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

convenes the

WORKING GROUP MEETING

ADVISORY BOARD ON

RADIATION AND WORKER HEALTH

ABRWH WORKING GROUP MEETING

SEC PROCEDURES

The verbatim transcript of the Working Group Meeting of the Advisory Board on Radiation and Worker Health held telephonically on April 11, 2006.

C O N T E N T S

April 11, 2006

TRANSCRIPT LEGEND

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

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-- "*" denotes a spelling based on phonetics, without reference available.

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

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MCKEEL, DAN
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STAUDT, DAVID, ORAU
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P R O C E E D I N G S

(9:00 a.m.)

WELCOME AND OPENING COMMENTS
DR. LEW WADE, EXECUTIVE SECRETARY

DR. WADE: This is Lew Wade, and I'm the Designated Federal Official for the Advisory Board. I'd like to welcome you all to a Working Group Meeting of the Advisory Board, and this is the Working Group chaired by Dr. Melius and ably staffed by Drs. DeHart, Ziemer and Mark Griffon. And this Working Group was set up expressly to look at issues related to the Special Exposure Cohort issues, the procedures that the Board will use. We've also added a task to the SC&A contract that has some generic tasks associated with review and recommendation on procedures, and that comes under the governance of this Working Group.

Also, the Board has asked SC&A to take on the full review of the Ames, Iowa petition. And that technical effort also comes under the responsibility of this Board.

There are two other active ongoing SEC review activities, one related to Y-12 and one Rocky Flats. Those have been assigned to a Working Group chaired

by Mark Griffon. That includes also Wanda Munn, Mike Gibson and Bob Presley. That Working Group will be meeting to talk about Y-12 issues this afternoon, starting at 1:00 p.m. and Rocky Flats issues, starting at 10:00 a.m. tomorrow, Wednesday.

So this Working Group is talking about generic SEC procedures as well as Ames, Iowa. I make that distinction because we want to be careful about managing our conflict of interest activities. There are members of this Working Group, Drs. DeHart and Ziemer, for example, who are conflicted on Y-12, but since we're not scheduled to be talking about Y-12, I think that's fine. There are no Board members that are conflicted on Ames, so again, we can have a full and open discussion by the Working Group members, as well as any of the Board members who would like to contribute with regard to Ames.

Remember that the Board's procedures for dealing with SEC petition issues are that if a Board member is conflicted at a particular site under discussion, then that Board member would not be at the table -- would not participate in the discussion of the Board. They could make comments during a public comment period. They clearly would not make motions or a vote. So our response to conflicts on SEC matters

are much more stringent, and therefore, I thought it important that we understood the distinction between this call and then the subsequent calls that will happen this afternoon and tomorrow.

Just by way of background, the way that I have been planning for the Board's activity is that again the Ames, Iowa SEC Petition Evaluation Report was issued yesterday, and that's what we were just talking about. We do not have on the agenda for the April 25th, 26th and 27th meeting a formal presentation of the Ames SEC Petition Evaluation Report. The reason I didn't do that was because again we're just now starting in earnest the review of the Ames petition by SC&A, and I wanted to allow some time. It would be my at least planning intention to have the Ames Petition Evaluation Report scheduled to be presented with the Board voting on it at the June meeting. That's the current plan. We do have scheduled for the April meeting four SEC Petition Evaluation Report presentations. Those are Y-12, Rocky Flats, Nevada Test Site and Pacific Proving Grounds.

Again, I'd be more than willing to take guidance from this Working Group or the subsequent working groups as to our scheduling, but that's the

scheduling as it currently exists now.

Again, other things that are on tap for today, should the Chair and the members wish, you know, SC&A has developed materials on review and Board procedures for SEC Petitions. I think John Mauro is even prepared to discuss how the SEC -– the SC&A recommendations contrast with Dr. Melius's Working Group's writings on the topics.

