Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

Summary Minutes

Twenty-first Meeting of the Advisory Board on Radiation and Worker Health

February 5-6, 2004

Meeting Held at the Radisson Riverfront Augusta
Augusta, Georgia

Executive Summary

The Twenty-first Meeting of the Advisory Board on Radiation and Worker Health (ABRWH or the Board) was held at the Radisson Riverfront Hotel Augusta in Augusta, Georgia on February 5-6, 2004. All members were in attendance. Others in attendance included staff of various Federal agencies, as well as members of the public. The Summary Minutes of Meeting Nineteen were approved with minor changes.

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Thursday, February 5, 2004

OCAS Program Status Report

Ms. Martha DiMuzio of the National Institute for Occupational Safety and Health (NIOSH) presented a program update with case statistics as of January 30, 2004. There are currently 13,550 cases in house at NIOSH for processing. There are currently 2,774 cases staged for dose reconstruction. Dose reconstructionists have been assigned for 679 cases; 325 draft reports have been sent to claimants and final dose reconstruction reports have been submitted on 1,502 cases.

Requests to the Department of Energy (DOE) for exposure information total 14,453. Responses received total 23,638. At least one telephone interview per case has been conducted in 10,830 cases. Interview summary reports have been sent to 14,355 claimants. Current interview capacity is 200-300 per week.

There have now been 167 physicians appointed to the DOE physician panels, with additional recruitment underway. In the months of December and January, more claims were forwarded to the Department of Labor (DOL) for decision than were received from DOL for dose reconstruction.

There have been two mass mailings, one in October and one in January, on the new quarterly communication with claimants.

Following her presentation, **Ms. Dimuzio** entertained questions from the Board.

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DOL Program Status Report

Mr. Pete Turcic presented an update on the program from the DOL, as well as an update on DOL outreach efforts. The majority of the 50,979 claims are for cancer. Final decision has been issued in more than 26,000 or 54 percent of the cases received.

As of January 29, a total of $742,884,000 has been paid out in compensation for beryllium, silicosis, the SEC cancers, and cancers that have been dose reconstructed, with over $25 million having been paid in medical benefits.

As of December 31, 2003, there have been 3,032 total approved cases from the Special Exposure Cohort (SEC); 2,608 of those cases have been paid. There have been 2,772 total cases denied in the SEC. Primary reason for denial is claims for non-covered conditions or non-specified cancers. That number was 2,594.

Mr. Turcic noted that the next two years DOL will focus on outreach, utilizing web site, local outreach, and their traveling resource centers, which have been very effective. The highest ratio of claims to worker population is at Paducah, so DOL will be attempting to analyze what worked so well at that facility versus other sites in an effort to improve participation in the program.

Mr. Turcic answered questions from the Board following his presentation.

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Site Profile Update

Mr. James Neton provided the Board with an update on the status of site profile development, and on the status of worker input efforts, and provided examples of dose reconstructions using complex-wide Technical Information Bulletins (TIBs).

Although only the Hanford and SRS profiles have been completed, most of the remainder of the 15 site profiles being worked on in tandem are either in the Office of Compensation Analysis and Support (OCAS) or in Oak Ridge Associated Universities (ORAU) review. Only X-10 (Oak Ridge) had a section of its site profile for which at least the draft had not been completed.

Since December a worker input plan has been drafted which establishes worker outreach, and provides a framework for worker input. It encourages input both prior to and after release of the site profile, includes public briefings as necessary, and provides that minutes of those meetings be kept and provided to participants. A meeting was held at the SRS in November, at Hanford on January 13 and 14, and meetings are being scheduled for Portsmouth and Mound.

Dr. Neton described the approach for the DOE complex-wide efficiency process and gave an example of a dose reconstruction using that document, as well as a similar explanation and example using the Atomic Weapons Employer (AWE) complex-wide efficiency process with an example of a dose reconstruction under that document.

Dr. Neton responded to questions from the Board following his presentation.

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Research Issues Workgroup Report

Dr. James Melius, Chair of the Interactive Radioepidemiological Program (IREP) and Scientific Issues Workgroup, reminded the Board of the five priority items they had agreed to a year ago. **Dr. Melius** led a discussion related to those five items, what progress had been made in the respective areas, funding availability, NIOSH participation, the past-due BEIR report and its anticipated ramifications. A report from NIOSH on the issue of smoking and lung cancer is anticipated as soon as they finish their analysis of information just received from the National Cancer Institute (NCI).

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Board Discussion/Working Session
Dose Reconstruction Review Process

Dr. Ziemer turned the Board's attention to the dose reconstruction review process. **Mr. Elliott** recapped where the Board stood at the moment relative to the award of the tasks to Sanford Cohen & Associates (SC&A). Still to be determined is the method for selection of cases.

Mr. Elliott suggested a number of ideas for topics of discussion this afternoon and tomorrow. Timetables were discussed for deliverables from SC&A and coordinating those deliverable dates with upcoming meetings. Issues related to the pros and cons of subcommittees, workgroups, Board meetings, and teleconference meetings were discussed.

The Board discussed how to proceed with the issue of selecting sites for the initial group of site profile reviews. Members of the Board offered suggestions for how to develop criteria upon which to make the decision.

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Public Comment Period

Public comment was solicited on both days of the meeting. Public input on the first day was in a separate session commencing in the evening. Input from that session included the following:

- Problems in dose reconstruction for construction worker claimants.
- Difficulty in conducting productive interviews with construction worker claimants who are of advanced years and have worked multiple locations.

- Inadequate monitoring for construction workers.
- Flaws in completed site profiles.
- Subcontractor opposition to claims filed through Subtitle D.
- Objections to and flaws in the complex-wide efficiency documents.

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Friday, February 6, 2004

Administrative Housekeeping

Mr. Elliott described efforts his staff had made in putting together the evening comment session and indicated that they would do the same during the April meeting in Richland.

Housekeeping matters were addressed relative to voucher information, addresses, and phone numbers. Another meeting date was established in June.

Future agenda items were suggested and discussed.

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Board Discussion/Working Session
Sanford Cohen & Associates

Dr. John Mauro and **Mr. Joe Fitzgerald** outlined for the Board their thoughts on how tasks two and four would develop. It was discussed that SC&A intended that the four tasks actually work together in an effort to function more efficiently.

Mr. Fitzgerald outlined for the Board how he envisioned his task proceeding and noted that it might be approached in a way somewhat differently than the approach taken by NIOSH and ORAU.

Both **Dr. Mauro** and **Mr. Fitzgerald** took questions from the Board during the discussions.

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Board Discussion/Working Session
Dose Reconstruction Review Process

Before the Board were the issues of selection of an initial group of site profiles, resolution on a motion to communicate with Secretary Thompson relating to the SEC rulemaking, and review of a letter in response to one received from three Congressmen which was discussed at the December meeting.

Other issues were adding elements to the database to be developed by SC&A and how to get those additions to the contractor in a way that was efficient but not cause problems with procurement, and discussing a plan for dealing with the issue of subcommittee and interaction with the contractor.

Six sites were selected and approved -- Nevada Test Site, Idaho National Engineering Laboratory (INEEL), Hanford, SRS, Rocky Flats, and Y-12 -- for the first group of site profile reviews. Bethlehem Steel and Mallinckrodt Chemical Works were designated as the first AWE sites for site profile review.

Invoice approval and clarification matters for the contractor was discussed. It was decided that Dr. Ziemer would be authorized to act on behalf of the Board in notifying timely deliverable receipt and authorizing payment of contract vouchers as submitted to him.

A motion was made and seconded to communicate to Secretary Thompson the Board's concern regarding the fact that the final SEC rule has not yet been published The motion carried.

Options for dealing with communications to the Board from members of Congress were discussed and it was agreed that communications would be shared, discussed, and the Board would collectively formulate a response.

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Public Comment Period

Public comment was solicited on both days. Public input on the second day included the following:

- Differences in the way construction workers were employed on DOE sites, and their work patterns.
- Suggestions for improving the interview quality by sending a copy of site medical records or radiation exposure records with the interview form.
- Things not covered in site profiles.
- Lack of cooperation from DOE.
- The unique nature of the Oak Ridge site and why all three plants there should be in the SEC.
- A request for help with a health screening program at Oak Ridge.
- An inquiry where to obtain documentation used in dose reconstruction when a decision from NIOSH to deny a claim indicated the dose reconstruction was a likely overestimate.

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With all further business to come before the Board requiring action in Executive Session, the public portion of the meeting was adjourned.

End of Executive Summary
The Advisory Board on Radiation and Worker Health
National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention

Summary Minutes of the Twenty-first Meeting
February 5-6, 2004

The Twenty-first Meeting of the Advisory Board on Radiation and Worker Health (ABRWH or the Board) was held at the Radisson Riverfront Augusta in Augusta, Georgia on February 5-6, 2004. The meeting was called by the Centers for Disease Control and Prevention's (CDC's) National Institute for Occupational Safety and Health (NIOSH), the agency charged with administering the ABRWH. These summary minutes, as well as a verbatim transcript certified by a court reporter, are available on the internet on the NIOSH/Office of Compensation Analysis and Support (OCAS) web site located at www.cdc.gov/niosh/ocas. Those present included the following:

ABRWH Members: Dr. Paul Ziemer, Chair; Dr. Henry Anderson; Dr. Antonio Andrade; Dr. Roy DeHart; Mr. Richard Espinosa; Mr. Michael Gibson; Mr. Mark Griffon; Dr. James Melius; Ms. Wanda Munn, Mr. Robert Presley; and Dr. Genevieve Roessler.

Designated Federal Official: Mr. Larry Elliott, Executive Secretary

Federal Agency Attendees:

Department of Health and Human Services:
Ms. Allison Davis, Ms. Martha DiMuzio, Mr. Russ Henshaw, Ms. Cori Homer, Ms. Liz Homoki-Titus, Mr. Ted Katz, Mr. David Naimon, and Dr. Jim Neton, Mr. David Utterback.

Department of Labor:
Mr. Peter Turcic and Mr. Jeffrey Kotsch.

Thursday, February 5, 2004

OPENING REMARKS

Dr. Paul Ziemer, Chairman of the Advisory Board on Radiation and Worker Health (ABRWH or the Board), called the meeting to order, welcoming the attendees.

Dr. Ziemer asked that everyone register their attendance in the book provided. He reminded members of the public to sign up if they wished to address the Board during the public comment period.

Dr. Ziemer noted that Dr. James Melius would be arriving a bit later in the day, and that Dr. Henry Anderson would be arriving on the following day. Attention was also called to the fact that the afternoon session on Friday would be closed to the public.

Dr. Ziemer reminded the audience members that the public comment period would be held that evening from 7:15 to 8:30 p.m. at the same location, following an afternoon recess.

Mr. Larry Elliott joined Dr. Ziemer in his welcome and also reminded the attendees that there would be a public comment period the following day from 11:30 a.m. to 12:00 noon.

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REVIEW AND APPROVAL OF DRAFT MINUTES

Dr. Ziemer called for any substantive corrections or additions to the minutes of the Nineteenth Meeting of the Board held in Las Vegas, Nevada on December 9 and 10, 2003, as drafted. **Ms. Wanda Munn** noted some wording which seemed unclear to her. Upon discussion it was determined that, with minor adjustments in the wording, it would be clarified.

Motion to approve the Executive Summary and Minutes of the Nineteenth Meeting, with modifications as discussed, was seconded and unanimously passed.

Dr. Roy DeHart asked if perhaps a summary page of action items drawn from the minutes could be provided in the future, which was met with agreement.

Dr. Ziemer pointed out to the Board that the minutes for closed sessions were very brief and simply reiterated when the meeting was held, who was in attendance, and the subject of session, affirming that was the only item discussed. He inquired if the Board would agree that the Chair could simply sign those and return them. The suggestion was approved by consent.

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OCAS PROGRAM STATUS REPORT

Ms. Martha DiMuzio
NIOSH/OCAS

Ms. DiMuzio presented a program update from the National Institute for Occupational Safety and Health (NIOSH)/Office of Compensation Analysis and Support (OCAS) perspective since the December Board meeting. She presented case statistics as of January 30, 2004, noting that in 2004, there has been a gradual decline in requests for dose reconstruction. The number of cases in hand at OCAS requiring dose reconstruction total 13,550; 14,453 requests for exposure information have been made to the Department of Energy (DOE); 23,000 responses have been received, which represents 12,000 cases, roughly.

Response time on requests for information continues to improve. **Ms. DiMuzio** noted that the SRS, which had previously had the largest number of requests over 150 days outstanding, had just received a huge number of responses and their outstanding number in the over 150 day category had been reduced to 11. She noted NIOSH efforts at communication with the DOE was creating a good relationship and resulting in receipt of adequate information on the first pass through of requests.

At least one interview per case has been completed for 10,830 cases. Interview summary reports have been sent to 14,356 claimants. ORAU currently has an interview capacity of 200 to 300 interviews per week. There are presently 2,774 cases staged for dose reconstruction; 679 cases have been assigned to dose reconstructionists; 325 draft dose reconstruction reports have been sent to claimants and are awaiting return of the OCAS-1 form. Final dose reconstruction reports sent to Department of Labor (DOL) for adjudication are 1,502, a 50 percent increase from the December figure.

Ms. DiMuzio noted the backlog is being addressed in that NIOSH is now sending out more dose reconstruction reports than requests for information. In the month of December there were 17 percent more reports sent to claimants than cases received from DOL, and in January the figure rose to 44 percent.

Both NIOSH and ORAU continue to receive and respond to phone calls from claimants. E-mails continue to be received, so all communication methods available are being utilized.

An additional 167 physicians have been appointed to the physician's panel, an increase of eight since December, and NIOSH continues active recruiting efforts.

Ms. DiMuzio pointed out that the quarterly claimant communication initiated in October generated a number of questions in response. As a result, the January mailing addressed those issues. Questions have already begun to come in from the January mailing and it is anticipated that those will be answered in the March mailing. Response from claimants generally has been mixed. Some are happy to get the information, others don't want it and ask that it not be sent again. Effort is being made to accommodate

those wishes as much as possible.

Discussion Points:

Dr. James Melius raised the question again of why so many more responses were received than requests made for information, and what type of information was being received from DOE.

Mr. Larry Elliott replied that there were a variety of circumstances involved. A person could have worked at more than one site. A response could say we're still looking or we don't have any data. All of those are considered responses. Those responses are screened and if there are data quality issues or the information provided is not in the right format, another request is made with more specific detail on what is needed and why. Then another response comes back from that.

Dr. Melius acknowledged that it was difficult to summarize a complicated process, but he was just concerned that what is portrayed as a response doesn't mean acknowledgement that a request was received and nothing more.

Dr. James Neton added that it's rare that a response simply says we got your request. Because the requests are for different types of information, it may be received in different pieces so there may be two or three individual responses to a request.

Dr. Antonio Andrade pointed out that, by law, sites are supposed to make a reasonable effort to collect dose data from all previous employers, and that from his personal experience and as a matter of efficiency, information would be sent in on several people at one time.

Dr. Ziemer inquired if that would be counted as one response. **Ms. DiMuzio** indicated that a response was counted for each person.

Dr. Melius congratulated NIOSH on the communication efforts to the claimants and questioned updates to the web site in terms of tracking claim status, inquiring about the implementation of that feature.

Mr. Elliott acknowledged Dr. Melius' comments and noted that comments had also been solicited from DOL and DOE, and NIOSH was working to revamp the web site, adding there were a number of new things being put together to be put on the web site. And while it seemed like a very straight forward thing to do, it was a complicated matter and was being tested before it went out. There would be a number of changes on the web site in the next few weeks, making it more informative than in the past.

Dr. Paul Ziemer inquired into manpower available to handle the increased flow of dose reconstructions.

Dr. Richard Toohey from Oak Ridge Associated Universities (ORAU) responded that there were 20 full-time and three or four part-time external dose reconstructionists, which they felt was adequate. There were a half-dozen full-time and 20 part-time internal dose reconstructionists. This is a rarer breed which is where there is a bit of a bottleneck being encountered. There are more claims needing detailed internal dose reconstruction than had been anticipated. **Dr. Toohey** described prospective efforts to resolve the problem, including improvements in the Integrated Modules for Bioassay Analysis (IMBA) software package.

