That whole week is out for you, Josie?
MS. BEACH: Yes, and you also, Brad?
MR. CLAWSON: Also me. I'll be on travel.
MS. MUNN: Well, I'll be on travel, too, but I can get to the call.
DR. WADE: Want to try November 30th?
MS. BEACH: November?
DR. WADE: Well, I was trying to look for a time.
DR. ZIEMER: How about the week of the 17th?
MS. BEACH: That would be open, too.
UNIDENTIFIED: The 17th and 18th will not work for us.
MS. MUNN: You know, the -- what was wrong with November 30th, though? That's the week after Thanksgiving. That's not Thanksgiving week. It's a week later.
DR. WADE: I heard a grudged (unintelligible).

DR. POSTON: Yeah, no, I'm not available that date.

MS. BEACH: Neither am I. Okay, I just --

(Whereupon, numerous Board members began speaking simultaneously.)

DR. ROESSLER: Josie, do the dates the second week in December again. I just found my schedule.

DR. WADE: Well, that we lost -- the second week in September (sic), the week starting with the 10th, we lost to --

DR. ZIEMER: Is the 10th out?

MS. BEACH: The 10th was out for you.

DR. ROESSLER: The 10th is out for me.

DR. WADE: How about the 19th -- 19th of December?

MS. BEACH: Good for me.

DR. ROESSLER: What -- what day of the week is that?

DR. WADE: Wednesday.

MS. BEACH: Wednesday.

DR. WADE: Christmas time -- Christmas -- holiday season will be in the air.

DR. ZIEMER: Well, it's -- it's a week before Christmas.

MS. MUNN: It is.
UNIDENTIFIED: (Off microphone) I have a -- I have a Department of (unintelligible) --
DR. WADE: We're going to have to stay.
MS. BEACH: Okay, that's fine.
DR. POSTON: I have a Department of Defense meeting that day.
DR. ZIEMER: You're off, okay.
DR. WADE: Sorry, Josie, we --
MS. BEACH: That's fine.
DR. ZIEMER: So we're going to stay with --
(Whereupon, numerous Board members spoke simultaneously.)
DR. WADE: Brad, you're not available on the 6th?
MR. CLAWSON: No.
MS. BEACH: I'm at an SRA meeting.
DR. WADE: Is everyone else available on the 6th?
MR. PRESLEY: Yes.
DR. WADE: We have quorum issues?
UNIDENTIFIED: Wait a minute. Dr. Poston, can you make the 6th?
DR. ROESSLER: I haven't been going to NCRP meetings in (unintelligible).

DR. ZIEMER: You okay on the 6th?
MS. MUNN: (Off microphone) (Unintelligible) but I can come (unintelligible).
DR. POSTON: I was more concerned about April. NCRP meeting is 7th and 8th.
DR. ZIEMER: No, no, the 6th of December.
DR. WADE: Telephone call.
DR. POSTON: Yeah, I'm fine -- all right, I'm fine with that.
DR. WADE: Okay, so we have ten fine people.
DR. ZIEMER: Okay.
DR. POSTON: I was more concerned about moving the April meeting because the NCRP meeting is the 7th and 8th.
UNIDENTIFIED: So you now have a conflict?
DR. POSTON: Yeah.
DR. WADE: So now we're back to April 7, 8 and 9.
DR. ZIEMER: Well, I -- wait a minute. I've got NCRP also.
DR. POSTON: That's why I brought it up.
DR. WADE: Okay.
MS. MUNN: Originally, you know, we had scheduled that one the last week in March, and we turned -- finished changing it --