SEC PROCEDURES

So again, this morning to talk about SEC related issues in general, Ames in particular as needed. And with that I'll turn it over to you, Dr. Melius. Maybe we could go about and do some introductions as you might like.

DR. MELIUS: Yeah, good morning, everybody. Why don't we start by figuring out who's on the call. Since I came on late I didn't hear everybody introducing themselves. So obviously I'm Jim Melius, Chair of the Working Group.

DR. WADE: And other Working Group members on the call, please?

MR. GRIFFON: Mark Griffon.

DR. WADE: Is Paul Ziemer or Roy DeHart on the call?

(no response)

Larry, could I ask you to have someone from your office call Roy?

MR. ELLIOTT: Yes, we will.

DR. WADE: Okay, thank you.

MR. GIBSON: Mike Gibson, Working Group –- Well, I'm not on the Working Group, but I'm on the Board.

DR. WADE: Okay. Other Board members?

MR. PRESLEY: Bob Presley from the Board.

DR. WADE: Thank you, Bob, for joining us. Any other Board members present?

Why don't we do SC&A?

DR. MAURO: John Mauro from SC&A.

DR BEHLING: Hans Behling, SC&A.

DR. MAKHIJANI: Arjun Makhijani, SC&A.

DR. WADE: Any other SC&A representatives?

From NIOSH this is Lew Wade with NIOSH.

DR. NETON: This is Jim Neton at the Cincinnati Airport Marriott Hotel, sitting here with Matt McFee from ORAU Team.

MR. RUTHERFORD: LaVon Rutherford with NIOSH.

MR. ELLIOTT: Larry Elliott with NIOSH.

MR. SUNDIN: Dave Sundin, NIOSH.

MR. KATZ: Ted Katz, NIOSH.

MS. HOMOKI-TITUS: Liz Homoki-Titus, Health and Human Services.

MS. HOWELL: Emily Howell with Health and Human Services.

DR. WADE: Any other Federal employees on the line?

MR. STAUDT: This is David Staudt with NIOSH.

DR. WADE: Good morning, Dave.

MR. KOTSCH: Jeff Kotsch, Department of Labor.

DR. WADE: Any other Federal employees? Any other ORAU or contractor team members that haven't been introduced?

COURT REPORTER: Dr. Wade?

DR. WADE: Yes?

COURT REPORTER: Hi, this is Ray. Could I get the name of that last person from ORAU that identified? I didn't quite catch it.

DR. WADE: I think the last -- I don't know who was the last person to speak? Was it David Staudt?

COURT REPORTER: That was the name. What's that last name?

MR. STAUDT: David Staudt. S-t-a-u-d-t.

COURT REPORTER: Okay, thank you.

DR. WADE: And David is the contracting officer with CDC for the SC&A contract.

COURT REPORTER: Thank you.

DR. WADE: Anyone else on the line who wishes to

identify themselves?

DR. MCKEEL: This is Dan McKeel from St. Louis.

DR. WADE: Welcome, Dan.

Okay, Jim.

DR. MELIUS: Thanks. Is there anybody -- Are we expecting anybody on the line or to participate from the petitioner group at Ames?

DR. FUORTES: This is Lars Fuortes. I don't know if you can hear me.

DR. MELIUS: Yeah, okay.

DR. WADE: Welcome, Lars. Anyone else representing petitioners?

COURT REPORTER: I'm sorry Dr. Wade, I didn't get that last name either.

DR. WADE: Lars Fuortes.

COURT REPORTER: Okay, thank you.

DR. WADE: Now just to be clear I would ask for the SC&A or NIOSH or ORAU people, is there anyone participating in the call who has a conflict with regard to the Ames site?

DR. MAURO: For SC&A, no one has a conflict.

DR. WADE: NIOSH, ORAU?

MR. ELLIOTT: I don't believe anyone from NIOSH or ORAU has a conflict of interest regarding Ames.

DR. WADE: Okay. Okay, Jim.