Dr. Melius indicated he felt it would be helpful to present some projections as to working against the backlog and state where things were going and what will happen over the next quarter, what issues may be coming up that could slow down certain cases, what was being done to keep the line of

communication open and the progress going in a positive direction.

Mr. Elliott thanked Dr. Melius for his comments and noted that he was confident the dose reconstructions that are completed were done with sound science and are sufficiently accurate. NIOSH is working on the timeliness aspect, but one thing they're not very good at is crystal ball gazing. They will take the comments to heart and see what might be projected, noting that when he says project, he could talk about issues such as what Dr. Toohey had mentioned that hadn't been anticipated as clearly as they might have been, or obstacles in the way toward success, and agreed that those things should be communicated to the Board in order for them to understand what NIOSH is facing.

Dr. Ziemer asked if Mr. Elliott or Ms. DiMuzio could speak to manpower issues within NIOSH.

Mr. Elliott responded that there were presently a staff of 41 full-time employees and that there had not been any particular bottlenecks with regard to their work in reviewing and providing direction to ORAU. There is a health communication specialist to be added to assist Chris Ellison in that area. Final candidates to fill the last two health physicist positions have been identified, one of which will add some internal dose experience to the staff. It is felt that there is an adequate public health advisor team. **Mr. Elliott** indicated he believes they are adequately staffed at the moment and sees no need to try to request more at this point in time.

Dr. Melius inquired as to the status of the Special Exposure Cohort (SEC) regulation.

Mr. Elliott replied that the public comment had been addressed and the rule has been redrafted and is in review and clearance.

Dr. Melius countered that he had some concerns about the continued delay, which is at the point of presenting a hindrance to the Board, and suggested sending a letter to the Secretary asking that approval of the rule be expedited as much as possible.

Dr. Andrade noted that while he's anxious to see the SEC rule completed, it has nothing to do with dose reconstructions except for the fact that the rule proclaims that if dose reconstructions cannot be done, parties might be eligible to appeal for SEC status, so he doesn't see any connectivity between the dose reconstruction program and the ability to review that program.

Dr. DeHart observed that legislation is being proposed to establish certain entities as special cohort sites and anticipates that more of that will be seen if some action isn't taken on the proposed rule soon.

Dr. Melius disagreed with Dr. Andrade and noted that the test for the SEC legislation is sufficient accuracy and feasibility, and that the Board is asking someone to review what NIOSH has done without knowing what the test will be for sufficient accuracy and feasibility. At some point there will be a questionable area where guidance is needed. There's no way to predict how long the delay will continue, and with legislative issues involved now as a result of the delays, it would be appropriate to draft a letter to point out that having the information would be helpful for the Board to do its activities.

Mr. Michael Gibson concurred with Dr. Melius' comments and noted that he could see no harm in raising those concerns to the Secretary.

A motion was made and seconded that the Board communicate to the Secretary concerns about the delay in finalizing the SEC rule and that it be finalized in order to carry out the Board's functions.

Dr. Ziemer asked the mover and seconder if they would be willing to postpone action until the afternoon session so that the morning presentations may be completed. With consent the motion was tabled, with Dr. Melius offering to draft some specific language to be reviewed in the afternoon session.

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DEPARTMENT OF LABOR STATUS REPORT

Mr. Pete Turcic
Department of Labor

Mr. Pete Turcic presented an update on the program from the DOL, as well as an update on the DOL's outreach efforts.

As of January 29, 2004, the number of claims received equaled 50,979; 35,116 for cancer; 2,252 for beryllium sensitivity; 2,713 chronic beryllium disease; 977 silicosis; and 5,643 total Radiation Exposure Compensation Act (RECA) claims. Non-covered conditions totaled 25,008. The 50,979 claims represented 38,351 cases. Initial recommended decisions have been made for 29,387 claims or 22,526 cases. Cases referred to NIOSH total 15,317 and initial decisions for 97 percent of the cases have been received.

Initial claims processing time goals have been more than adequately met. The processing time goal of 180 days for Atomic Weapon Employer (AWE), beryllium vendors and DOE subcontractors was actually 183.5 days in FY 2003 and is 99.1 days in FY 2004. The processing time goal of 120 days for DOE and RECA claims stood at 148.4 days in FY 2003 and is at 73.1 days in FY 2004.

Of the 15,317 cases referred to NIOSH for dose reconstruction, 1,403 have been returned; 1,314 were completed dose reconstructions, with 89 where dose reconstructions were not required. As of December 31, 2003, there have been 3,032 total approved SEC cases, 2,608 of which have been paid. There have been 2,772 total denied SEC cases; in 138 of those employees had worked less than 250 work days; 2,594 were for non-covered conditions, a non-specified cancer; and 16 NIOSH dose reconstructions resulted in probability of causation of less than 50 percent. The remaining 24 were survivor claims where the survivor was not eligible.

Mr. Turcic noted that in the next two years DOL is focusing a lot of attention on outreach. Some of the tools to be utilized in that effort will include their web site, local outreach, Congressional delegations, and traveling resource centers.

Mr. Turcic presented statistics from the four District Offices and noted that only the Paducah facility had a claimant ratio as high 47.3 percent claims to worker population. So one of the things that DOL is trying to analyze is what had worked so well in the outreach effort at Paducah versus the other sites.

DOL has found that the traveling resource center is a very effective method, 29 having been conducted since the inception of the Act. The traveling resource centers will go into an area for a week or two at a time, and receive a lot of good press. It seems to be very helpful when specific sites can be targeted and claims begin to come in from those areas. In 2004 traveling resource centers have been operated in Pleasanton and San Diego, California.

Goals are to inform as many potential claimants as possible about compensation, about Act requirements, how to file a claim, and to provide whatever assistance is necessary in filing the claims. There is an effort to expand participation of stakeholder groups. DOL has received good cooperation with labor unions and corporate verifiers from the AWEs getting information and contacts to find potential claimants. DOL is looking at each individual site and will do an analysis and some research to find potential claimants through demographic studies. In looking at a mortality study conducted at Hanford, DOL was surprised to find that more death certificates for Hanford employees were issued by California, Florida, Utah, and Texas than by the State of Washington. They are developing a marketing strategy to get into retirement locations to find people who may have worked in the program and now are living in retirement areas.

Discussion Points:

Dr. Roy DeHart asked if there was a third party administrator being used in payment of the medical portion to the claimants who were eligible. **Mr. Turcic** replied that a third party payer had always been used and that the third party payer paid directly to the medical providers.

Dr. DeHart inquired if the statistics included the Worker Comp filings, and **Mr. Turcic** replied that it was only Subpart B claims.

Dr. James Melius asked if there had been an increase in claims for reimbursement of medical expenses related to cancer. **Mr. Turcic** pointed out that all areas seem to have been going up and that a lot of outreach had been done in that area.

Dr. Melius inquired if there were claimant communication indicating they should save their bills, even though they had already been paid. **Mr. Turcic** noted that there was a packet of information provided claimants related to that issue, as well as outreach to the providers that if they had been paid by somebody else, DOL could reimburse that to the payer.

Dr. Melius wondered if there were problems verifying employment related to the claims that had been denied because of eligibility. **Mr. Turcic** pointed out that subcontractors were difficult and that DOL has just entered into a contract with the Center to Protect Worker Rights, which has access to a lot of information for subcontractors, although the vast majority of those that were denied because of employment were claiming employment at sites that are not covered.

Dr. Genevieve Roessler asked why so many, 9,000 out of 15,000, had been denied on final decision for non-covered decisions, why that category was so high. **Mr. Turcic** observed that if people wanted to file a claim, they had a right to do so. A number of people were filing claims who had no condition at all or were filing claims for things like heart disease or other toxic illnesses, even though in the very first developmental letter the claimants have covered conditions explained to them.

Dr. Roessler wondered if it seemed to be misunderstanding or claimants are just hoping it'll go through. **Mr. Turcic** noted that some of it was misunderstanding, but there were also scenarios where there were groups urging people to file.

Mr. Richard Espinosa inquired for what reason survivors were not eligible. **Mr. Turcic** explained that most of the non-eligible survivors perhaps had not been married for a year prior to the death of the worker, or the claimant could not demonstrate they were the offspring of a worker.

Dr. Melius suggested one way to reach retirees is through the pension program. **Mr. Turcic** agreed, noting there were privacy issues to be dealt with and the administrators of those funds generally have to be provided with DOL materials which they can include in their own mailers, and that has been a successful method of outreach.

Mr. Leon Owens asked if DOL has a phased approach in regard to the outreach, and if that approach could be provided. **Mr. Turcic** acknowledged that there was a long-range plan and he will get a copy to Mr. Elliott, who could provide it to the Board. He also noted that there was a quarterly outreach plan. The plan for the Cleveland office had just been completed and the focus there will be on Fernald and Mound because they are sites that are closing.

Mr. Robert Presley commented that he'd had a person at Oak Ridge come to him who had gone through the beryllium program and was very complimentary about how well she'd been treated by the people at DOL and wanted Mr. Presley to pass along her thanks.

Mr. Larry Elliott drew the focus back to the SEC statistics, noting Mr. Turcic had commented on the number of cases denied, but wanted to make sure everyone was aware that in the total of approved cases there were cases where dose reconstruction had been done and that were approved, primarily skin cancer cases. **Mr. Turcic** agreed.

Dr. Ziemer wondered how there could be any claims 180 days old for 2004 since we're only four months into the current fiscal year. **Mr. Turcic** pointed out that claims dated from when they were processed, no matter when they came in, so it was comparing completed claims to completed claims. At the beginning of FY 2003 there had been an effort to work off the backlog. Day one had started with 20,000 claims and that had added to the average time in the beginning of that year.

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SITE PROFILE UPDATES

Dr. James Neton
NIOSH

Dr. Jim Neton provided the Board with an update on site profiles. **Dr. Neton** indicated that he intended to cover status of the site profile development, status of worker input effort, and examples of dose reconstructions using complex-wide technical information bulletins (TIBs).

As a reminder, **Dr. Neton** reiterated that a site profile is a limited scope document specific for a site; that it is to be used by dose reconstructors to provide site-specific information in order to standardize interpretation

of data. They are basically used as a handbook and are dynamic documents.

The 15 DOE facilities being worked on in parallel by ORAU represented a combination of the biggest sites, where there were not only a lot of claims, but sites where information was readily available and forward movement could be made. Completion of those 15 site profiles will address approximately 77 percent of the claimants, theoretically allowing forward motion on processing claims for almost 80 percent of the claims.

A site profile is a six-section document. Each section is called a Technical Basis Document (TBD). ORAU has completed 85 percent of the individual sections or they are under review.

Two complex-wide documents have been developed. One is a complex-wide document addressing DOE facilities, as well as a complex-wide document addressing AWEs. The document addressing AWEs applies only to facilities that handled uranium metal. These complex-wide documents are not specific to the site, but use certain maximizing assumptions for specific blocks of claimants.

Dr. Neton presented a chart of the 15 DOE facilities for which site profiles are currently under development, documenting their status at the moment. Hanford and SRS are completed documents, approved and on the web site. Demonstrating the dynamic nature of the site profiles, **Dr. Neton**'s chart indicated that the draft of section four on environmental dose has not been completed for Los Alamos National Laboratories (LANL); sections five and six on internal dosimetry and external dosimetry have not been completed for X-10. However, the drafts on environmental dose for LANL and internal dosimetry for X-10 have been submitted for ORAU review at this time, leaving only one section for which a draft section has not been prepared.

In developing the site profiles, as a draft section is completed it is first reviewed by ORAU, then it is submitted to OCAS for review and revision, if necessary. When it is approved, it is then posted on the web site and is available for use. There are nine sections or chapters that are in ORAU review, still to be submitted to OCAS. The important thing is that the data capture efforts, the collection, and the writing has been done, and the majority of these chapters or sections are in the process of being refined.

There are several hundred AWE facilities and some have been completed, although they do have sections that are reserved. Bethlehem Steel is under evaluation. The radon section is reserved on Blockson Chemical. Huntington Pilot Plant is complete. The residual contamination section is reserved on Mallinckrodt Chemical Company.

As noted earlier, the complex-wide AWE document for uranium facilities has been completed. Aliquippa Forge is in review. Tennessee Valley Authority is in review. At the moment there are approximately 24 AWE profiles currently being worked on by ORAU which have actual scheduled completion dates. A number of the AWE sites had small numbers of people, so there's some deliberation underway as to how best to handle the remainder of small sites, possibly just having an addendum on some of the ones already completed because of similarity of processes.

Since the October Board meeting there has been a worker input plan drafted, which is currently undergoing review. It establishes a worker outreach group. ORAU will be heading up the effort for NIOSH. It provides a framework for obtaining worker input. Workers are encouraged to provide input to the e-mail addresses that have been provided for each of the documents. Input is encouraged prior to release of the document where possible. After release NIOSH is visiting sites and having meetings with union representatives. Public meetings are planned when necessary, such as some sites that may not have organized labor representatives.

A format has been adopted of taking minutes of the meetings with sign-in sheets, making them available to participants so they can review what salient points were discussed at the meetings and have a record for them. NIOSH hopes to develop a list of contacts from the sign-in sheets for future discussions as necessary. There was a meeting at SRS in early November and at Hanford on January 13 and 14.

There has been good verbal input with some interesting issues to come up as a result of those meetings. For example, NIOSH has committed to looking at the site profile for Savannah River to address the unique needs and exposure conditions of the construction workers. Revisions are being looked at for some sections of the Hanford site profile as a result of verbal feedback there. Meetings are scheduled for Portsmouth, Mound and Oak Ridge.

Mr. Griffon asked if the minutes of those meetings would be available on the web site. **Dr. Neton** acknowledged that they would be, that it was not done at the Savannah River meeting but that it was decided that in the future that would be done and that they will be put on the web site as they become available.

Dr. Neton moved into a description of the complex-wide efficiency documents, with examples of dose reconstruction for each. The TIBs are smaller versions of TBDs and are more focused than a TBD in that they discuss specific processes. One example talked about maximum internal dose for certain DOE claims. One talked about how to interpret external dose measurements, et cetera. There are four separate TBDs used for the DOE complex-wide approach.

The summary of the approach is to take advantage of some of the claims where there are better monitoring programs. The applicability is limited to more recent employment, typically after 1970. Radiation protection programs were more mature and there is some evidence of active air monitoring programs and bioassay programs that could be taken advantage of. There's also the ability to apply maximizing factors where the highest detection limit for any site could be taken -- for example, in 1975 -- and used as missed dose for the worker. So the entire complex is gone through and the maximum assumptions are used by default and then applied to the worker, knowing that they're more than likely above those to which the worker had been exposed. Similarly the maximum credible undetected intake would be used. To be claimant-favorable, these documents would use parameters which maximize probability of causation.

Dr. Neton gave as a typical mid-range sample of the approach the example of a claimant who worked in the

Oak Ridge reservation as a security guard for 16 years, from the late '70's through the early '90's; subsequently developed prostate cancer, diagnosed two years after the end of his employment at 63 years of age. Information was requested from DOE and a recorded dose for his entire 16-year period for external exposure of 84 millirem was received. The individual was monitored, though, every quarter and NIOSH reconstructed the person's dose assuming that all dosimeter readings were equal to the detection limit for the highest of the DOE sites evaluated. That resulted in assigning 2,840 millirem external dose to the prostate.

In the internal dose area the worker had no evidence of urinalysis bioassay at all. The complex-wide approach would assume the worker had a hypothetical intake of a mixture of 28 separate radionuclides likely to be present on DOE facilities during the time period, with an acute inhalation equal to ten percent of maximum permissible body burden. In doing that, the over-estimate or the dose was 11,923 millirem to the prostate.

Occupational medical dose is included in dose reconstructions, assuming an annual medical X ray for each year of employment, whether or not there was actually any evidence of that. The highest dose received by any organ from that X ray, other than skin, would be assigned. An X ray is taken with a collimated beam. Other organs not in the field of view might be irradiated due to scatter. In this case the lung dose would have been taken as highest dose and assigned 1,411 millirem to the prostate gland from the hypothetical medical X ray.

The result is that the total assigned dose to prostate was 14,922 millirem versus the DOE record of 84 millirem. This resulted in a probability of causation of 10.4 percent at the 99 percent credibility level. Probability of causation at the 50th percentile is 1 percent, given even these very extreme over-estimates in this particular case.