MR. PRESLEY: We changed it.
MS. MUNN: -- and I --
DR. POSTON: Well, if we -- if we just had it in Washington, D.C., that -- we could make it 'cause we're (unintelligible).
MS. MUNN: What's wrong with the first week in April?
DR. ZIEMER: What's the start date on NCRP?
DR. POSTON: 7th and 8th.
MS. MUNN: And that's going to be where?
DR. ZIEMER: Washington.
DR. POSTON: In Washington.
MS. MUNN: Washington? So if we had our April meeting say the -- the 1st, 2nd and 3rd or the 2nd, 3rd and 4th, for people who were going to -- needed to be in Washington anyway, stay over the weekend and go to NCRP.
DR. MELIUS: I'm not available the -- I have another meeting the 3rd and 4th of April.
MS. MUNN: So --
DR. ROESSLER: Well, John, are you talking about 2008?
MS. MUNN: Yeah, he --
DR. POSTON: Yes, ma'am.
DR. ROESSLER: I see -- I'm on the NCRP web

site. I see April 14th and 15th, 2008 --
DR. POSTON: Really?
DR. ROESSLER: -- and a meeting.
DR. POSTON: Oh, okay, I had it on --
DR. ROESSLER: So I think it's -- I think you're okay.
DR. POSTON: I had it on the 7th and 8th.
DR. ROESSLER: Yeah, I think it's later. I mean I'm on the NCRP web site. Why don't you just double-check it, but it says 2008 annual meeting, April 14th/15th in Bethesda.
DR. ZIEMER: In Bethesda?
DR. POSTON: In Bethesda?
DR. ZIEMER: It's usually at Crystal City.
UNIDENTIFIED: That's the D.C. metro --
DR. ROESSLER: I know, I think they've moved it.
DR. ZIEMER: Well, okay.
DR. BRANCHE: It's still D.C. metro.
DR. WADE: So we're -- now we're still on April 7, 8 and 9. Just let us know if --
DR. MELIUS: We're getting a little concerned about this organization.
DR. ZIEMER: Okay, why don't we keep it at April 7 to 9th unless we find that --

DR. WADE: Right, if the Chair has -- I think we will certainly change it.

DR. ZIEMER: -- if -- if that turns out to be NCRP meeting, there's at least three of us involved in there and I'm speaking at that meeting so I've got to be there.

DR. MELIUS: Forever or whenever.

DR. ZIEMER: I'm speaking about the EEOICPA program.

MS. MUNN: My only concern now is -- is that we have not made any decision at all about where that April meeting is going to be. It's always very helpful for me to know at least more than one schedule ahead of time where we're likely to find ourselves.

DR. ZIEMER: (Unintelligible) know by December?

DR. WADE: Well, let's tentatively pick a date now. It -- it seems to me --

DR. BRANCHE: A date or location?

DR. WADE: A location, I'm sorry.

DR. ZIEMER: What's coming up that we need to (unintelligible) --

DR. WADE: Well, let's think about it. It seems like Mound is looming. Right? Fernald will be looming.

MS. MUNN: Mound looms.
DR. WADE: Cincinnati? That's east of some river, I don't know what river it is.
DR. ZIEMER: North of the Ohio.
MR. PRESLEY: Easy to get to.
DR. WADE: You want to think -- I mean it seems to me -- I thought about this last night, and it's -- it seems like Mound and Fernald are big SECs that are churning.
DR. MELIUS: And we've never done a meeting convenient to Mound. We've got -- gotten closer, but I don't think we've ever sort of focused -- put the meeting there.
DR. ZIEMER: What's closer than -- is Dayton closer?
MR. GRIFFON: Dayton's closer, yeah.
DR. ZIEMER: Yeah, but we had one near Fernald.
DR. MELIUS: Yeah, no, we've done Fernald -- well, done Cincinnati, then we did the northern Cincinnati --
DR. ZIEMER: How easy is Dayton to get to for folks, airport-wise?
DR. WADE: Not bad.
DR. ROESSLER: From Cincinnati to Dayton?
MR. PRESLEY: Fly to Cincinnati and

(unintelligible).

DR. WADE: It's not that far.

MR. GRIFFON: I (unintelligible) --

DR. MELIUS: May-- maybe look at the areas -- may-- maybe Lew wants these to sort of figure out where we're going to be in terms of decision-making. Mound will be -- I'm not sure we'll be ready by then, but --

DR. WADE: Fernald, near.