DR. MELIUS: For -– If it's all right with everybody, I thought we would maybe work this call backwards, but start with Ames, and talk about that. And then the second part of the call to talk about some of the more general procedural issues. That way people that are -- Lars and others who will participate from the petitioner group will be able to keep their part of the call shorter and need not listen in or participate in the second part of the call.

It certainly would help me since I just got the report late last night –- I got access to my e-mail -– if Larry if you or Jim Neton or someone from the staff could just sort of give just a brief overview of the Evaluation Report on Ames.

MR. ELLIOTT: Jim, you want to do that or...

DR. NETON: I think LaVon Rutherford might be in a better position to do that since he was more actively involved in the process.

MR. RUTHERFORD: All right. This is LaVon Rutherford. We actually went through a number of data sources. If you went through the petition, we went through a number of data sources. We determined that thorium exposure was thorium and the plutonium exposures. We had no real data up until '52 time

period.

At ’52 we started getting some data, but the data was not enough to support dose reconstruction. So we recommended adding a class up until ’55 -- or ’50. And the (unintelligible) is the end of the AEC operations.

DR. WADE: You cut off when you spoke about the dates.

MR. RUTHERFORD: I’m sorry.

DR. WADE: Could you repeat the dates?

MR. RUTHERFORD: It could be difficult because it isn’t phones that are...

The dates started -- or the end of the class period ended in ’54 at the end of AEC operations. And it started at the -– 1942 and ended in December 31st, 1954. Again, it was based on thorium exposures. We had little data up until ’52, ’53 time period. And that data that became available ’52, ’53 time period had some BZ, breathing zone, samples. We had a little bit of air monitoring data. However, at the time we didn’t feel it supported dose reconstruction for the thorium exposures, as well as we had no data at all for the plutonium exposures.

And recognizing that the thorium exposures actually began shortly after the uranium operations

began in January of ’42. So that’s where we started the actual class period designation.

DR. MELIUS: LaVon or whoever, is this –- Can we assume that this then would cover every -– all of the facility of the AEC portion of this facility and time period for where this was sort of officially an AEC facility?

MR. RUTHERFORD: Yes, that is correct.

DR. MELIUS: Okay. Just a little, not being familiar with the facility in full, I just want to make sure I understood the coverage on it and so forth.

And, and we’re also presuming that this is a 250 day –- It’s chronic exposure here I guess, so we have the assumption there would be 250 days of work there to qualify.

MR. RUTHERFORD: That is correct.

DR. MAURO: This is John Mauro.

DR. MELIUS: Yeah.

DR. MAURO: Since you brought those two issues up I, if it’s okay at this time, I –- One of the things that we had noticed regarding the Evaluation Report had to do with the two issues you just brought up, namely the dates. We did notice there was that one year. In the petition it actually went through 1955,

by way of clarification. What I'm raising this by way of clarification. I notice that the petition actually extended through the end of 1955, but the finding, the proposed class goes through the end of 1954. And so by the way of clarification I guess we were looking for a little bit more information regarding that one year, sort of left out.

And the second point that you also had raised was the 250 days portion, namely in reading the Evaluation Report -- By the way, Arjun, myself and Hans have basically reviewed these documents. One of the issues that emerged was it's not really clear right now in the Evaluation Report the degree to which the 250 -- whether or not there are incidents that are under consideration as part of this Evaluation Report, which would say to the effect that yes there were incidents where exposures could have occurred that were over a period less than 250, but still possibly warrant compensation because of the nature of the exposure that occurred of that relatively short period of time.

I bring those up now because you had mentioned them, and they are two points of clarification regarding the Evaluation Report that would be helpful to us.

MR. RUTHERFORD: This is LaVon Rutherford again. The reason why we stopped at the 1954 date was based on a document that's "History and Current Radiologic Conditions of the Ames (unintelligible)" and "Assessment of Cause Mitigations Efforts and Current Status of Thorium 232, Uranium 238 and Beryllium Contamination in Wilhelm Hall." Those two documents indicated that the AEC operation ceased in 1954, and they did not give a specific date in 1954. That is why we ended up with the December 31st, 1954. Two hundred fifty days was based solely on our review of the data. We did not cover any incidents -- uncover any incidents that we felt would that were (sic) warrant a significantly high exposure that would alter the 250 day criteria.