A similar example was given for a worker at an AWE facility. This approach is only applicable to Atomic Weapons Employer facilities which handled natural uranium. Approximately 100 facilities handled only natural uranium. More than 70 percent operated less than five years, so there's a situation with a natural uranium exposure, similar processes that could be maximized and only covering five years of exposure, plus any residual contamination from that exposure up to the point of diagnosis.

It was decided that if a constant external exposure was assumed of 100 times the maximum allowable air concentration during the entire period of operation, internal exposure for these workers could be over-estimated. Many of these operations only happened for a six-month period two days a week. It was assumed for the purpose of this document that the person worked the entire year and received 100 times the maximum allowable air concentration eight hours a day, five days a week, 52 weeks a year.

There were maximum-sized cylinders handled at the facilities, so there was a Monte Carlo model to model the external exposure coming off a big block of uranium metal. That was modeled both as cylindrical and rectangular ingots, with the rectangular one coming off a bit higher so that was the one used. The worker was also assumed to have been exposed at a distance of one foot from the uranium metal for the same time

period, the entire year, eight hours a day, five days a week. Provisions were also made in the document for external exposure from contaminated surfaces. Certain settling can be calculated with a certain terminal settling velocity of the particles that will accumulate on surfaces. It was assumed there was no removal of that material. Standard models were used to calculate the external exposure for a person walking around all those hypothetically-contaminated surfaces,

There is also a model for ingestion of contamination on those surfaces, with assumptions for transfer factors, so there was an attempt made to cover all the bases with some fairly maximized assumptions to see how it could be used for these claimants. It was restricted to uranium only and does exclude dose reconstructions for lung, skin, breast, eyes, and tissues. It just won't work for those.

The case example given was a person who worked in an AWE in Pennsylvania employed as a millwright from the mid-'50's through the late '70's. DOE operations occurred only one year during that employment period and was in fact one of those facilities where it was for six months, and they only worked two days per month -- or were contracted to work two days per month. It was assumed for this dose reconstruction that the person worked the entire year, eight hours a day, five days a week, 52 weeks, breathing the 100 times maximum air concentration.

This worker was diagnosed with colon cancer at the age of 54, one year after his employment ended. No external dose measurement was available for this facility, but the dose reconstruction assumed continuous exposure for one year at one foot from the uranium metal. Additional dose was assigned using the residual radioactivity model, which assumes that someone walked around the theoretically-contaminated surfaces for the entire year. Ingestion of residual radioactivity was also included, so those three modes of exposure were covered for external.

For internal dose, no bioassay results were available for the worker. It was assumed he was breathing 100 times the maximum air concentration for the entire year. Claimant-favorable solubility class was used and the dose from residual contamination was included. One annual medical X-ray during the year of the contract was assumed, with highest dose received by any organ other than skin.

Totals produced an estimated dose to colon of 5,870 millirem for internal exposure pathway, 5,270 from external, resulting in a probability of causation of almost 18 percent at the 99 percent credibility level. Looking again at the 50 percent just for the spread, it's three and a half percent at the 50th percentile.

Discussion Points:

Dr. Antonio Andrade expressed curiosity as to why radon exposures or intakes were not included if you're dealing with natural uranium, noting that it may not add significantly to the probability of causation, but perhaps would give more credibility to the AWE-wide profiles.

Dr. Neton replied that he had possibly failed to communicate that this was for natural uranium only and did not apply to facilities which processed uranium ore that may have radium-226 in the stream.

Dr. Andrade asked if, when **Dr. Neton** referred to "natural," he meant whether it was processed in its natural form. **Dr. Neton** replied that it was processed uranium, already refined in either powder or metallic form. There was an allowance for 100-day decay so the protactinium 234-m beta would grow in, and that exposure would be optimized. But the radium had been taken out of the natural uranium already.

Dr. Genevieve Roessler commented on the claimant-friendly aspect, noting that when discussing occupational medical dose she presumed what was meant was chest X ray. **Dr. Neton** confirmed that assumption and **Dr. Roessler** observed that he must be assuming that the primary beam includes the prostate. **Dr. Neton** agreed and **Dr. Ziemer** pointed out that there was no collimation. **Dr. Roessler** commented that that was either an example of being extremely claimant-friendly or of very poor medical procedures. **Dr. Neton** agreed, noting that the bottom line is that they don't have any information about the processes and felt comfortable that the exposures were certainly less than the assumptions taken.

Dr. James Melius expressed appreciation for the commitment to NIOSH's site profile outreach plan and was curious when it would be public, when the Board would know about it and wondered if a time frame could be filled in when the Board would know when something's going to happen, et cetera. **Dr. Neton** replied he was not prepared to address any more than what he had already discussed, but that the plan itself would be approved and in place within perhaps a week or two.

Mr. Elliott agreed that it was very imminent and would be on the web site very soon, and also pointed out that there was a tentative date for the Idaho National Engineering and Environmental Laboratory (INEEL) visitation scheduled for April, which had not been on **Dr. Neton**'s slide.

Dr. Melius went on to inquire about the conflict of interest among people developing site profiles and noted that if he had understood correctly, somebody was working on a plan to address that and he wanted to have an update on the issue. **Dr. Neton** replied that NIOSH had heard the comments and they were taken seriously. ORAU had gone back and looked at their conflict of interest plan and there is a revised draft out which is being internally reviewed at the moment, and that should be out very soon. It has not been finalized, but there is a plan to address some of the Board's concerns.

Dr. Melius expressed more concern about the timetable because the process was moving so rapidly and he understood that people were being assigned to new documents and were being subcontracted under the old plan. **Dr. Richard Toohey** of ORAU commented that subcontractor assignments for the next round are being made under the new proposed rules.

Mr. Griffon noted that the one thing he didn't see in **Dr. Neton**'s presentation was which of the DOE site profiles are ready, with all sections completed, so that the Board and its contractor can start review. **Dr. Neton** indicated the SRS had been done for some time and Hanford is complete, which are the only two fully completed DOE site profiles. A number have two or three sections done, which could be reviewed, although the total picture is not there.

Mr. Griffon asked if the support documentation or references in site profiles were kept in an administrative record or were available electronically for review. **Dr. Neton** replied that the references were not included, but were pretty voluminous documents and can be made available to the dose reconstruction reviewer if that's what is desired. **Mr. Elliott** added that references are not on the web site. They are voluminous and are available upon request, and have in fact been provided to the

public upon request. The contractor would be able to access them as desired. They're on a special drive on one of the NIOSH servers. **Dr. Neton** added that they could be made available electronically.

Dr. Melius indicated that he had requested the Board be briefed on the concerns raised by Richard Miller about the site profile for Blockson Chemical so that the Board would have an understanding of the issues, and was wondering if they were going to hear about it. He expressed a desire to understand what the issue is, whether it's a legal issue, a policy issue, or a technical issue. **Dr. Neton** replied that all he could say on the Blockson issue is that the radon section remains reserved. NIOSH is internally deliberating how to handle radon and Blockson at this point and he was unable to say more than that.

Dr. Ziemer observed that he understood the issue had to do with the definition of what was the site in this case and it involved the radon exposures of a portion of the site. He gathered that it was still being addressed and reviewed and wondered if there was any more that could be said today. **Dr. Melius** indicated that when it was ready and could be presented, he would like to hear more about it. **Dr. Neton** replied he would be more than happy to do that.

Dr. Melius suggested that a bigger question the Board needed to look at relative to some of the site-wide documents applied to the issue of individual dose reconstruction review. He noted that when the initial set of dose reconstruction regulations was prepared, the Board indicated if there were policy issues or things that would change how NIOSH conducted dose reconstruction, there would be a process put in place where those changes would be announced in the *Federal Register* and then comments reviewed by the Board or presented to the Board in some way. Noting that he didn't personally see that any of the documents discussed today represented a major change, he still felt that the Board should think about where the line is in terms of the most efficient way to approach individual dose reconstruction reviews so that they don't just rock along until they come across a document which then has to be reviewed, and wondered if it might be more efficient to do it some other way. At what point do the technical decisions being made reach a policy issue that ought to get more complete public review. Whether that is done as part of Board discussions or at some later point, it would be better if it could be thought through ahead of time rather than having it come up through an individual dose reconstruction, which wouldn't serve everybody very well because it may have affected a lot of other cases. And if the Board is having questions about some sort of technical policy that has been set in terms of dose reconstruction through a single case, then that's not the best and most efficient approach, nor the most fair to the claimants. Some criteria are needed. It may not be an issue yet and maybe it won't ever be, but it would be good to avoid its becoming a major issue.

Dr. Ziemer observed that those issues cut both ways, which was what **Dr. Roessler** was hinting at; when does an assumption go beyond becoming claimant-friendly to becoming ridiculous. Some of the assumptions push the envelope. Insofar as these kind of things drive the process, **Dr. Melius** is asking to make sure the Board is aware of these. Insofar as they represent a policy change, the Board does need to be on top of that. But it's hard to separate the application of the policy from the assumptions that are built into the policy.

Mr. Michael Gibson noted that some of the assumptions are just assumptions and it is admittedly a limited

document, and there could be a lot of missed dose for people that legitimately deserve it. **Dr. Ziemer** agreed, and indicated that certainly NIOSH is taking worst-case scenarios and that he was not suggesting that they change that.

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RESEARCH ISSUES WORKGROUP REPORT

Dr. James Melius,
Workgroup Chair

Dr. James Melius, Chairman of the Interactive Radio Epidemiological Program (IREP) and Scientific Issues Workgroup, reported that the workgroup had recently met by teleconference and that the last report to the Board had been about a year ago, at which time they had presented a recommendation for procedures on how to deal with scientific issues and significant changes to IREP. That was a policy adopted by the Board. The Board had at that time also determined a list of five issues which would be of priority interest in terms of being addressed.

The first priority was the issue of how to deal with occupational exposures and the fact that a lot of the scientific data being used to develop IREP were derived from non-occupational exposures, and whether there should be an adjustment that deals with a number of technical issues. After the discussion a year ago there was an update from NIOSH on where they stand with their studies, because they have a number of occupational cohort studies underway, and it was deemed to be more of a longer-term research issue.

The second issue was age at first exposure. NIOSH has been wrestling with that issue and looking at various approaches. **Dr. Melius** suggested that since **Mr. Larry Elliott** was the one dealing with that issue, perhaps he should be the one to address it to the Board. **Mr. Elliott** discussed NIOSH's work with its Health Energy-related Research Branch, HERB, to put together a workshop on age at exposure. They are currently in deliberation about how to go about it and where it will be out-sourced, which contract it would be employed under. HERB has proposed a set of experts be convened in a workshop setting and use some pre-developed datasets to come up with a standard methodology of analysis for issues surrounding age at exposure and how to go about it.

The problem is that there are a number of approaches that have been used and there are limitations and advantages to each approach. The use of a standardized dataset and gaining consensus makes a lot of sense.

It is hoped that it can be put together and held this year. **Mr. Elliott** noted that there is money dedicated to support it for the year and the intent is to get it on a fast track because it has considerable benefit and merit to compensation, as well as to research.

Dr. Melius announced the third issue as the rare cancer issue, grouping different types of cancers, and noted that there was really not much update other than that there is some funding in the omnibus spending package just passed that would allow some further analysis by NIOSH on the chronic lymphocytic leukemia issue and maybe help expedite addressing that issue.

Mr. Elliott added that **Mr. Russ Henshaw** was working on a listing or a frequency of the cancers in the claimant population, looking at various types of primary cancers and how many of those are truly very rare types of cancers that are seen and what needs to be done in light of those. **Mr. Henshaw** is developing that and NIOSH plans to present something to the Board shortly on that issue.

Dr. Ziemer inquired as to the thrust of the funding. **Dr. Melius** noted that it was for studies. **Dr. David Utterback** from HERB commented that he couldn't cite the language, but that there is $7 and a half million from the money allocated to DOE for public health activities to be given to NIOSH to investigate, through epidemiology studies and other activities, the relationship between chronic lymphocytic leukemia and radiation.

Dr. Melius added that **Mr. Henshaw** had also been working on an analysis of claims information, a database that would address issues such as frequency of cancers, frequency of sites, et cetera.

The fourth priority was the issue of smoking and how to adjust for smoking. At the time of the workgroup conference call, NIOSH was still waiting for a Pierce analysis to come in from National Cancer Institute (NCI). That was received shortly after the call and in all fairness they needed to have time to review that and then perhaps there could be some steps taken relatively soon to think of ways that the smoking issue could be addressed. **Mr. Henshaw** added that NIOSH had received something from NCI, but there had not been an opportunity to review it carefully and there was a probability that they would need to go back and get additional data to understand the pages of information received to date.

Dr. Melius noted that the final issue was really related to the first issue, which is the issue of how to address other occupational exposures that might take place within a DOE site. He indicated that when there was an update from HERB, perhaps questions could be asked about that.

Dr. Melius also mentioned that the update to BEIR is underway, but doesn't expect anything very soon on that, although it could have a large impact in terms of possible changes needed to be made to IREP. **Mr. Elliott** noted that his understanding from one of the members of the BEIR committee was that the report was due to have surfaced last November. He indicated he had put in a call to **Dr. Eula Bingham** to find out what the holdup is, but had not heard back from her. He did not expect the report to be as much as a year away, thought it was closer.

Dr. Ziemer commented that he believed the report was dependent upon official issuance by RERF of the new risk coefficients and had heard unofficially that the risk coefficients are not likely to change very much. His understanding is that the changes to the dosimetry have been rather small and the risk coefficients will not change by great amounts, but it still remains to be seen what the impact will be on IREP, and that will certainly need to be tracked.

Mr. Elliott agreed and noted that NIOSH was anxious to see what the report would say about occupational studies and their effect on risk estimates, so that had been their focus on the report. **Dr. Ziemer** agreed that

it may be of greater importance than the coefficients. He also asked if there was a plan to report on the findings on the smoking issue.

Mr. Elliott explained that what had been received from NCI is basically the Pierce analysis data that was done to support the modifications on smoking and lung cancer. This was four or five pages of what looked like an SAS printout with no data dictionary and no explanation, no interpretation, so that information would have to be analyzed to come back with a proposal on the impact on the NIOSH-IREP cancer risk models and what should be done in that regard.

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BOARD DISCUSSION/WORKING SESSION
DOSE RECONSTRUCTION REVIEW PROCESS

Dr. Paul Ziemer asked that the Board now focus on the dose reconstruction review process and exactly where it stood as far as the working group's recommendations were concerned after the end of the last session.

Mr. Larry Elliott suggested a recap of where the Board stood at the moment and that, although it hadn't been announced yet, two of the tasks had been awarded and that the Board would be able to discuss them with Sanford Cohen & Associates (SC&A) tomorrow. Tasks two and four had been awarded and they can start work under those tasks, so the Board might want to think about whatever questions or clarification it might have for its contractor, or anticipating what questions the contractor might have of the Board. Tasks one and three are still in the negotiation process and is what will be discussed in closed session tomorrow afternoon, so what can be discussed in open session about those items is limited.

Still to be determined is how the Board is going to come up with the selection of cases in representative or stratified random sample. NIOSH would ask what the variables might be that the Board would like to target for their selection of cases. Additionally the issue of subcommittee or not, had been discussed and **Mr. Elliott** indicated he thought the Board had come to grips with that and that the full Board wanted to be involved, but there was still some work to be done as far as identifying cases for review when task three is awarded, assigning who is going to review those cases and what the process really looks like.

Mr. Elliott pointed out that he was just throwing out ideas for topics for discussion for this afternoon and perhaps tomorrow, but that these were the kinds of things that NIOSH had questions about relative to how they were going to go about doing the reviews. They're still wrestling with what the Board approach and process is going to be and how NIOSH will attend to making sure that privacy of individual claimants is protected and what the Board report is going to look like at the end of review, so NIOSH is waiting to hear the Board's thoughts on that.

Dr. Ziemer noted that tomorrow during the morning session SC&A will have a chance to ask the Board

questions and for the Board to ask them questions pertaining specifically to tasks two and four, which have been awarded.