DR. MELIUS: -- I mean there -- there's still just -- bring out Fernald -- Fernald if we're ready to make a decision on that, I think (unintelligible) --

DR. ZIEMER: I think we're a ways away on Fernald --

MR. CLAWSON: Yes, we are.

DR. MELIUS: Ev-- even April is -- six months from now.

MR. GRIFFON: I thought this was January.

DR. BRANCHE: No, Las Vegas is January.

DR. WADE: January we're in Las Vegas. Does anybody have another proposal for April?

MS. MUNN: Well, I'm always willing to throw out Pantex.

DR. ROESSLER: You know, I'm ready to go there.

MS. MUNN: I'm -- I'm always ready for Amarillo.

DR. MELIUS: What's the Florida site we always bring up and --

DR. WADE: Pinellas.

MR. GRIFFON: Pinellas.

DR. MELIUS: -- it always gets put off till August and say no, no --

DR. ZIEMER: Pinellas.

DR. MELIUS: Pinellas.

DR. WADE: Do you want me to pencil in either Pinellas or Cincinnati or Amarillo?

MR. GRIFFON: Yeah.

DR. MELIUS: Yeah. Well, we owe it to Pinellas and to Pantex to seriously consider going there --

DR. ZIEMER: Actually --

DR. MELIUS: -- much to our chagrin.

DR. ZIEMER: -- Pinellas had almost no activity anyway. They did very little there. But Pantex is -- you know, they --

DR. MELIUS: Yeah, I -- we really owe them a --

DR. ZIEMER: -- (unintelligible) the weapons (unintelligible).

DR. MELIUS: -- we owe them a visit.

DR. WADE: Amarillo.
DR. MELIUS: Yeah.
DR. WADE: Amarillo, Texas is penciled in for April 7, 8 and 9.
MS. MUNN: San Antone (sic).
MR. GRIFFON: Texas -- I (unintelligible) --
DR. POSTON: It's only -- it's very close, it's only 800 miles away.
(Whereupon, numerous Board members spoke simultaneously.)
DR. MELIUS: If we're going to be doing a decision on Fernald --
DR. WADE: Okay.
DR. MELIUS: -- we shouldn't be going to Pantex.
DR. WADE: Okay, so we'll be --
DR. ZIEMER: If -- I'm -- I'll be surprised if we're there, but if we are, that's --
UNIDENTIFIED: Maybe for June.
DR. WADE: Okay, so my instructions are Amarillo, unless --
MR. GRIFFON: Unless Fernald is --
DR. WADE: -- Fernald looms large in April. I wish I could be more specific. They won't let me be.

MS. MUNN: That's fine.
DR. WADE: It doesn't make me a bad person.
MS. MUNN: We -- we stay flexible.
DR. LOCKEY: I've got to bring up -- I'm sorry -- December 6th. I was looking at the wrong year. I am conflicted that date, as Josie is, so...
DR. BRANCHE: That's three people who won't be on the call.
DR. WADE: That's three people not on a call. Do you want to find another date, or do you want -- we have a quorum with nine.
MS. MUNN: Why did we reject the 13th?
MR. GRIFFON: Some --
DR. BRANCHE: 'Cause some people had a meeting. Two people are out --
DR. LOCKEY: The 13th's fine with me -- 13th's good for me.
DR. ZIEMER: I'm out the 13th. I'm out --
DR. BRANCHE: The Chair is out on the 13th.
MR. GRIFFON: Are we talking December 6th again? Is that --
DR. WADE: Yeah, we're back to December 6th.
MS. MUNN: So -- well --
DR. ZIEMER: I'm out 11th, 12th and thir--

well, 11th is a workgroup on procedures.

MS. MUNN: Yeah, face-to-face.

DR. ROESSLER: I'm okay on the 13th, or even the 12th.

MS. MUNN: You said you were okay on the 13th --

DR. ZIEMER: I'm out the 12th, 13th and 14th.

MS. MUNN: The Chair's not.

DR. LOCKEY: How about the 10th?