DR. MELIUS: Do you have, John, do you have any other I guess -- You had reviewed or members of your team had reviewed some of the background information on this petition sort of in preparation for a more complete review. Is there any other information you have or questions that you had as a result of that review?

DR. MAURO: Yes, we in fact reviewed the entire petition, and we reviewed 70 documents that were downloaded, so yes we have in effect read through all

of the material, and we were actually at the stage where we were formulating our I guess initial impressions, maybe that's the proper term, related to these matters, and of course we were very anxious to read the outcome of the Evaluation Report.

We have caucused. SC&A folks on the phone have caucused a bit on our findings to date, and I'll just one major observation that we that I'll pass on, but certainly I would like to hand the baton off to Arjun and Hans also, had to do with the apparently there were a large number of explosions that occurred to the point where there were periods of time where the exposures could have been very high, over relatively short periods of time and in a manner that was extremely difficult to reconstruct. So one of the reasons we were coming around to the point where we say well at least that aspect of the operation is going to be extremely difficult to reconstruct.

And so from that perspective we identified, we peeved (ph) that up and a possible SEC issue that is going to be difficult to deal with. Now there are other areas, but I'd like to pass that on to Arjun and Hans, if you will, to communicate some of your initial impressions.

DR. MAKHIJANI: Yes, I was the person sort of

tasked with coordinating this, and I worked with Hans and I have looked at quite a few documents and my preliminary assessment of the Petition Evaluation is that we're in broad agreement, actually, on the grounds that LaVon talked about that is we found no data for plutonium and we also found the same data described by LaVon, so I think and we also talked in a preliminary way that it will be very difficult to do a reasonable even maximal dose reconstruction with that. Of course that was just an impression and we awaited NIOSH's analysis.

The one question that I have that we have talked about as John said is, if I remember correctly, haven't had time to go back and review all the documents, and maybe Dr. Fuortes can correct me if I'm wrong, is that there was evidence provided in the material by the petitioners on the documents. Of these six blowouts, of a day in which there was six blowouts, and of very high levels of uranium dust, and so I, the question that I kind of have is what evaluation did NIOSH do of that specific thing in regard to the sort of were there incidents that would qualify even if it were less than 250 days.

DR. FUORTES: I guess if I could enter. This is Lawrence Fuortes. I did say, out of ignorance, in

the petition that I thought there might have been specific incidents that might preclude the 250 day criterion, and actually both of uranium and of thorium reduction. The uranium appeared to be more frequent and larger, but there were also descriptions of blowouts during the thorium reduction process.

And another clarification, the reason the petition listed 1955 as an end date was because given what we've seen in other industrial processes, we felt that there must have been a cleanup period after the thorium processing that had (unintelligible), so we used an arbitrary period of time of the year of 1955, the year following termination of the processing. Thank you.

DR. WADE: Just for the record, Lars. Since you've last been with us, our procedures now encourage, in fact, petitioners to participate in these discussions so --

DR. FUORTES: Thank you.

DR. WADE: -- if you have a comment you feel compelled to make, please feel free to make them.

DR. FUORTES: Thank you.

DR. BEHLING: This is Hans Behling. In addition to the episodic radiological events that are difficult to quantify, you just look at the 1952

radiological survey data and look at certain key areas where air concentrations were taken, you could probably come to some assessment even in the absence of specific radiological events that air concentrations at certain locations probably over a period of matter of weeks would probably suffice for radiological doses to the lungs and other tissues that would possibly already qualify so that aside from significant events you could probably just look at the survey data taken in ’52 and draw certain conclusions about doses that may have been received just from ambient levels of air concentrations.