Dr. James Melius observed that one question they may want to ask is what site profiles the Board wants them to review, and that there was going to be a meaty issue as to how to select those to get underway. In a more general sense, a way of approaching it is to think about what the different activities are that are involved, how does the Board want to handle them, how do they want to select the site profiles and individual cases, how they're going to interact with the contractor. Who does the contractor call if they have questions. **Dr. Melius** pointed out that the Board has to be careful both from the contracting point of view and also in terms of credibility of the process and making sure that's taken care of. He suggested the Board needed to work through those and decide the best way to do that and whether a subcommittee is going to be needed, how much guidance the subcommittee is given, if it should be done as the entire committee for each issue, try to categories issues and come up with a timetable for dealing with them.

Ms. Wanda Munn noted that she could no longer remember what tasks two and four were. **Mr. Elliott** replied that task two is to review site profiles and task four is to develop a database, a data management system for the Board. Task four was to design, develop, and put that into place, and it involved tracking the cases assigned, when they were assigned, who's working on them, what their findings were, perhaps even a database management aspect of how many site profiles have been examined within task two, as well as under task three where the Board will be looking at individual completed dose reconstructions. So there's a lot to be discussed under task four. It may seem obvious what has to be done, but it probably needs to be talked through.

Dr. Ziemer observed that task two was to prepare a site profile review procedure, not to do profile reviews. **Mr. Mark Griffon** clarified that the task was actually to develop the methodology and also to do the reviews of 10 to 12 DOE sites and two to four AWEs, so it actually involved both. **Dr. Ziemer** suggested that perhaps the actual determination for selecting sites could be discussed, but noted that the Board would also need to know what the procedure is that the contractor will use, which is why they had been asked to do that as the first step in the process.

Mr. Mark Griffon asked if a copy of the procedure for processing individual dose reconstruction reviews which had been voted on and approved by the Board might be made available. He noted that a lot of the information within that document identified a number of the issues **Mr. Elliott** and **Dr. Melius** had just brought up that possibly the Board needed to review again to clarify how it's going to work now that they know a little more about what the contractor had proposed. **Dr. Melius** asked if the award for tasks two and four could also be made available since they lay out the timetable for the contractor. That would be necessary to figure out meeting schedules and how to get feedback, et cetera. Those items were provided.

Dr. Ziemer noted that task two had, as a first item, to prepare a site profile review procedure, with a deliverable one month after authorization to proceed. **Dr. John Mauro** of SC&A indicated he had just gotten the authorization the day before.

Dr. Ziemer noted that there would be an issue that the Board will want to talk about with regard to that. That procedure will be ready in a month, so then there will be an issue of who looks at and reviews and approves the procedure and how the Board wishes to do it. Perhaps the Board would like to identify some criteria for selection of sites to be reviewed, which would follow that. There are a number of sites close to being ready for review, but how to decide which ones is an issue. Perhaps some criteria might be identified. For example, a site which has generated a large number of dose reconstruction cases, or top five sites in terms of cases as sort of a kickoff.

Dr. Melius indicated he had a question which he knew had been answered before but he'd forgotten, and wondered if the Board could delegate approval to a workgroup for an issue like this, that would get back a procedure from the contractor for the site profile reviews.

Dr. Ziemer responded that he thought a workgroup could not act on behalf of the Board. **Ms. Cori Homer** agreed, noting that it wasn't advisable to get into the habit of providing written delegation for a workgroup or subcommittee to act on behalf of the Board, and wondered if this was something lengthy or time-consuming that was being discussed.

Dr. Melius replied he was trying to work out the timetable for dealing with the fact that there was going to be a report from the contractor in early March and there isn't another meeting scheduled until April. It was his belief that once the document was approved, the Board would be able to assign site profiles for review, but the contractor couldn't start the process until it was approved and there isn't time to set up a subcommittee and get the subcommittee approved in the next 30 days.

Dr. Ziemer indicated that the procedure that comes from the contractor the Board could address in a conference call because if a subcommittee's going to act on behalf of the Board they still have to go through that same notification process in terms of being announced, et cetera. **Ms. Homer** confirmed that everything that happened for a subcommittee must take place under the same FACA guidelines as a full committee.

Dr. Melius suggested the option then would be to do it at a conference call, given time for review, and be ready to go on to the next step, selection of the site profiles, which could also be done by conference call. **Dr. Ziemer** observed that it was probably possible to identify the sites today or tomorrow.

Dr. Roy DeHart commented that he didn't want to see a subcommittee taking action on behalf of the Board with this initial product under the contract, and felt the Board should actively review the document. His recommendation would be a panel or workgroup to do the initial review, prepare a point summary and each member of the Board be responsible for reviewing the proposal and then a conference call to resolve any issues or questions.

Mr. Griffon suggested perhaps a workgroup could be set up to deal with reviewing drafts with the

contractor and come to the conference call with a proposal from the contractor and have the full Board vote on the method for reviewing the site profiles, which would give the workgroup the flexibility to have some conference calls with the contractor, if need be. **Mr. Griffon** noted his question is what if the contractor has questions or needs clarification and who could respond to those on behalf of the Board.

Dr. Ziemer cautioned the Board that it they were not expected to develop procedures. That was the contractor's job. The Board didn't need a workgroup to take the contractor's proposal and redo it. It should react to the proposal, and if there were comments, since this is an open call, the contractor would be there, could hear the comments and the Board would either approve it or say go back and take the comments into consideration.

Dr. Melius noted that **Mr. Griffon**'s other question really needed to be answered because what he felt like **Mr. Griffon** was driving at was the issue of what if the contractor seeks clarification before the meeting or in terms of what is presented before they submit. Is that delegated to the workgroup or would the Board more appropriately delegate that to the Chair to review.

Dr. Ziemer replied that it appeared that if a workgroup did make comments, it could not officially do so on behalf of the Board. **Mr. Elliott** confirmed that.

Dr. Melius returned to the clarification issue, noting that perhaps a couple of conference calls should be scheduled on a contingency basis to make sure there was no delay. Suppose the Board liked one part of the procedure and didn't like another part and thought it should be changed; is another conference call needed to approve what was resubmitted?

Dr. Ziemer agreed that it was problematical, depending on the nature of the changes. If they were minor and everybody agreed that if a certain group of changes were made, the contractor could proceed, that would be one thing. If the Board said no, we want to see it again, that would be the Board's prerogative and he didn't know how to address the issue of clarification from a legal point of view. **Dr. Ziemer** noted that he couldn't speak on behalf of the Board, the staff couldn't; but if there's a question about what something actually says, probably the Board could provide that kind of clarification.

Mr. Elliott offered that he didn't have a solution to the dilemma, but he did have to speak to some procurement ground rules, one of which would be for the Board to interact with the contractor there needs to be some designated or delegated point of contact. There may be ways that can be done in a change order fashion where written direction is given to the Board. Individual members of the Board cannot be giving direction to the contractor because that would get into unauthorized procurement. The contractor gets confused about what the desire of the Board is and what could be interpreted as direction. So even a point of clarification might fall under that.

Ms. Martha DiMuzio suggested the possibility of a two-tiered approach on the conference call where the Board would meet first, discuss changes they feel need to be completed and then later the contractor comes

into the conversation and it is discussed and resolved that way. The Board has to speak with one voice, whether in a conference call or a meeting between the Board and the contractor so that the contractor is not given mixed messages. Clear direction and understanding has to be given to the contractor on what they're supposed to do.

Dr. Ziemer asked to pose a question which may have ramifications beyond this issue. Where procedures are being developed, he asked if the procedures are not okay for development in the open forum because there's no proprietary information at that point. **Mr. Elliott** indicated that there was not a closed session issue. The tasks had been awarded, so it is an open session.

Mr. Elliott explained an additional ground rule is that while a working group cannot be delegated authority to take action on behalf of the Board, an individual could be designated that authority. The Chair could be told to handle these situations on behalf of the Board. A subcommittee can have delegated authority, as well.

Mr. Elliott asked if the procedure for processing individual dose reconstruction reviews had been approved by the Board. **Dr. Ziemer** indicated that all the procedures were approved two to three meetings ago.

Dr. Melius asked if he could make a recommendation for processing the first part of task order two, noting that what needed to be done is to schedule a conference call of the committee a month from now to do the review, comments on what the contractor submits need to be discussed and either resolved at the meeting, and as a contingency, have a follow-up conference all two weeks later in case it's needed if the contractor needed to resubmit something to the Board that is of such a scope that the Board feels it can't be delegated to the Chair. That would take care of the issue. A separate workgroup to deal with it is not necessary, although he noted that perhaps members of the original workgroup should be asked to pay special attention and the Board may be looking to them during the conference call. But just keep it to one meeting of the Board conference call with a follow-up scheduled if needed.

Dr. Ziemer agreed that made a lot of sense and was probably the direction in which they were heading. The proposed procedure from the contractor will be ready in a month. That would get distributed to the Board members. They would want a few days to look it over, so in five weeks a conference call meeting could be scheduled.. If the Board goes back to the contractor and says changes are necessary, they have to be given another couple of weeks. The Board needs to get it back and look at it again and now it's close to the next meeting, so that has to be looked at, as well.

Mr. Griffon commented that the way he had envisioned this was that the workgroup could assist the contractor in triaging the procedure before submittal to the full Board during the conference call. He had hoped that it could expedite the process because there is some interpretation in the task. The working group wouldn't be making any final decisions on behalf of the Board, but he could see a case where two or three conference calls may be necessary just to get the methodology through.

Dr. Melius replied he would be a bit concerned based on what they had heard about possible problems with a workgroup talking to the contractor before the first meeting, and indicated that the onus was on the Board to be ready with good comments, to do a good review and work hard to come up with a set of consensus comments -- should they want changes in the procedure -- that the contractor can work with and address. The Board should not say just change this because we don't like it. The Board should have the leeway to do this and it's not like the closed process the Board has been going through because this is not a procurement process. There's room for interaction on that conference call. The Board just has to be sure that it is together and that it has a good call and gives good comments to the contractor.

Mr. Elliott indicated that he would support that notion. He went on to say that as far as the individual dose reconstruction reviews, and as a member of the body working with the contractor, the Board needed to come to grips with a very well-defined structure of that process so that questions of clarification can be avoided.

Dr. Ziemer reminded the Board that the suggestion is to have a conference call meeting approximately a month from now, set some time aside a couple of weeks later for a follow-up. Noting that this put the call sometime between the end of the week of the 8th and the beginning of the week of the 15th of March,
Dr. Ziemer called for suggestions as to the date.

After discussion it was agreed that 1:00 p.m. on March 11th would be set aside for the teleconference, with two hours being allotted. It was determined that April 1st at 1:00 p.m. would be set aside for the follow-up teleconference, if necessary, again with two hours being allotted for that purpose.

Dr. Ziemer asked if the Board were ready to discuss criteria related to selection of the first group of sites for review.

Dr. DeHart suggested it would be wise to get a consensus as to who could represent the Board for clarification to the contractor before they left that specific topic.

Ms. Homer reminded the Board that no group or subcommittee can take action for the Board under any circumstances unless there is very specific written authority, even if it's just clarification.

Dr. DeHart noted that clarification would be a question from the contractor on something within the statement of work as they started pursuing the work effort and they needed somebody to talk to. Who do they call and who would represent the Board?

Dr. Ziemer asked if, in connection with that, there would also need to be an Agency person available or present. **Mr. Elliott** agreed that yes, there would, and that what is being discussed here is delegation of authority. He indicated NIOSH would like to know what the Board's pleasure would be with regard to payment of vouchers that come in, if the Board would like to delegate that to **Ms. DiMuzio** to do without having to come back to the Board for approval on paying out on a voucher. Those are delegations of authority that need to be established.

Dr. Ziemer suggested perhaps a list of mechanical things for which the Board would be responsible for payment could be provided so that they could say what would be delegated on their behalf. **Dr. Melius** observed that the only times possibly there would be questions is when something is contingent on receipt of a satisfactory product. To the extent that they're contingent on acceptance by the Board, there needs to be a clear procedure to sign off.

It was ultimately determined that on a matter of clarification the contractor could go to **Dr. Ziemer** as Chairman of the Advisory Board, but that the Board would expect **Dr. Ziemer** to report back that he was asked certain questions and relay his responses, and then the Board and the public will know what was actually done and said. **Dr. Ziemer** noted that it may be very simple clarification that had nothing to do with policy, such as should information be provided in Word or WordPerfect. If it goes beyond that, it would just have to go to the full Board because it would be wiser to err on the side of being careful. It would be hoped that clarification should take place tomorrow when the Board speaks with the contractor. If not, if it's something significant, it will just have to wait until the next meeting.

Dr. Antonio Andrade suggested it would be helpful to have a list of general administrative actions that could be delegated to other offices within NIOSH without further Board action, such as approval of invoices, such that the Board can begin discussion on when it should be looking at when products are due; and based on those products, whether or not the Board should approve the work. But until the Board members have that list is in front of them, they can't begin to intelligently make decisions about those things.

Dr. Ziemer noted that he was suggesting work proceed with the issue of selecting sites for the initial group of reviews. Statement of work was that 10 to 12 DOE sites and up to four AWEs would be reviewed. Intuitively most of the Board thought it would be the ten big sites, but it may not be all the sites on the list. There needs to be some reason for not doing some of the initial 15, at least during the first year. It would be useful to identify some objective criteria upon which to make the decision so it's not just done based on gut reaction about a particular site. The floor was opened for suggestion. **Dr. Ziemer** had already suggested one might be the number of dose reconstruction cases generated by a site.

Ms. Munn indicated she was very interested in seeing the figures earlier with respect to the percentage of claims received as opposed to worker population, and those figures may be one criteria to consider. It might be wise to look at a couple of sites with a larger percentage of claims to worker personnel, and similarly a couple of the lowest and fill in the ones in between. **Ms. Munn** observed the percentages probably tell a story of their own. Whether the site profiles are a key part of that story can't be determined unless it is decided that the Board wants to look at both ends of the spectrum.

Mr. Elliott commented that the percentages **Ms. Munn** had referred to were not clearly related to the number of cases in dose reconstruction, but that he had a report on how many cases NIOSH had and how many had been completed for a given site, which he could share with the Board upon request.

Dr. Melius noted it would be helpful to have that information, along with input from **Dr. Neton** on how complete the site profiles are. He indicated he had not gone through what was on the web site, but there are reserved sections that the Board may want to think about in terms of scheduling issues; that they're partially done now, but you know that within three months major sections will be completed and it may be more appropriately done at that point in time. If that list were arrayed, the Board could also think about the diversity of processes at those sites. For example, should they look at both Portsmouth and Paducah. Perhaps completely objective criteria would be impossible, but it that type of information were arrayed, it would be easier to make a selection and possibly develop a tiered approach with the first three or five, and then defer choosing some others, and if the information were available it would be a pretty straightforward process. Probably could do the same with AWE sites.

Mr. Michael Gibson agreed, adding that it would be important to look at sites with a diverse operation and with a diverse amount of isotopes to determine the adequacy of the site profile.

Mr. Leon Owens indicated he believed it was important in regard to the SEC sites that those sites not currently SEC status be considered, along with the number of workers who have worked there versus the number of claims filed from those sites. If the Board reviews procedures based on that, it might aid the credibility of the program overall from the standpoint of under-represented numbers of workers who have filed in those areas.

Dr. Andrade had two suggestions. He noted he had been surprised at the number of claims denied from SEC sites and thought it would be interesting to look at one or more of those sites, especially with a high turn-down rate. The other idea would be to look at a site with heavy external dose and also another site with a fairly healthy amount of work in which one could potentially have received significant intakes.

Dr. DeHart suggested there were probably some sites with unique energy levels or sources not common among other sites. He indicated he would like to add that to the list to ensure the Board picked up on the unusual. **Dr. Ziemer** asked if he meant sites with unusual nuclides or sources or radiation. **Dr. DeHart** replied sources of radiation, specific different kinds of isotopes unique to a facility, for example.

Ms. Munn stated she had been writing down what other people had been saying while thinking about how she might go about it herself, and wound up with five bullets which would perhaps be able to be put into a matrix to get a good cross-section. Her five bullets were number of claims or workers; type of activity, which would include internal or external dose and different types of sources; years of operation; geographic distribution; and SEC sites. If those were considered as basic items the Board wanted to ensure were included, then it could make some decisions about how many might fit into one or more of those categories.