DR. ZIEMER: The 10th is okay.

DR. BRANCHE: Well, Dr. Melius can't do the 10th and Gen, you can't do the 10th.

MS. MUNN: I can't do the 10th, I'm flying.

DR. LOCKEY: You can't do the 10th?

MS. MUNN: I'm traveling across the (unintelligible).

DR. ZIEMER: Anytime the week of the 17th.

UNIDENTIFIED: We (unintelligible) we were looking at the 19th.

MS. MUNN: No, no, that's the Christmas time thing that we (unintelligible).

DR. LOCKEY: How about the 19th?

DR. WADE: Oh, you didn't like Chri-- how about the 19th?

DR. LOCKEY: 19th.

DR. WADE: 19th.
MS. MUNN: We talked about that.
DR. ZIEMER: Couldn't do the 19th?
DR. WADE: Just a phone call.
DR. LOCKEY: No, the 19th's fine.
DR. ROESSLER: What day of the week is the 19th?
UNIDENTIFIED: Wednesday.
UNIDENTIFIED: Wednesday.
MR. GRIFFON: Yeah.
DR. WADE: A scant six or seven hours.
DR. MELIUS: Jim, are you sure you don't have a prob-- I thought you said --
DR. LOCKEY: No, I was in the wrong year.
DR. MELIUS: Oh, okay, okay.
DR. WADE: December 19th -- 11:00 a.m. phone call.
DR. ZIEMER: Okay, we've got December 19th on the docket now. I think that's all --
DR. WADE: Gen having to check --
DR. ROESSLER: I think I'm out for that meeting.
DR. BRANCHE: You think you're out?
DR. ZIEMER: Are you out the whole week? Well, check, Gen, and let's find out. Okay.

DR. ROESSLER: I didn't bring that with me 'cause I thought we were all settled.
DR. WADE: That's okay, people's lives change, so I'm going to write down the 19th, subject to change.
DR. ZIEMER: Okay.
MS. MUNN: I would like to suggest that you continue to consider one day in the last week of November because that's -- that's only a week away from where we had originally started, and we threw that -- I think the fact that it is well after --
DR. BRANCHE: Thanksgiving?
MS. MUNN: -- the Thanksgiving holiday --
DR. WADE: Fine, let's explore the week of the 26th of November.
DR. BRANCHE: 2007, let's just make sure those people are on the right calendar -- 2007.
DR. LOCKEY: What we're saying now is that the 19th is not okay. Right?
DR. WADE: Well, we're not saying it's not okay, we're --
DR. BRANCHE: It's just a little late in the year.
MR. GRIFFON: And plus -- plus -- I mean part

of it is you got a full Board meeting January -- you know, coming up right -- like three weeks later.

DR. ZIEMER: Yeah, just two weeks later -- three --

DR. WADE: The week of November 26th, 2007.

DR. ROESSLER: Sounds good.

UNIDENTIFIED: What about (unintelligible) --

DR. ZIEMER: Any conflicts that week?

MS. MUNN: Or Wednesday the 28th?

DR. WADE: The December 6th call is being shifted to the week of December (sic) 26th, tentativ--

DR. ZIEMER: Jim, you're out all week?

DR. LOCKEY: The 28th'll be all right.

DR. WADE: November 26.

DR. BRANCHE: That's a Wednesday.

DR. LOCKEY: 28th is all right.

DR. ROESSLER: 26th --

MS. MUNN: Wednesday the 28th.

MS. BEACH: 27th is good, 28th is out for me.

DR. LOCKEY: How about the 29th?

MS. BEACH: Out. Only two days is 26th/27th for me, so...

DR. WADE: 27th of November?