DR. MAKHIJANI: This is Arjun. One more thing to add in this context is the bone, the bone surface dose conversion factor for thorium is very high, and since there were incidents involving thorium, or at least there may be evidence of that, we didn’t see an evaluation of these things. Perhaps NIOSH has done an evaluation that NIOSH intends to publish later on as a supplemental piece to this. It’s just a question in my mind as to evaluation of incidents in less than 250 days.

DR. MELIUS: Jim or Larry, do you --

DR. NETON: This is Jim Neton. I’ve got a couple things I’d just like I think I can point out. One is

I think if you look at the back of the Evaluation Report, the boxes checked that we believe we can do uranium dose assessments with sufficient accuracy. But we're not discounting the fact that we can't do -- – We're not saying that we can't do uranium dose reconstruction, so for example if non-presumptive cancers came over, we feel there is sufficient data to reconstruct the uranium intakes based on the available monitoring data. So that sort of takes the uranium issue, we think, off the table. Even if there were high incidents we have some urine data that could bound those intakes.

To get to the episodic versus the acute nature of the exposure scenarios, merely having an explosion resulting in a fairly large air-borne concentration does not necessarily result in a huge internal dose. It's common practice when an explosion occurs for people to at least evacuate the area in a somewhat timely manner, so even if one were to have multiple levels of the allowable concentration in air, in fact the total exposure to the person is not as great as one would need to qualify for the discrete incident criteria we believe.

Secondly, I think what Hans referred to all these air-borne levels that one could use to quantify large

exposures, that would seem to indicate that we could probably do some sort of bounding analysis and do dose reconstruction. That would not in itself qualify petitioners of that class for SEC.

DR. FUORTES: This is Lars Fuortes again. I'm maybe confused about the process, but it strikes me that one day's urine excretion of uranium during what might be, presumed to be a standard production, and we don't know what their production rates are, may be, it may be optimistic to assume that that could be generalized to data that could be used to bound exposure for uranium for these workers. I believe that there is a paucity of exposure data for these workers, so I think that the statement that we –- or the impression that you're giving that you could do dose reconstruction for the uranium exposures is maybe contestable. And there are some, I think, some reflections of bias in statements like that that I find curious, and even in the calculations that you've used for estimations of exposure based on the urine excretions.

If you look, for example, and this may apply to many other facilities, you use a figure of 1.4 liters of urine excretion, and I've talked to several of you about this over the last year, 1.4 liters of urine

excretion is the figure that's reported as an average, whereas there's a well reported normal range of .8 to 2 liters, and I would think one would consider the difference between 2 and 1.4 to be significant as regards trying to come up with a claimant-friendly dose assumption. So I'm still curious about the reflection of an a priori judgment made by NIOSH as regards ability to do dose reconstruction and in a means that appears to actually limit exposure.

DR. NETON: This is Jim Neton. I guess I'm not quite sure where to start with that. It strikes me that right now, under the thorium -– under the way this SEC class is defined, all workers qualify with (unintelligible) 250 days exposure. To then say we can't do uranium dose reconstructions would certainly limit our ability to do any dose reconstructions for anyone internally at that facility, even if they were non-presumptive. I'm not sure what the end result is for that, but –-

DR. FUORTES: The end result isn't different for the Ames workers, Jim, it's, but it's a reflection of a philosophy on the part of the people doing these evaluations that I think might have great significance for other workforces, if you believe

that on the basis of a sub-sample of 20 workers from one day from 1942 one can make a judgment about radiation exposures from uranium, that that already strikes me as a large assumption based on a paucity of data. And then the reflection, as I said, which I'd already discussed with I believe with you if not with others, that 1.4 liters is an adequate judgment for the urine volume from which to extrapolate dose. I think those are reflections of an a priori assessment. So you're right, it doesn't change anything in terms of the acceptance of the SEC Petition for this particular workforce; it's just an impression I wish to comment on.