Dr. Melius commented he would modify that slightly and suggest looking at both the number of workers potentially there, as well as the number of claims to come in so far.

Dr. Ziemer reiterated that the Board needed to determine which criteria would be considered important, the

whole point being that when the Board is ready to select sites they would couch the selection in terms of those criteria and with the selection they have a rationale that expresses why the site was selected, as opposed to whim.

Dr. Roessler wondered if perhaps another approach would be to look at it from the point of view of eliminating a site because it overlaps with another site. **Dr. Melius** suggested perhaps a little bit of both would be in order and asked if **Mr. Elliott** could have a staff member do a listing tomorrow that would list the sites with some of the numbers and maybe some of the other characteristics. **Dr. Ziemer** added that at least the ones that are readily available, with numbers of workers at the site and percentages of cases submitted, and certainly they would know which had mainly internal or external and which are broad sites as far as diversity of operation.

Dr. Melius added that also status of the site profile might be necessary since it's hard to review a site profile you don't have. **Dr. Ziemer** asked if it were feasible to get that for the 15 sites on **Dr. Neton**'s chart. **Mr. Elliott** commented that it was very feasible and that he could read it to the Board right now and they could write it down.

Mr. Richard Espinosa suggested that along with the percentage on sites, he'd also like to see it done by district in order to get a national spread. **Mr. Robert Presley** offered another fact of interest might be whether a facility is a national lab, production area or gaseous diffusion plant.

Mr. Elliott proceeded to read the list of the 15 DOE sites **Dr. Neton** had discussed earlier in the day. **Mr. Elliott** provided the estimated work force for each of those sites, the number of claimant cases filed from each site and the number of dose reconstructions which had been completed. He then provided the same information on the five AWE sites relative to the number of cases filed and the number of completed dose reconstructions.

Dr. Ziemer announced that the Board would return to this topic tomorrow as part of its work session, and asked **Dr. Melius** if he would provide wording tomorrow on his proposed motion concerning the letter to the Secretary, which would allow the Board to do some wordsmithing, if necessary.

Dr. Melius asked if he might just reiterate one more thing for tomorrow, that somebody provide the Board with what other scheduled tasks or products or deliverables might be at issue, should tasks one and three be awarded in the near future. **Dr. Ziemer** added perhaps items that they needed to take action on right away.

Dr. Ziemer declared the Board in recess until 7:00 p.m. at which time public comment would be received.

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PUBLIC COMMENT PERIOD

Dr. Paul Ziemer welcomed visitors to the meeting and spent a few minutes familiarizing the group with the role of the Board with respect to the Energy Employees Occupational Illness Compensation Program. He asked that anyone wanting to make public comment who had not already done so please sign up on the sheet provided in the rear of the room.

Dr. Ziemer explained to the audience the various Federal agencies involved in the program, the appointment of the Board by the President, the number of members on the Board. He described the make-up of the Board relative to being representative of affected workers, the scientific and medical communities.

Dr. Ziemer then introduced **Mr. Elliott** and the individual Board members. He explained the role of the Board, pointing out what the Board does do, as well as what the Board does not do. He noted that the meeting was not a question/answer type of session; that the Board does not and cannot deal with individual cases, but they are glad to hear anything a member of the public may wish to share with them. The Board is not available to answer questions, but is simply there to listen. Concerns about the process or observations, experiences, will help the Board move forward. Those are the sorts of things they would like to hear.

Dr. Ziemer then asked that members of the audience introduce themselves to the Board, which they did, identifying themselves, where they were from and/or what group they represented.

Mr. Dennis Rocque
Organizer, Local 1579, IBEW

Mr. Rocque is also Secretary/Treasurer of the Augusta Building and Construction Trades Council, appearing on behalf of Mr. T. S. Yarborough, business manager of Local 1579, who was unable to attend. **Mr. Rocque** thanked the Board for holding meetings near DOE sites and having this particular session in the evening. He noted there had been 37,000 construction workers at SRS with potential radiation exposure.

Those workers wanted a program that is fair, consistent, and timely, which can only be achieved by making special consideration for construction workers. He asserted that the individual dose reconstruction program does not work for construction workers, noting that members of his union are employed intermittently, are on and off the site, work for subcontractors and when on the site work all over the place. No two construction workers are alike in what they do.

He stated that construction workers and their survivors need more assistance with claims. They feel construction workers should be included in the SEC and that the program is simply taking too long. **Mr. Rocque** noted that some of his union members have stopped filing claims because they don't believe in or trust the program and they need to know the program is for them and that the program is real.

Mr. Richard Espinosa asked how many construction workers worked on the site on a day-to-day basis. **Mr. Rocque** replied he didn't have the exact figures because they are laying off, but estimated 700 to 800. He commented they have had as many, in the early '80's, as 1,200 electricians alone, so it could have

numbered between 2,000 and 4,000. **Mr. Espinosa** asked about IBEW workers. **Mr. Rocque** responded that IBEW today would probably have somewhere in the vicinity of 200 employees on-site.

Mr. Isaiah Anfield
E. I. DuPont

Mr. Anfield announced he had been a DuPont employee in the '80's and now has a medical problem and wondered if the Board was just waiting for him to die or what, and that was all he had to say.

Dr. Melius asked **Mr. Rocque** if he were familiar with the screening program, which he was, and asked if that were the kind of history and information from that program that **Mr. Rocque** thought could be useful in providing NIOSH a better description of the work and activities at SRS. **Mr. Rocque** indicated that he thought it would be. **Dr. Melius** commented that he was aware of the fact that it's hard to figure out what construction workers did, where people worked, et cetera, and that NIOSH has to do one interview for everybody and wondered if the tools that had been developed and questionnaires the screening program had developed better reached the kind of work that was done and what the members were exposed to.

Mr. Rocque indicated that it could be helpful, but he had worked there for 12 years and couldn't list every place he had worked, noting that when you get to be 65 years old you sure don't remember. When workers have died, their families don't have a clue what they did. All they know is that a father worked at the bomb plant or a mother worked at the bomb plant, and nobody talks about it. And while the other information might be helpful, he doubted it.

Mr. Charles Jernigan
Building and Construction Trades Council, Augusta

Mr. Jernigan manages his group's screening program. He wanted to comment on the question of the screenings being helpful to NIOSH. He noted that his group had been doing screenings for about five years and they struggled through the interviews, trying to help people remember. Observing that a young person can come in and remember what he did two to five years ago, but these people are 75, 80 years old and to ask them what they did in 1951, it's just a mystery.

Interviews can be helpful because they are in-depth and there's an effort made to help them remember. They remember more than what they think they can once they get started talking. **Mr. Jernigan** noted that they're sometimes several years off from when they felt they worked at a location, but as a rule there is some good information from the interviews that probably would be helpful to NIOSH.

Dr. Melius asked if **Mr. Jernigan** had ever done any work looking at employment records or other exposure information records that would help more. **Mr. Jernigan** commented that they didn't have access to any records. They only got what the individual could remember. If there's anything an individual wants to bring in, they look at that, but as far as having access to records from DOE or from the plant, there is no

access.

It is a big problem and when you get into survivors having to become involved in placing claims, you find that years ago employees were not allowed to talk to their families about what they did at the plant. Even today people going through the screening process want to know if they have permission for the screeners to talk to them. They never told anybody where they worked. Their families just knew they worked at SRS, so you'd almost have to have a crystal ball to figure out where those people worked. **Mr. Jernigan** noted that from his experience with DOE and SRS, you get very little help.

Dr. Melius commented that when he had helped set up the Fernald program they had used pictures of buildings from the past to help people remember where they might have worked, and wondered if they had tried to piece together what happened in a particular job from fellow workers or from what information people have in that area. **Mr. Jernigan** noted they do go through a process using overviews of every area with all the buildings on it, maps. People are walked through and asked questions like whether they remembered if the building was above or below ground; tall building; short building. Interviewers are trained to do an in-depth interrogation, starting with maps and pictures, and sometimes you just get very little.

Mr. Gordon Rowe,
Construction Electrician, Augusta

Mr. Rowe worked at SRS for 15 years. Construction workers were moved to various areas wherever help was needed. They were told to go into buildings. A lot of times the buildings had no markings. They would dress out, go into radiation exposure areas, but there were no markings as to what they were being exposed to. His point was that if SRS had indicated the exposures or the things harmful to construction workers, they would have been more cautious and would possibly have had better health conditions in the long run.

Dr. Melius asked if, when **Mr. Rowe** was working alongside production workers, there were situations where the production workers were being monitored and that the construction workers also had monitors. **Mr. Rowe** acknowledged that when they had to dress out and go into an area where there was radiation they were commonly given a radiation monitor, a pencil badge, which had to be turned in when they left the site. They found out that the monitors weren't always accurate. You didn't always get the same monitor. When you turned it in, there was room for a lot of mistakes. He described quarterly reports as to how many rems of radiation exposure employees received and noted that he had personally seen reports where a man who worked in a radiation area a good bit of the time during the month would have the same exposure record as a man who never went into a radiation area, who possibly worked in a tool room outside the building. Construction workers were doubtful about whether records were actually very accurate.

Ms. Julie Gantz, Former Employee
Savannah River Site

Ms. Gantz worked at SRS four and a half years ago as a clerical worker. She described the office she worked in backed up to a fabrication lab where material was constantly being melted. There was no retaining wall between her office and the laboratory. She and two other women and her boss all came down with cancer. They were always told they were safe.

They had to monitor out when they left the building and often those monitors would go off, indicating exposure. They would be told that if the monitor went off they should just go back around and if it gave them the all-clear sign they were free to go. Or someone from health protection would stick his head out and say the monitors aren't working right today and to just go on, that they were fine. They never knew what was going on.

Mr. Michael Gibson asked if the company did any additional monitoring on clerical workers like they did the production workers. **Ms. Gantz** noted that they did not, and that in the area she worked in the hallway was U-shaped and she could stand and talk to a lab worker who was fully dressed out, with nothing more than a door with a glass window between them, and they could speak to each other as if they were standing side by side. **Mr. Gibson** asked if they were ever afforded the same opportunity for bioassay testing. **Ms. Gantz** noted that she never had any kind of bioassay samples. The only testing she ever had was a drug test right before she left.

Dr. Andrade inquired as to the type of cancer the person had passed away from. **Ms. Gantz** replied that it had been cancer of the esophagus.

Mr. Warren Hills, Sr., President
Georgia/South Carolina District Council

Mr. Hills made comment for the benefit of the Board relative to the screening program in Augusta. He noted that after going through the screening and interviewing, employees were sent for a physical. When the physical came back most of the time employees were told they had a hearing loss or an enlarged heart. Nothing was mentioned if there was any type skin cancer. A number of people had lung cancer.

Mr. Hills indicated that he understood the uranium workers in the Paducah and Oak Ridge area had been paid, that over $13 million had been paid out in those areas and nothing had been spent for compensation for any worker in the Savannah River area and they felt they should be under the SEC.

Mr. Ray Beatty
Fernald Atomic Trades and Labor Council

Mr. Beatty commented that he wanted to address a couple of things that had been mentioned. Specifically one Board member had mentioned the Fernald site, and he noted there were some baseline summaries,

books that show what went on in specific buildings, what people did, that were probably very helpful.

The other side of the story is an individual at his site who had been there for over 20 years who had applied through the Workers Compensation or Subtitle D section and the subcontractor who's there now came to his hearing and opposed his application for the award of benefits. The worker had been there 20 years. The subcontractor's been on the site for 12. The worker is affected with beryllium disease and everything has been documented by tests, et cetera.

Mr. Beatty observed that he was under the impression in talking with the worker that an adversarial process was not supposed to take place, although the subcontractor did this and sent their own industrial hygienist to the hearings to oppose his application.

Ms. Kay Miller, Former Employee
Savannah River Site

Ms. Miller spoke to reinforce Ms. Gantz's previous comments. Three clerical ladies worked in the same office and within about a year's time they all developed cancer. Their boss, who worked there prior to them, died about two years ago. There was no retaining wall between the office and the fabrication lab in the basement that was classified as an RCA. **Ms. Miller** was particularly concerned that both her claim and Ms. Gantz's had been denied and that that was based primarily on their Thermo Luminescent Dosimeter (TLD) readings. They believe they were exposed to something. The probability of four people working in the same office and all developing cancer was just a bit much to believe that it wasn't due to something they were exposed to.

Mr. Richard Miller
Government Accountability Project

Mr. Miller had a procedural question for the Board, NIOSH, ORAU, audit contractor, everybody being paid to work on the program. He commented that Ms. Miller raised an interesting and important question. Although the causes of her and her colleagues' cancer were not known, whether she was exposed to chemicals or radiation is not known, no details were known, what was known was that the SRS profile probably skirted over the issue.

The second thing from **Dr. Neton**'s presentation about the efficiency guidelines is they assume where you have unmonitored dose, it couldn't possibly exceed more than ten percent of the maximum permissible body burden.

The procedural question is what inquiry is anybody in the room going to make about the testimony today to figure out whether the site profile missed the specific circumstances in that case by a mile, what specific follow-up will take place, if anything?

Dr. Ziemer noted that **Mr. Miller** had posed a question which was thought-provoking by saying could in fact this kind of exposure not be captured. **Mr. Miller** commented he was making no assumption about the individual's story, but was saying an unshielded circumstance is a very interesting item un-captured and will be well disposed of through the efficiency method. He didn't know whether anybody would make a commitment to deal with that situation, but would like to hear somebody step up and say yes, we're going to take a look at it.

Mr. Gibson commented that it was his understanding that the DOE had been instructed not to oppose Worker Comp claims under Subtitle D and was wondering if there were any DOE officials who could address the issue, which seems to be in violation of what then-Secretary Richardson ordered when the law was enacted. **Mr. Elliott** replied that he didn't believe there were any DOE people in the audience tonight.

Ms. Kay Miller offered that they had received a letter stating that their State Workers Comp had been notified that their claim under the program had been denied, and it was their understanding that if the claim was denied, you could not receive benefits from State Workers Comp.

Dr. Ziemer noted that the other question had to do with the opposition to the testimony, and that it appeared there was no one from DOE available to respond to that.

Mr. Isaiah Anfield, Former Employee
E. I. DuPont, Local 1137

Mr. Anfield spoke again and noted that he had been treated the same way.

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Dr. Ziemer thanked those who had made comment and participated. He reminded the audience that the Board would reconvene in the morning at 8:00 a.m. with business commencing at 8:30 a.m. The Board will be discussing a number of matters and then have another public comment session at approximately 11:30. The afternoon session is a closed session which will involve discussion and review of a task order proposal and independent government cost estimate.

Dr. Ziemer expressed appreciation for the input provided and the comments, and hoped that it was recognized that, on an individual basis, the Board could not deal with their specific cases. But their experiences would help the Board as it moved forward in doing its task.

With no further comments, the Board officially recessed until the following morning.

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Friday, February 6, 2004

Dr. Paul Ziemer called the second day to order, indicating that the day's session would commence with administrating and housekeeping items.

Mr. Larry Elliott wanted to inform the Board of efforts his staff had made in putting together the evening comment session, which was a result of a discussion during the December meeting. Staff had worked through the contacts they had developed from the November meeting. They advertised in the local paper. They contacted the site and went through the public affairs people at the site, who sent out an announcement. **Mr. Elliott** wasn't sure of their methods, but notice was made around the site the meeting was going to be held. The NIOSH standard e-mail notification was revised and updated and an attempt was made to get the word out that way. Other ways are still being investigated for dissemination of information, and **Mr. Elliott** invited thoughts or comments about a revised approach.

Dr. Ziemer asked if the exact dates for the Hanford meeting the week of April 19th had been finalized. The meeting will be the 20th and 21st, with the tour of Hanford on the 22nd. **Dr. Ziemer** suggested anticipating an evening session, as last night's seemed to be successful, and possibly something similar could be done. **Mr. Elliott** responded he and his staff would equal or exceed the efforts made in Augusta.

Dr. Ziemer inquired of **Ms. Wanda Munn** if there were anything she needed to tell the Board about in terms of preparation for the meeting. **Ms. Munn** indicated she didn't believe there was anything official, but she anticipated having a reception at the Crest Museum on the evening of the 19th for those who arrived early enough to attend. She indicated the reception would be at 6:00 p.m.