DR. BRANCHE: That's a Tuesday.
DR. WADE: Tuesday. 27th of November -- Dr. Poston?
MR. GRIFFON: Going once.
DR. POSTON: (Off microphone) I don't think (unintelligible) --
DR. WADE: I'm sorry?
DR. LOCKEY: I've got a conflict that day, I can't --
DR. POSTON: That's fine with me.
DR. WADE: 27th of November, going once --
DR. LOCKEY: I'm conflicted, I can't do it that day.
DR. BRANCHE: Anybody else who's conflicted that day?
UNIDENTIFIED: What's with you people, having a life?
DR. WADE: Okay.
DR. ZIEMER: 26th?
DR. WADE: 27th, 26th?
DR. LOCKEY: I'm conflicted the 26th and 27th.
DR. BRANCHE: I would only caution that the 26th is the Monday after Thanksgiving --
MS. MUNN: Yes.
DR. BRANCHE: -- for those who will be doing --

MS. MUNN: Obviously not a smart idea. The 27th.
DR. BRANCHE: Tuesday the 27th?
DR. WADE: Without Dr. Lockey.
MS. MUNN: We'll just have to drop out --
DR. WADE: Are you okay with that, Dr. Lockey?
DR. LOCKEY: Sure.
DR. WADE: The 27th -- Tuesday the 27th of November, 2007, 11:00 a.m., with an understanding that Dr. Lockey is not available.
DR. BRANCHE: That's 11:00 a.m. Right?
DR. WADE: Correct.
DR. LOCKEY: So that's in place of the 6th. Right?
DR. ZIEMER: Yes.
DR. WADE: Replaces the 6th, 19th, many other dates.
Okay, we're -- we're set --
DR. MELIUS: Could I just ma-- make one request? I -- I think if -- if people are developing conflicts that -- I mean they do come up, we're all busy -- for meetings, it'd be helpful if we -- rather than wait till we come here, if possible do it ahead of time and let people know 'cause at least myself, I

schedule things around these meetings and then -- they -- then I'm -- we're sort of locked into dates and I've told people that do meetings on certain days 'cause -- and -- that I can't do it on the 6th, then -- so it's --

MR. CLAWSON: Well, also, too, if one of us is going to be gone -- that's why I didn't say anything about December 6th because it was only me.

DR. MELIUS: Yeah, yeah -- no -- no, I'm not trying to call (unintelligible) --

DR. WADE: There's no bad people.

DR. MELIUS: -- (unintelligible) think -- but it just made -- facilitated the earlier we can deal with these conflicts, the better --

DR. ZIEMER: Right.

DR. MELIUS: -- and so forth and --

DR. WADE: My desire is to have more than a year of meetings scheduled for you 'cause that's what you've asked me to do.

DR. ZIEMER: Yeah, and we all can then schedule around it.

Okay, Christine has --

DR. BRANCHE: Yeah, one bookkeeping issue. If you would like your book to be mailed back to

you, if you could please use your name tent, put it inside your book somewhere, and then take it out to the desk for Zaida. If you don't have your name on it, she won't know who it's for and it won't go.

MS. BEACH: Do you want us to put addresses on it or is she okay without --

DR. BRANCHE: She's got that, just the name tent to indicate that it's yours. Thank you.

DR. ZIEMER: Okay, I think that completes our business. Or Jim, do you have your tent up for a comment or just out of habit?

DR. MELIUS: No -- yeah.

DR. ZIEMER: Okay.

DR. MELIUS: Do we -- do we qualify for identity theft if --

DR. ZIEMER: I think so.

DR. MELIUS: Someone -- I understand someone stole the -- the name tag (unintelligible).

DR. ZIEMER: Okay. Well, the group is getting sufficiently frivolous. I can tell that we've completed our work.

Thank you all very much. You've completed your 50th anniversary meeting of this Board. We appreciate all your work, have a safe trip home

and we'll be talking to you in -- in October.

DR. MELIUS: And if you'll wait 15 minutes, Ray will have the transcripts ready.

(Whereupon, the meeting was concluded at 12:35 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 Oct. 5, 2007; and it is a true and accurate transcript of the testimony captioned herein.

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

WITNESS my hand and official seal this the 8th day of November, 2007.

_____

STEVEN RAY GREEN, CCR

CERTIFIED MERIT COURT REPORTER

CERTIFICATE NUMBER: A-2102