DR. WADE: But Lars, this is Lew Wade. I think what Jim was saying is, although it might affect the ability to pursue dose reconstruction for people with non-presumptive cancers, if we make the decision that it's categorically impossible, then there is no recourse for those people.

DR. MAKHIJANI: Dr. Wade, this is Arjun Makhijani. I think one point of clarification may help the debate and Dr. Fuortes, in terms of how various categories of dose reconstruction (sic). I think in this particular context, leaving aside these implications for other facilities, in this particular

context -- Jim, correct me if I'm wrong -– but the dose reconstruction you will be pursuing for non-presumptive cancers would be a minimum dose reconstruction because you obviously cannot reconstruct, you know, several pieces of it. So if you can construct say a minimum external dose for shallow dose for uranium or along with internal dose and the data. You know there are data that would enable you at least to say that this, at least this much happened. Is that, is that the implication of what you were saying for uranium?

DR. NETON: That's right. We would try to reconstruct as much dose as possible, aside from the thorium and plutonium exposure, that we believe we can, so...

We have urine data -– I would need some help on this, but I believe we have more than just those 21 samples from 1942, although I haven't looked at the data myself fairly recently, but the fact is that urine samples, urinary excretion of uranium is really a long -– fairly decent long-term indicator of deposition of uranium in the body. It stays around, and that's why the doses are so high, when you -- It either stays in the lung for a long period of time or when it leaves the lung it incorporates into the

skeleton and the liver and the kidney tissues and continues to be excreted for a fairly long period of time. Using those excretion models, we believe we can bound the upper limit of exposure, given a urinary sample even several years after a potential intake.

With regard to the urinary excretion volumes, you know, I think this whole concept of the amount of urine excreted per day is sort of a, it's a technical issue that has been debated quite a bit among health physicists, but it's my opinion that when you're measuring uranium in urine you're really looking at how much is put out per day which is more related to the metabolism of the uranium in the body's tissues; that is, how much they come out into the bloodstream and then end up being voided into the bladder. The variability of the volume of the urine really is not relevant; it really is more how much comes out per day.

DR. FUORTES: Jim, I do this -- This is Lawrence Fuortes again. I do this all the time in occupational medicine. If you were to correct it for creatinine excretion, you might be able to come up with an estimate that would support that judgment on your part, but if all you have is a concentration,

milligrams or micrograms per liter, then I don't believe that what you said is correct at all. The absolute volume of the urine is needed to find out how much uranium was excreted, so you don't have that information. You have a concentration only.

DR. NETON: You do need a total urinary output per day to do the exact calculation --

DR. FUROTES: Which you don't have. That's why the difference between 1.4 and 2 is highly significant.

DR. NETON: I don't know, don't have it here. I suspect we don't. You're right.

MR. RUTHERFORD: This is LaVon Rutherford. You do want to qualify the amount of bioassay data we do have. We actually have bioassay data, 34 samples from '44, and we also have 50 urine samples that were taken at the end of uranium operations in 1945. So we do have a little more data.

DR. MELIUS: This is Jim Melius. I have one question I'm not sure we have information on, but do we have any idea how many people would, of claimants, would be affected if in terms of meeting or not meeting the 250 day requirement as proposed here?

MR. RUTHERFORD: This is LaVon Rutherford. No, I do not. I can probably find out rather quickly.

DR. MELIUS: Just two other, or one other observation is that first of all is this issue of what to do with non-SEC cancers. We've been wrestling with on a case-by-case basis for quite some time, and I would repeat my request that we more formally deal with this at the advisory board and try to establish some policy on this issue because I think it's -- going on an ad hoc basis for individual sites I think has some limitations, and I think the one time that we dealt with it in terms of our, I believe it was one of the Mallinckrodt SEC evaluations, one of the Board's recommendations on that I think was some of us were -- It was sort of less than satisfactory in terms of how we exactly establish that recommendation and communicated that recommendation, so I would just think that we need to try to wrestle with that issue more formally, and I request that we try to get it onto the agenda for the next Board meeting, some discussion of that, because I think we really need to talk about it. And, you know, a related issue that we may need to talk about is this issue of what to do, how to establish criteria for, you know, less than 250 days, and we sort of have, you know, either 250 days, or you know, a very short-term very high exposure, and we've