Ms. Cori Homer addressed some housekeeping matters relative to voucher information, updated addresses and phone numbers, et cetera.

Dr. James Melius asked if there was a plan to set another meeting beyond April. **Dr. Ziemer** suggested that by the April meeting enough details would have been taken care of with the contractor, who would be underway with all the tasks, and it then becomes how soon there should be another meeting.

Ms. Martha DiMuzio noted that on one of the still outstanding tasks there is a two-month reporting requirement for a deliverable, if the Board wished to consider that in determining a meeting schedule. This was under task three.

Dr. Ziemer noted that since task three had not been awarded, if it were awarded soon and had a two-month deliverable, the April meeting might take care of that. He suggested possibly early June would be about a six-week interval from then, indicating that he has a conflict from May 20th through the end of the month.

Dr. Genevieve Roessler indicated she would be gone June 6th through 13th. **Mr. Elliott** indicated the staff

looked okay for June. After discussion it was determined that the meeting would be scheduled for June 2nd and 3rd. First choice of venue would be Buffalo, New York, with Idaho Falls, Idaho as the alternate site. **Dr. Ziemer** indicated he was reluctant to go beyond June in scheduling until they could see where they were with the contract.

As a final housekeeping matter, **Mr. Griffon** asked if possibly **Mr. Elliott** could update the Board on the Integrated Modules for Bioassay Analysis (IMBA) software and availability for the Board members. **Mr. Elliott** responded that they were still working on the end-user license agreement for the IMBA-NIOSH Expert software. There was one remaining piece of software yet to be received and the end-user's license agreement had to cover the Board, SC&A, and ORAU. The current agreement only covers ORAU and the legal aspects of that are being worked through. As soon as the end-user's license agreement has been finalized and is in place, the software will be available to the Board.

Dr. Melius suggested that as an agenda item for the Hanford meeting he would like to talk about the Blockson Chemical issue and asked that it be put on the agenda for that meeting. **Dr. Ziemer** inquired of **Mr. Elliott** if that would be possible. **Mr. Elliott** responded that he would have to see where NIOSH was in the evaluation of how that issue was going to be handled.

Dr. Melius countered that he didn't think it mattered where NIOSH was, that NIOSH was supposed to receive advice from the Board; they were supposed to advise NIOSH on guidance on dose reconstruction. It's an issue the Board should provide guidance on and **Dr. Melius** saw no need for delay while NIOSH made up its mind.

Mr. Elliott noted that the Board advised the Secretary, and the Secretary sets the Board's agenda. If the Secretary decided it would be appropriate to present the issue for consultation, **Mr. Elliott** would do so, but he couldn't predict whether that would happen or not.

Dr. Melius argued that the Secretary does not set the Board's agenda and suggested that if **Mr. Elliott** read the original statute, the Board is charged with providing guidance on specific issues and guidance is provided to the Secretary and through the Secretary, but the Secretary does not set the agenda for what those issues are. He indicated there are a number of other areas where NIOSH may ask for advice from the Board through the Secretary, which is at NIOSH's discretion, but things related to the original guidance and guidelines for dose reconstruction are written in the statute and those are what the Board is supposed to provide NIOSH with advice on.

Dr. Ziemer commented that aside from issues on where the Agency is, there is a general interest in the underlying issue that the Blockson plant represents, so that perhaps a briefing on how one goes about addressing those issues would be of value. He indicated he didn't think there was any implication that the Board was necessarily smarter than the staff. The idea was to make sure that as they struggled through those issues, if the Board could be of help, that would be a good thing. The suggestion was in the spirit of helping on addressing that issue.

Mr. Elliott expressed his appreciation and agreed that the expressed interest is in the spirit of helping, but pointed out that the Secretary does set the agenda and offered to indicate that language, if desired.

Dr. Melius also brought up from the last meeting a letter which had come in from three Congressmen regarding Bethlehem Steel. **Dr. Ziemer** indicated that he would put that under general discussion and did not consider that a housekeeping issue. He noted he had asked **Ms. Homer** to distribute copies of his response to the Congressmen and to Secretary Thompson, and if there was no objection from the Board, he suggested that be discussed in the 10:00 o'clock session. **Mr. Griffon** asked that copies of the original letter from the Congressmen also be provided.

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BOARD DISCUSSION/WORKING SESSION
SANFORD COHEN & ASSOCIATES

Dr. John Mauro
Mr. Joe Fitzgerald
Sanford Cohen & Associates

Dr. John Mauro noted that he had sat through yesterday's meeting and that the day before yesterday SC&A received official authorization to begin task two, site profile review, and task four, tracking system relational database.

Turning to the first deliverable, which is two reports due to the Board one month from February 4th, the first will be the proposed plan or procedure for performing review of site profiles. The other is a description of the relational database for tracking information and querying to support the Board in evaluating the degree to which the stratified sampling is meeting the Board's needs.

The original proposal had laid out the SC&A approach for performing site profile reviews. They identified the plan for doing that work, which was a generic plan that identifies four areas they intend to explore. **Dr. Mauro** had selected the site profile for Savannah River, which appeared to be very complete and one of the documents very mature, and had gone through it. He indicated he was struck by the fact that it was different from what he thought it would be. He'd then realized that SC&A is going to have to write plans for performing site profiles which will need to be site-specific. Each site is very complex. The amount of technical information, potentially both important and not important, is not immediately apparent until one goes through the process of evaluating how important information is.

Dr. Mauro noted SC&A is going to have to be efficient in delving into aspects for each of the site profiles in a way that is very focused. His first thought was that the plans should be of a generic nature, but have an

attachment that would specifically identify the strategies considered best for approaching a specific site. He recognized a need for SC&A to be judicious in where they invest their resources so that they go after those things they believe are prioritized.

Noting that in his experience work like this is a very iterative process rather than linear because you grow as you proceed and realize where your resources need to be focused, **Dr. Mauro** commented that flexibility is necessary to make those judgments as they mature and move through the process. While SC&A will write a plan to be delivered to the Board at the end of the month which will lay out how they plan to do that, **Dr. Mauro** wanted to propose that SC&A plan to make it tailored to the site profiles the Board identifies as what it would be prefer be taken on initially.

At the same time **Dr. Mauro** asked the Board's indulgence that as SC&A learned more that they would keep the Board appraised of the direction the information was taking them, noting that it was going to be a living process. He reiterated the importance of SC&A to have freedom and flexibility to move down the paths they consider important while keeping the Board apprised of their effort, noting that if the Board feels they're taking a path the Board is uncomfortable with, perhaps not the best path to take or ignoring what the Board feels might be important, that's where the relationship is important.

Dr. Mauro indicated he realized there was a formal process and that approvals needed to go through a process, but he was a bit off-balance because while he liked the idea of being interactive, he didn't want to have unnecessary hold points. He commented that an important point to be made is that SC&A and the Board have to learn together where hold points will be important, where SC&A has to stop while the Board has a chance to deliberate, and where SC&A is allowed to continue based on their own judgment, always keeping the Board informed of any direction being taken that might be substantively different than what had been originally laid out in the plan the Board will receive a month from now.

Dr. Ziemer asked if **Dr. Mauro** cared to have the Board members comment or react as he proceeded. **Dr. Mauro** replied he welcomed questions as they arose.

Dr. Andrade commented that based on what **Dr. Mauro** had just said and his own thinking, he agreed with general direction but noted that he didn't think criteria such as numbers of employees that have filed, et cetera, are necessarily good at this point in time. He suggested that SC&A would perhaps feel better getting on board the learning curve while addressing a site with a limited number of functions rather than jumping into something like Los Alamos, which had everything from theoretical physics to plutonium work. It was **Dr. Andrade**'s belief that the Board should consider something like that for a site they believe is important.

Dr. Ziemer cautioned that as they proceeded what **Dr. Mauro** would be hearing were simply comments, which do not constitute official direction from the Board. SC&A is to come to the Board in one month with a proposal and at the moment both **Dr. Mauro** and the Board are simply reflecting some thoughts about that process.

Dr. Ziemer observed that if the plan were to be a plan that covers a whole gamut of site profiles, it had to be a generic document and the Board understood there may be specifics which would apply to one facility but might not apply to others, and presumed the plan would spell out how SC&A would get at what those would be for one site versus another.

Dr. Mauro replied that in order to take the approach he wanted to take, it would mean that the Board would very shortly need to provide SC&A with direction on which site profiles they would like to begin with. The sooner there's an initial list, it will allow SC&A to address those specific ones and that would be very helpful. Otherwise, what will be delivered will give a general idea of how they're going to approach the situation, but they simply need specific ideas on how they're going to approach the task because they want to be highly efficient. How they see efficiency and apply their resources will be unique to each facility.

Dr. Ziemer commented that the Board hoped to identify some of those site profiles during this meeting.

The next point **Dr. Mauro** wanted to address was budget, noting that he was not sure of the extent to which that should be discussed, but that by budget he meant work hour allocation and the way SC&A does its work. He explained that while the four tasks had been proposed as separate items, they were actually fully integrated activities. He described how he envisioned each task interacting with the next and how that worked into the efficiency goals.

Dr. Mauro had realized site profiles were becoming very important documents and that it would certainly be more efficient for someone doing a review of an individual dose reconstruction drawn from information in a site profile if that site profile is one also being reviewed. Otherwise, the individual dose reconstruction reviewer will have to stop and perform a mini-review of the site profile. This may be value added at a later time, but would be inefficient at this point. He was envisioning a synergy, with several minds simultaneously working different aspects of a problem. If they're moving together with continuous communication, efficiency is at a very high level. If not, a lot of efficiency is lost and will have cost and schedule implications.

Dr. Ziemer noted that it was the Board's view that the four tasks are integrated, but at the same time he felt **Dr. Mauro** should recognize that in the sampling process it would be impossible to guarantee a given dose reconstruction being reviewed would be from a site which had been selected for a site profile review. **Dr. Mauro** indicated he understood that, but these were simply thoughts.

Dr. Melius commented that as he understood the way NIOSH was doing individual dose reconstructions, they were completing a site profile, then doing a number of individual dose reconstructions. So, on a random basis it was very likely they would overlap and that as the Board charges SC&A with doing dose reconstruction reviews and develops a way of making the selections, they may want to focus some of the individual dose reconstruction reviews away from facilities that had site profiles. In that case SC&A should be informed ahead of time as they respond to how those cases would be drawn.

Dr. Mauro noted that the work hour allocation per case presumed that they would be working coupled. If they were decoupled, there was the risk of inefficiency.

When he reviewed the site profile for Savannah River it had been **Dr. Mauro**'s presumption that all the site profiles would have the same fundamental organization. Medical exposure records would be carefully reviewed, but that is fairly straightforward. The next section, environmental occupational exposure, he noticed what had been done was to draw from the work done by Risk Assessment Corporation. **Dr. Mauro** noted that he had expected the site profile documents would go to original source documents, indicating that was an area where he'd like to see the Board's reaction to SC&A using their own judgment of when to get into the guts of a problem. Their plan is that when they think it's important, they're going to do that and keep the Board informed. How much of that will have to be done, they aren't sure. It is another cost and schedule issue because it's a living process.

Dr. Ziemer commented that what had been described is an audit procedure. It's not something that has to be approved today. The plan will include something along the lines of what **Dr. Mauro** had described, and in an audit procedure strings are pulled and things were either fine or didn't make sense or you had to report what you found. Based on that, the Board can say there is or isn't an issue here. That kind of audit procedure doesn't have to be 100 percent audit. You selectively start pulling strings where you feel it's appropriate. **Dr. Ziemer** indicated he would presume the SC&A plan would describe that to the Board.

Dr. Mauro agreed, noting that he was simply wanting the Board to understand this was an open-ended process and that the Board will be kept apprised. And when SC&A feels there will be a cost and schedule issue because of it, those reasons would be given to the Board and they would be kept informed. Certainly if there were problems, the Board could intervene and say no, don't do that. But the SC&A plan is to maintain communication and keep on track.

Another observation about the Savannah River document was that in the chapters on occupational exposure, external and internal, **Dr. Mauro** had expected to see databases of records which represented location and time when material was collected. What was there was different, a guide to the dose reconstructor to assist in filling in the gaps. It was as if it were a helper as opposed to a database. As an auditor trying to independently evaluate, he noted that he would prefer a database and inquired if there were anything going on to compile that kind of data.

Dr. Ziemer replied that if that would be answered specifically today, but that as SC&A got underway they would have an opportunity to see a lot of underlying data, beyond what's in the immediate report, noting that that's one of the things the Board will want SC&A to be familiar with is the supporting databases for these site profiles, what's in there and what isn't there. **Dr. Ziemer** commented that if SC&A had some judgments on adequacy or lack thereof at some site, that could be part of a report to the Board.

Dr. Melius observed that **Dr. Neton** had answered that question in his presentation yesterday when he had referred to the fact that NIOSH does have a compilation of information. **Dr. Ziemer** agreed that that's why

he had suggested once SC&A went beyond what was on the web site, they could perhaps make a better judgment on what things they felt were needed, or maybe they would feel it was adequate.

Dr. Melius commented that a common question directed to NIOSH in producing the site profiles is a concern from people about why certain information isn't referenced. It may very well have been looked at and utilized, but it's not printed there as a reference. Perhaps that's something SC&A should consider adding to the documents as a way of showing what kind of guidance it is and what other information is available.

Dr. Mauro moved to a discussion of the tracking system program, the other deliverable a month from now. He indicated he had spoken to Don Loomis, who is SC&A's database manager task leader on this project. Mr. Loomis had indicated that there were no boundaries on how many fields could be handled, any kind of query the Board wanted. He did note that what would be helpful is that when the relational database is being built and fields are being put in, the types of reports built into the system, it would be easier to build in Board requests now rather than after its completion. SC&A understands from the bid request certain things that are desired, but there were other things they'd like to include beyond those.

Dr. Mauro turned the floor over to **Mr. Joe Fitzgerald**, who indicated he was comfortable with the task site profile review, but wanted to emphasize he viewed this task as doing a vertical sampling. He noted that when that is done, you get into situations where data will be requested and you might want to interview people who haven't been touched by the process to date. This kind of review is probably going to engender more of those challenges in terms of digging into areas that haven't been dug into. **Mr. Fitzgerald** explained that as they progress it will become clearer where the Board's role might be needed in some cases with the DOE, where SC&A might need clarification as to how deep the vertical goes in some cases.

Mr. Fitzgerald commented that he understood the challenges NIOSH and ORAU had dealt with in terms of doing what he referred to as the necessary part, noting that SC&A's would be a somewhat different process. He observed that the question of access to information, people, workers, et cetera will be decidedly answered by their first forays into the project.

Dr. Melius observed that in terms of making the site profile assignments, the Board should try to narrow down where to get started. And in SC&A's planning to do the task efficiently, **Dr. Melius** wondered how many it would make sense to assign initially, in an effort to get some sense of what SC&A's expectations were.

Mr. Fitzgerald replied that they really hadn't chatted about the specifics, but SC&A would like to know what the menu would look like for the year. There's some merit in beginning with less complex sites because they're establishing on the ground the procedures that are also being established on paper and it would help facilitate things. He did note that the people who were intended to be put into the review process were not coming into it as neophytes. They have operational experience and hopefully in fact have knowledge of specific sites, so they will get off to a running start. The most important thing probably is to

get beyond the paper. **Mr. Fitzgerald** noted that from his perspective, the further back you went into DOE operational history, the less practice resembles the paper you're looking at.

Dr. Melius agreed it would be nice to start with something less complex, but returning to the efficiency issue, he noted that Savannah River is fairly complex but for individual dose reconstructions there will be a number selected from Savannah River, so having that site profile review underway is going to be necessary. **Mr. Fitzgerald** observed that Savannah River wouldn't be one he would consider a killer in the early phases. On other sites information isn't as organized and available and will be cause for a lot more digging. He believed that with Savannah River the challenge would be in a couple of areas where they might have to go back and reconstruct some of the history of the dosimetry and how that was recorded.

Ms. Wanda Munn commented that she was reassured in that it sounded as though the SC&A plan was close to what she'd had in mind when the Board was putting together the proposals. She thought she had heard a challenge to the Board in the last of the data being given insofar as identifying the fields the Board would want to see in the database. **Ms. Munn** noted that the Board may have only scratched the surface when it started talking about how to opt for sites to look at and pull together information to review. Considering the data fields it might want to see in the SC&A product seems to be a potentially significant activity.

Mr. Fitzgerald replied that if it turns out some of the data fields will have to be obtained and reviewed and it's going to take time to get access and interpret -- the site profile being a living process, to some extent -- certainly they won't stop everything and go back to it. But they would try to improve the analysis by virtue of being able to get additional information. Those are just some of the vagaries of trying to dig deep and finding sources of data or data fields that may not have been accessed in the original profile. This will be the first pass at the site profiles. They are living documents and will improve over time. What SC&A can contribute is perhaps an indication of data fields or information sources that might be reflected in future upgrades or iterations.

Dr. Ziemer commented he wanted to clarify a point for SC&A that he had to keep reminding the Board of, which was the difference between an audit and what the Agency does. If SC&A identified an area and said here's something we need to dig into and get this information, that information should be passed along to NIOSH. The Board doesn't want the auditors to do the work of the Agency. So they should always be careful to differentiate between an audit and work. SC&A will probably need to keep that in mind, because there will be a tendency to say here's an area where there needs to be more. **Dr. Ziemer** noted that he had to continually remind the Board, and would remind SC&A, what part of the job they were doing; otherwise they would all get overly ambitious and NIOSH would have nothing left to do.

Mr. Fitzgerald acknowledged that he understood that, and that if one looked at it in terms of feedback, SC&A would be feeding back issues that need to be reviewed. They should be something significant enough that would influence the dose reconstruction process. That level of analysis, how important this is and how significant it is, is the level that SC&A would contribute. If that's the case, they would certainly

pass it on.

Mr. Fitzgerald commented that a problem he sometimes had in requesting data from DOE is that you have to know what you want, even if you don't know what you don't want. How do you ask for it if you don't know what it is. You have to at least look at the information to determine what's there and whether it's relevant or not, and that's the part where there will be challenges. Persistence and knowing the right kind of questions and being able to work with the Board certainly will get the job accomplished.

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BOARD DISCUSSION/WORKING SESSION
DOSE RECONSTRUCTION REVIEW PROCESS

Dr. Ziemer indicated to the Board that it was his understanding that they had before them the issue of selection of an initial group of site profiles; they had agreed to take from the table a motion to send a letter to Secretary Thompson relating to the SEC rulemaking; and it had been requested that the Board review the letter **Dr. Ziemer** had written to the Congressmen. He inquired if there were other items the Board needed to address.

Dr. Melius wanted to add to the list a specific contract issue, noting the Board had been asked if there were suggestions for additional elements to the database that they be relayed to the contractor. **Dr. Melius** felt the Board should figure out how to do that efficiently and not get in trouble since the deliverable is due in a month and it's easier for SC&A to add things in the initial stages. **Dr. Ziemer** observed that his guess was that, based on what had been provided SC&A and what they planned to do, they probably had most of it covered, but if the Board can identify something, that would be fine. **Mr. Elliott** added that could be done in open session discussion, tell them what the Board wants, or the Board can send them a letter, written direction.

Dr. Melius returned to the concept of discussing a plan for how to deal with the issue of a subcommittee and further interaction with the contract, noting there are a bunch of issues there. He suggested the Board needed to plan on how to do that and probably complete it at the next meeting. **Dr. Ziemer** commented that this included everything from invoice approvals to working with subgroups to work on the dose reconstruction, which will be an ongoing thing.

Dr. Ziemer directed the Board's attention to the site profile issue, noting the members had been provided with a handout showing the 15 facilities for which site profiles were either completed or in process, plus a number of AWEs. Also available was the information on site statistics provided yesterday. **Mr. Larry Elliott** commented that **Dr. Neton** had included a column designated as estimated work force, and indicated those numbers had come from DOL's presentation and he didn't believe those numbers in all cases represented all the workers at a site over the course of the history of that site.

Dr. Melius added that, if he recalled correctly, it excluded the construction work force. **Mr. Elliott** confirmed with **Mr. Peter Turcic** from DOL that it was a correct understanding of the numbers presented.

Dr. Ziemer suggested some internal ground rules, such as if one is proposing to include a site, people should recuse themselves from proposing or voting for a site with which they are or have been affiliated. **Dr. DeHart** commented that when he looked over the diagram he wasn't sure which facilities have a full complete site profile status that would be able to be audited in the next several weeks or months. **Dr. Ziemer** offered that as he looked at it, it appeared Hanford and Savannah River were complete. **Dr. James Neton** agreed, and said they are the only two with all Technical Basis Documents finished. Y-12 is very close, with one section undergoing comment resolution with NIOSH at this time.

Dr. DeHart inquired if there were an estimate over the next two or three months. **Dr. Neton** responded that it was difficult to project because some comment resolutions go quickly, minor technical issues. Sometimes they end up with serious discussion about how to resolve an issue with missed dose or something of that nature.

Dr. Melius asked if perhaps there were some that should not be selected now because there won't be enough there in the next few months. **Dr. Neton** deferred to **Dr. Richard Toohey** for that answer. **Mr. Elliott** noted that obviously the Iowa Ordnance Plant was not close.

Mr. Mark Griffon requested clarification of whether "approved" means the documents may theoretically be audited now. **Dr. Neton** confirmed that that was an indication they had been signed by OCAS and were on the web site or would be as quickly as they could get it out there.

Dr. Toohey informed the Board that the sites most distant from completion would be Los Alamos, Mound, Pantex, and X-10.

Dr. Antonio Andrade proposed that they start with Rocky Flats because of the plutonium finishing activities, Y-12 for the uranium work which had gone on there and continues to go on, and to get into a more complex set of operations, Hanford for the variety of types of work that went on there from different reactor type enrichment activities to other types of activities. **Dr. Ziemer** commented that for the time being he would treat that as a suggestion.

Mr. Michael Gibson inquired as to which was last in the review process, OCAS review or ORAU review. **Mr. Elliott** responded that the OCAS review was last.

Dr. Melius proposed adding SRS to **Dr. Andrade**'s list because of the fact that it's first, it's complete and there are a lot of individual dose reconstructions that have been done for it. **Mr. Griffon** observed he didn't have a problem with **Dr. Andrade**'s list or **Dr. Melius**'s addition, but was thinking of five sites and his other one was Idaho. He did want to mention, though, that from the contractor's point of view, Y-12 might be tricky because clearances will have to reactivated and they would have to discuss how to go about that with

NIOSH. He didn't know how timely that could be achieved.

A motion was made and seconded that Nevada Test Site, INEEL, Hanford, Savannah River and Rocky Flats be designated as the initial group of five submitted for site profile review.

The motion was open for further discussion.

A motion was made to amend the motion for the five sites for initial site profile review so as to add one of the three gaseous diffusion plants to the list, bringing the total to six.

Mr. Leon Owens suggested that the gaseous diffusion plants are included in the SEC and that workers at those sites are being compensated. While there is a need to review those site profiles, that can wait and he would like to see the initial five be included.

Dr. Ziemer noted that **Mr. Owens** had spoken to a motion not yet seconded and called for a second.

The motion to amend the previous motion received no second and died for lack thereof.

Mr. Richard Espinosa asked if the five suggested sites were in priority order. **Dr. Ziemer** replied it had been his interpretation that they were not, that the contractor would have flexibility in scheduling and reviewing. The mover of the motion replied that was his intent.

Dr. Melius commented that at Y-12 and other sites where clearance may be an issue, he would presume that would be in process anyway. **Mr. Elliott** replied that NIOSH needed to get with SC&A. If there were clearances which needed to be reinstated, that should be started right away. There's no need to wait for award of the other two tasks. **Dr. Ziemer** observed that would not preclude them from beginning the process on some sites.

Mr. Robert Presley commented that he would like to see one of the production plants included, noting that there were no plants on the list with a lot of production on a lot of different types of metals.

A motion was made and seconded to amend the motion for the five sites for initial site profile review to add Y-12 Plant to the list, bringing the total to six.

The motion was open for further discussion.

The mover of the original motion spoke in favor of the amendment, noting that it was an oversight that Y-12 had not been included in the original list.

Dr. Ziemer noted that the mover had told the Board this was a friendly amendment and asked if the

seconder agreed. The seconder agreed. **Dr. Ziemer** declared that, as part of the original motion, the amendment didn't have to be voted on.

Mr. Espinosa asked that the list be repeated. **Dr. Ziemer** replied the list was now comprised of Hanford, INEEL, Nevada Test Site, Rocky Flats, SRS and Y-12, and called for a vote.

Mr. Presley inquired whether he could vote or if he needed to recuse himself. **Dr. Ziemer** announced that the Chair would divide the vote into six parts so that members of the Board could vote on the parts for which they had no conflict of interest. In the event of a conflict, the Chair requested members abstain.

The Chair called for a vote on the motion to include Hanford on the list of six sites for site profile review. The motion carried, with Ms. Wanda Munn abstaining.

The Chair called for a vote on the motion to include the Idaho National Engineering and Environmental Laboratory on the list of six sites for site profile review. The motion carried unanimously.

The Chair called for a vote on the motion to include the Nevada Test Site on the list of six sites for site profile review. The motion carried, with Mr. Mark Griffon and Mr. Robert Presley abstaining.

The Chair called for a vote on the motion to include Rocky Flats on the list of six sites for site profile review. The motion carried unanimously.

The Chair called for a vote on the motion to include Savannah River Site on the list of six sites for site profile review. The motion carried unanimously.

The Chair called for a vote on the motion to include Y-12 Plant at Oak Ridge on the list of six sites for site profile review. The motion carried, with Dr. Roy DeHart, Mr. Robert Presley and Dr. Paul Ziemer abstaining.

Dr. Ziemer declared the sub-motions had all carried, noting that they would be identified to the contractor as the first group to be audited. He inquired if the Board wished to identify the initial AWE facilities.

A motion was made and seconded to declare Bethlehem Steel and Mallinckrodt Chemical Works the first Atomic Weapons Employer sites for site profile review.

The motion was open for discussion.

Mr. Presley asked if Weldon Spring were a part of the Mallinckrodt site profile. **Dr. Ziemer** expressed his belief that it was not. **Mr. Elliott** confirmed it was a separate profile.

The Chair called for a vote on the motion to declare Bethlehem Steel and Mallinckrodt Chemical Works the Atomic Weapons Employer sites for site profile review. The motion carried unanimously.

While on the subject of the audit contract, **Dr. Ziemer** inquired if there were any information available as to issues the Board needed to approve dealing with procedural matters such as invoice approvals, if there were items which could be acted on.

Ms. Martha DiMuzio indicated she had spoken with the contracting specialist and the recommendation is that invoices would go to the contract office first for review, then come to the project officer, Dr. Neton, who would sign it. Then it goes to the finance office, which holds it for 30 days, during which time it could be sent to Dr. Ziemer to ask if he were okay with it. If he can approve it within that 30 days, there's no delay in the contractor being paid. If Dr. Ziemer has a problem, it could be pulled back and there would be no payment to the contractor.

Mr. Elliott noted that if there were a problem with an invoice in Dr. Ziemer's opinion, it would require a full session of the Board to discuss it. **Ms. DiMuzio** agreed. **Dr. Ziemer** asked if the invoices were the only item they could address on that issue today or if there were other mechanical things that would require action. There were none.

Dr. Melius asked, should a dispute arise over paying an invoice -- perhaps whether something had been completed satisfactorily -- if there were implications from the fact that Dr. Neton had signed off on the invoice. **Ms. DiMuzio** indicated that that was what she had clarified earlier, that since the finance office hadn't scheduled it for payment, it could be pulled back. There would be language developed with the contract office that would be sent with a copy of the invoice in a cover letter to Dr. Ziemer explaining the process, and the finance office would be aware of the process and could pull back.

Ms. DiMuzio pointed out that the contract is a cost reimbursement contract, so the invoice would be for cost of travel, labor hours, that type of thing. Acceptance of a technical document would be separate from the actual invoice. **Dr. Melius** acknowledged his understanding of that, but what if it were a review of a site profile and a report back to the Board that they billed 100 hours for and the Board had gotten a paragraph and it wasn't satisfactory. That was more than an issue of whether the hours meet the product, but is the product satisfactory based on what they were supposed to deliver.

Dr. Ziemer offered a related question might be whether Dr. Neton were being put in a precarious position since the Board is auditing the work he's in charge of. The Board wouldn't want to have somebody in the Agency who's the point person, but at the same time was concerned about how that looked.

Dr. Neton expressed his appreciation for that consideration, and noted that what would be received would be a monthly invoice for hours expended on the tasks. The quality of work was not being approved, but

rather there was agreement that the number of hours expended was within the scope of the contract and allocated properly within the task itself. **Dr. Neton** noted that SC&A will be providing progress reports to the Board, and that is the point at which the Board can review those reports, and if there's something going awry that's the opportunity to provide feedback and say we have a problem.

Mr. Elliott offered that at the moment Dr. Neton is assigned as the technical monitor, but a change may be made in that and in fact somebody else may be assigned. **Mr. Elliott** noted it would be appropriate to do so given Dr. Neton's workload and Dr. Ziemer's comment. NIOSH didn't want any perception that Dr. Neton was sitting in a position of control of the Board's audit. The technical monitor is going to be the first set of eyes, beyond Ms. DiMuzio's, to look at the invoices. That person is being asked to see if there's anything untoward there and if there's anything that should be brought to the attention of the person to whom the Board delegates the next authority. If that's the Chair, a vote is needed to make that happen. So the technical monitor needs to know who to turn to and say you need to examine this.

Dr. Melius commented that he had a concern that whoever the technical person is, if they have a question about the voucher, rather than signing it and sending it on to the Board, it shouldn't be signed. It should be brought to Dr. Ziemer's attention, the Board's attention, and have the Board be the entity to review that. **Mr. Elliott** agreed, noting it should not be signed off on and sent back.

Dr. Ziemer suggested it would be appropriate to have a motion to authorize the Chair to act on behalf of the Board in the matter of invoices. **Mr. Elliott** requested the Board attend to both deliverables and the invoicing process -- the Board may want it to be different people -- but a vote was needed on both those. **Dr. Ziemer** indicated that before taking the action he wanted to point out that on a deliverable the only thing the Chair would do would be to confirm timely receipt and therefore an invoice might be paid. Acceptability of any deliverable reports is a Board action and he noted he would not speak for the Board on the adequacy or quality of a deliverable beyond confirming that it has arrived on time.

Dr. Melius agreed, suggesting that the Board may want to specify actions for specific types of deliverables, some of which may be very appropriate that the Chair sign off on, others may be a subcommittee, the Board, however it's designated. If it were done specifically it would be more help for everybody, but that may take a while into the next meeting before it can be done, and certainly the vouchers could be dealt with today. If there are other deliverables that are going to need to be signed off on before the conference call, those should be covered also.

Dr. Neton wanted to comment, before the motion is raised, that the contract calls for simultaneous delivery of deliverables to both the Board and NIOSH. His question was whether NIOSH makes copies and distributes them to the Board. He wasn't sure Dr. Ziemer wanted to be in the business of reproducing deliverables and disseminating them to the Board. **Dr. Ziemer** noted he was glad to comment on that because NIOSH was tasked with providing Board support, and the Board would rely on them to do the distribution.

A motion was made and seconded that the Chairman of the Advisory Board on Radiation and Worker Health be authorized to act on behalf of said Board in notifying timely deliverables receipt and authorizing payment of contractor vouchers as submitted to him, and was passed unanimously.

Dr. Ziemer asked that the Board take from the table the motion regarding the letter to Secretary Thompson on the SEC. Dr. Melius had been asked to draft a letter he was proposing so there was something to work from. **Dr. Ziemer** indicated he would interpret the draft, which had been distributed to the Board, as the motion, which had been seconded, so what was before the Board was the proposed letter. The floor was open for discussion, proposed changes, or comment.

Dr. Andrade suggested two changes, the first of which was to substitute the word "timeliness" in the first paragraph for the word "delay," which he felt may be interpreted as accusatory. Mover and seconder of the motion accepted the change as a friendly amendment and the change was considered made.

More controversial was **Dr. Andrade**'s proposal to strike in its entirety the paragraph beginning with the words "The Advisory Board" at the bottom of the first page and ending with the words "Final Rule" on the second page. **Dr. Andrade**'s reasoning was that the paragraph implied the SEC legislation would give definitive criteria for performing dose reconstructions, which are currently ongoing. Those methods were being developed and he didn't believe there were going to be new criteria. The Chair declared the proposed change a motion to amend, which was seconded. The motion was open for discussion.

Discussion Points:

Dr. Melius opposed the amendment, noting it struck to the heart of the letter and rationale for their concern. He felt it was an important point and striking the entire paragraph would not be appropriate.

Dr. Henry Anderson suggested the issue is that the Board needs to know the definitions to be used so that when a review is done criticism is not made of a dose reconstruction that might well have fallen into the SEC. It may not help in definitional review, but would help if the Board knew what the criteria were. It may be appropriate that the person would fall into the SEC if they know what the definition is. If they don't, all the Board is saying is there's a problem with the definition. The contractor needs to know that so they don't spend a lot of time on it, and NIOSH needs to know, as well.

Mr. Mark Griffon spoke against the amendment, suggesting compromise language, possibly conceding the last part of the sentence could be rephrased to add, in the last sentence, the words "in many cases" so that it reads, in part, "the Board will, in many cases, need to rely upon the criteria defined in this Final Rule". Some of the dose reconstructions are not as dependent on that line. Work has gone forward without that in place, which **Mr. Griffon** believed was part of **Dr. Andrade**'s point.

Dr. Andrade stated he liked **Mr. Griffon**'s idea and thought it was a good compromise. He felt the real criteria to be set forth are the guidelines by which SEC will be defined. **Dr. Andrade**'s last proposal was to add the words "Potentially eligible" before the words "Classes of workers" in the succeeding paragraph, so that when amended the paragraph begins "Potentially eligible classes of workers,"

noting that was totally appropriate and really went to the heart of the matter **Dr. Melius** brought up.

Dr. Melius commented that once the amendment on the floor had been dealt with, he would be happy to accept both Mr. Griffon's and Dr. Andrade's recent suggestions as friendly amendments.

With no further discussion, **Dr. Ziemer** called for a vote on the amendment, noting that a vote for the amendment was a vote to strike the paragraph. The motion to amend the letter failed.

The floor was open for friendly amendments.

Mr. Griffon restated his proposal to add the words "in many cases," as previously described.

Following discussion and agreement on issues of grammatical changes, uniformity of information and use of exact quotations, **Dr. Andrade** made one final proposal to the last page. He suggested combining the last two paragraphs by adding the word "Hence," after the words "have not been issued." and striking the words "Further delay is impairing the effective implementation of this program, and" so that when combined the last sentence would read "Hence, we urge you to finalize the Special Exposure Cohort Rule and publish it in the Federal Register as soon as possible."

Dr. Ziemer asked if this were addressing the "delay" issue again. **Dr. Andrade** indicated it was. **Dr. Ziemer** observed that if it had been friendly before it was probably still friendly, and **Dr. Melius** agreed.

The Chair called for a vote on the motion to communicate to Secretary Thompson the Board's concern regarding finalization of the Special Exposure Cohort rule. The motion carried unanimously.

Dr. Ziemer indicated the final letter would be prepared and copies would be distributed to the Board.

Copies of the letter from the three Congress-people and Dr. Ziemer's response were distributed to the members the Board. **Mr. Elliott** commented that the response had gone to all three Congress-people individually, although only the letter addressed to Congresswoman Slaughter was distributed. **Dr. Ziemer** noted they were all identical, and that he also sent a copy of the original letter to Secretary Thompson. He asked if there were any questions or comments.

Dr. Melius wanted to work out some procedure to understand how letters would be handled. He had understood the Chair was going to consult with NIOSH about the issues and then share with the Board what was going to happen, although "share" was vague. **Dr. Melius** had expected to get a copy of what was being sent, and that if there were policy or other issues related to the Board, then the Board would be consulted in some way on addressing them. He added that he really didn't completely understand
Dr. Ziemer's response and asked that in the future the Board spend some time being more specific about what the follow-up is.

Dr. Ziemer reminded **Dr. Melius** that at the last meeting he had only just received the letter, so he was vague because he wanted to have a chance to match it against the Board's stated responsibilities. The Board was being asked to do some things that were what he would classify as being mandated by a Congressional group. **Dr. Ziemer** noted that the Board's charge comes from both the President and its charter. . The Board was being specifically asked to do an audit where there weren't even procedures in place. The Board selection of what will be audited has to be based on principles the Board develops and not necessarily audit when Congress asks it, unless Congress wants to change the legislation. **Dr. Ziemer** went on to declare that he didn't feel he had set any policy by responding. He had simply told the Congress-people what was being done and that as audit procedures were developed the Agency would be asked to share them. That was the response.

Dr. Ziemer indicated that he gets a number of letters on a variety of things. If they're addressed to him personally, he responds to them. He does not try to act on behalf of the Board in terms of changing anything or setting policy. He had simply stated what was being done. If the Board wishes to see a response in advance, he'd be happy to do that, too.

Dr. Melius acknowledged that the Board had discussed before letters coming in from claimants and they may come to members or come to the entire Board, and the pitfalls of those and the need for discretion in how they're handled in terms of response. But when there is a letter from someone in Congress to the Advisory Board, clearly asking the Advisory Board to do something, that should be discussed or the Board at least be informed about a response. He noted that if you're someone in Congress, you read the law and the law clearly says the Board will be reviewing dose reconstructions. It would be appropriate for them to turn to the Board and ask the Board to do that. The request was on behalf of their constituency, not a whim. It wasn't an issue of what the Executive was or was not doing. There were two Republicans and a Democrat who wrote the letter. **Dr. Melius** indicated he would have preferred that Dr. Ziemer give more of an update on where the Board was in the process. At that time they were in the process of awarding the contract to review site profiles as well as individual dose reconstructions.

Dr. Melius stated he worried that if the Board deferred too much to NIOSH it could imply NIOSH or HHS were entirely in control of the process, which would have implications in terms of the independence of the Board's review. It was his feeling that when Congress set this up it was for an independent review related to certain parameters of the dose reconstruction and the Board should be careful that when it communicates it conveys it is doing an independent review. He indicated he believed NIOSH was aware and supportive of the need for the credibility of the process.

Dr. Ziemer commented that he had thought his second paragraph said just that, while not in those words. And at the point at which the response was made, he wasn't prepared to give a timetable. He simply said the Board was in the process.

Dr. Andrade suggested the Board set a bar. Congressional communications to the Chair or others on the Board be shared, discussed and perhaps the Board collectively put an appropriate response together.

Dr. Ziemer indicated his agreement, and asked for other comments.

Dr. Henry Anderson offered that he thought it was a fine letter, and that one would want to be timely in the response. So this type of response, then maybe saying your letter will be shared with the full Board and discussed at the upcoming meeting, is fine. The Board doesn't want to enter into a dialogue with multiple letters, and it should be done with one letter and be over with. With Bethlehem Steel on the site profile review, the Board is being responsive. But to get the Board together on a teleconference, it's just not that pressing. It was a good letter.

Dr. Roy DeHart suggested that perhaps a follow-up letter would be in order since there had been considerable progress since the original letter. **Dr. Ziemer** indicated he would be happy to do that if the Board so desired.

Dr. Ziemer also pointed out that in the original letter the three individuals not only asked that the Board do an audit, they asked to review the procedures before the audit was done. The scope of what was being asked was extensive. If the Board members feel they would like the Chair to let the Congress-people know the Board is doing the audit and that a contractor's been selected, he'd be happy to do that. But what the Board is doing is not what they asked for.

Dr. Melius suggested that should be clarified in the communications, noting that Dr. Ziemer's letter had indicated HHS will have follow-up communication with them and he hadn't heard about that and didn't know if that communication had been sent.

Dr. Ziemer clarified that he had simply indicated he would ask HHS or NIOSH to provide them with the procedure when they become available, noting that the Board did not have the procedure yet.

Mr. Elliott commented that NIOSH had not communicated yet, but that it was being prepared. **Dr. Melius** asked if it could be shared with the Board when it goes out. **Mr. Elliott** agreed, most definitely.

Ms. Wanda Munn strongly urged caution with respect to establishing a precedent for detailed correspondence between the Board and elected officials. She noted there are over 350 members of Congress. They passed the law under which the Board operates, and a large number of them have constituents concerned with what is done by the Board. **Ms. Munn** indicated that her personal view is that the Chair responded appropriately and that the Agency has indicated they will provide documents the elected officials requested. Anything more is asking the Board to involve itself in many dialogues from many approaches. That course of action should be followed with great caution.

Dr. Ziemer commented it was not fully clear to him whether the Board wanted a follow-up letter. He asked for a straw poll to get a sense of the Board. It appeared the Board favored a follow-up letter, which **Dr. Ziemer** indicated he would prepare. He asked if the Board wished to see it first, noting that if they did, it

would be a month from now. His letter would inform the Congress-people that Bethlehem Steel had been selected as one of the audits, the contractor has been selected and it's in process, adding that he would not assume anyone would want to commit to Congressional review of the Board's procedures before proceeding.

Dr. Andrade offered that he fully supported what **Ms. Munn** had said, noting that now the loop can be tersely and quickly closed with these folks and hoped that would be the case in the future.

Dr. Melius observed that for the meeting in Hanford the Board needed to come to grips with procedural issues related to dose reconstruction review and dealing with the contractor, suggesting perhaps a workgroup could be charged with coming up with something by the time of that meeting so there's something to react to. And also get input from NIOSH and staff in terms of contractual and FACA issues so that the Board doesn't have to go through those at length. The Board should get prepared for the next meeting so a decision could be made on that.

Dr. Ziemer announced that he and **Mr. Griffon** had worked on a sample structure for a subcommittee that would have the responsibility for managing the groupings of dose reconstruction audits, how they're brought forward. He noted they had draft materials they could bring forward and distribute in advance. **Mr. Griffon** indicated he would be willing to work further on that and would propose to cross-walk the draft of the subcommittee task with the approved procedure on reviewing dose reconstructions and see how the two fit.

Dr. Melius asked that that be done and check that against some of the FACA and contractual rules. **Dr. Ziemer** stated they would try to do that and asked if perhaps **Dr. Andrade** would agree to help out on that to get a third opinion, and that would be brought forward at the Hanford meeting.

Mr. Elliott suggested that when some language is available to evaluate, it would be a good idea to send it on to NIOSH so that they could provide advice on Privacy Act, FACA, procurement requirements, et cetera. **Dr. Ziemer** agreed to make sure that was done.

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PUBLIC COMMENT PERIOD

Public comment was solicited on both days of the meeting. Public input on the second day included the following.

Mr. Dennis Rocque
Organizer, Local 1579, IBEW
Augusta Building and Construction Trades Council

Mr. Rocque again thanked the Board for the opportunity to present his views. He indicated there were 15 affiliated unions in his council, which served 37,000 workers employed at SRS since radiation sources were deployed at the site. The members with their families number some 150,000 people, all of whom have a stake in the Board's work.

Mr. Rocque noted that his organization's responsibility to their members and families was to make sure they were treated fairly by the program, and what they're hearing causes them great concern.

Mr. Rocque reiterated the differences in the way construction workers were employed on sites, their multiple work areas, the inconsistency in monitoring, all of which are a poor fit for the site profiles as they're being developed. **Mr. Rocque** made a number of requests to NIOSH and the Board, explaining his rationale for each request.

Mr. Isaiah Anfield, Former Employee
E. I. DuPont, Local 1137

Mr. Anfield described his illness and treatment and inquired what treatment the Board members would recommend.

Dr. Ziemer asked if he had understood **Mr. Anfield** correctly, that he was asking about treatment for beryllium disease and asbestos, suggesting perhaps **Dr. DeHart** could be of assistance.

Dr. DeHart spoke briefly with **Mr. Anfield** about the treatment he was receiving, noting that diagnosis and treatment were best left up to the treating physician.

Mr. Anfield then asked how it could be that his insurance carrier had been changed from Aetna to Wausau. **Dr. Ziemer** suggested that after the session perhaps one of the NIOSH staff could speak with **Mr. Anfield** and try to help him.

Mr. Robert Warren, Attorney
Black Mountain, North Carolina

Mr. Warren indicated he had been representing claimants under the Act for the past two years, and complimented NIOSH on the quality of the interview personnel. He offered a suggestion that sending a copy of site medical records or radiation exposure records with the interview form might help jog fading memories before the interview was actually conducted and prove very useful.

Mr. Warren described some of the differences he had experienced in the work patterns of construction workers, and agreed they should be included in the SEC. He expressed concern about things not covered in the site profile for SRS such as the practice of workers eating contaminated fruit and nuts, as well as fish caught in holding ponds.

Mr. Warren talked about his dismay at DOE's lack of effort in locating employment records, and how often he's had clients who worked their way all the way through the claims process to Workers Advocacy in Washington, with DOE denying existence of records, only to have them suddenly appear after the claim had been denied. He hoped NIOSH's persistence in making those requests will at least document that they're being asked for repeatedly.

Mr. Warren commented on the new status report from NIOSH and some of the speakers from the previous evening's comment period. He joined Richard Miller in asking that the panel look into some of the issues raised about cancer screening of administrative personnel who worked in the 700 area at SRS. He asked that the Board use its expertise, with NIOSH's help, to perform a dose reconstruction on workers with lymphomas, leukemia or thyroid cancer because the NIOSH dose reconstruction process is not finding there is at least a 50 percent probability of causation in those cases. He asked that that problem be looked into because he thought something was very wrong with the procedures for those particular cancers.

Mr. Howard Lawson, Health & Safety Representative
Atomic Trades and Labor Council, Y-12 Plant
Oak Ridge, Tennessee

Mr. Lawson indicated that one of the issues everybody had heard a lot about was the SEC. He reminded the Board that the Oak Ridge site is one site with three plants. K-25 was the gaseous diffusion plant, the Y-12 weapons plant and the X-10 national lab. And though all three plants are different, all the exposures were the same and monitoring was the same, which was one reason he believes all plants should be in the SEC. K-25 is by virtue of being a gaseous diffusion plant, but Mr. Lawson's group would like to have the workers at Y-12 and X-10 and affected by specific cancers be included, with justification that the Oak Ridge maintenance workers routinely went from one site to the other for training, et cetera. Workers at X-10 developed and tested many of the diffusion processes. Accidents and exposures happened that in those days were considered normal. Today they aren't acceptable, and he wanted to know if NIOSH had taken that into consideration when doing dose reconstructions or if it were possible to estimate those things.

Mr. Lawson asked for help with the health screening program, noting a difference among the three plants there, as well. K-25 has screening, as well as a CAT scan truck for early lung detection. The ATLC would like to see that for workers at Y-12 and X-10. A screening process has been worked on through needs assessment for the screening process, and he understands the medical screening program was in the works, but the CAT scan truck and early detection system were not going to be a part of it and the ATLC would like to see that for all the workers.

Ms. Julie Gantz, Former Employee
Savannah River Site

Ms. Gantz reiterated her comments from the previous evening and indicated that in her recommended

decision from NIOSH to deny her claim, that report said that the dose reconstruction likely overestimated her exposure. She wondered where the documentation for that was. She just wanted to know what documentation was used to make that determination.

Dr. Ziemer indicated that NIOSH staff could be asked individually to provide that documentation since it was protected information and wouldn't be in the public record. Perhaps a member of the staff could speak with her. **Dr. Ziemer** noted that it appeared it could be a case where there were some chemical implications and unfortunately this program doesn't address those issues, but documentation on radiation dose reconstruction could probably be provided.

Mr. Isaiah Anfield wanted to know if his check stubs could be documentation of employment. **Dr. Ziemer** asked if he could again refer **Mr. Anfield** to work individually with one of the staff. **Mr. Anfield** asked who the staff was. **Mr. Elliott** commented that there was no one from DOL available at the moment. **Dr. Ziemer** indicated they would attempt to get Mr. Anfield some assistance.

With all further business to come before the Board requiring action in Executive Session, the public portion of the meeting was adjourned.

End of Summary Minutes

I hereby confirm that these Summary Minutes
are accurate to the best of my knowledge.

Paul L. Ziemer, Ph.D., Chair

4/20/04
Date