really not dealt with that. I think it's come up with Pacific Proving Ground, and I think there should, it would be worth some time trying to discuss this in a more general fashion 'cause I think it may come up at other SEC's, and I think the Board and NIOSH need to, you know, see if we need to establish some policy on that or what's the best approach for dealing with that issue also.

DR. WADE: Yeah, there's a place holder on the agenda for the April meeting where we could put this, Jim.

DR. MELIUS: Okay, thank you.

DR. WADE: Which is policy on non-presumptive cancers and how to deal with the issue of less than 250 days of exposure.

DR. MELIUS: And then I would -- Thank you. And sort of a follow-up to that is I think, at least as I see it, we have two options on (unintelligible). One is that we could ask SC&A to do an evaluation, a review, of the NIOSH Evaluation Report, particularly focusing on this issue of, you know, more acute exposure, the 250, you know, the 250 day requirement that would be for anybody to qualify, qualify for the, be part of the SEC class for this site, and further that we ask SCA do an evaluation of the

report, focusing on that issue, which I think realistically, and there may be some other issues that we want them to look at also, but that realistically that's going to then mean that we wouldn't be able to deal with the Ames petition until the June meeting.

DR. WADE: That's currently scheduled.

DR. MELIUS: That's currently scheduled. I guess the alternative would be to, you know, deal with that issue, that issue separately, but I'm not sure how other members of the work group would feel about that.

DR. DEHART: Roy DeHart is now on board, apologetically.

DR. WADE: Welcome. When did you join us, Roy?

DR. DEHART: About ten minutes ago.

DR. WADE: Okay. Are you familiar with the issues we're discussing?

DR. DEHART: Basically, yes.

DR. WADE: Just, in real brief summary, only two issues really have been put on the table, maybe three. One is there's a little bit of difference in the timing of the NIOSH recommendation. It goes to December of '54 versus the petition which went through December of '55. In discussion the

petitioner mentioned that they added that extra year just because they thought there'd be some cleanup activity.

And then the issue of whether it's 250 days or a lesser period of presence to constitute membership in the cohort, and that's being discussed. That's what Jim was just talking about.

DR. DEHART: Yes, I heard that. Thank you.

DR. BEHLING: This is Hans Behling. Just on a side, and I guess I'm addressing, or posing, this question to Jim Neton. The issue of 250 days will surely come up with the Pacific Proving Ground SEC, and I'm not sure to what extent Jim has taken that as an issue for further discussion.

DR. NETON: Were you asking specifically about Pacific Proving Grounds, Hans?

DR. BEHLING: Yes, because obviously those exposures involving Pacific Proving Grounds will certainly be considered episodic.

DR. NETON: Right, our position on it was, at the last Board meeting, that 250 day requirement applied to the Pacific Proving Grounds, based on the chronic exposure nature, the chronic nature of their exposure.

DR. MELIUS: But I believe that the Board asked

you to go back and reevaluate that issue, that that was one of the three or four issues that we asked to be —-

DR. NETON: I don't know that we were going to reevaluate whether the 250 day requirement was acceptable. I think it was more to go back and look at how that would apply to the claimant population. In other words, are there many people –- most people would not have 250 days or something of that nature, and we will be prepared to discuss that.

DR. MELIUS: Yeah, not an overall evaluation of the 250 days, but how to apply it to that particular population, which probably isn't directly relevant to the Ames situation, at least as I understand it.

DR. NETON: Correct.

MR. ELLIOTT: This is Larry Elliott. Yes, Jim is right. That's what we were contemplating on evaluating and looking at the work practices and the exposure scenarios. Certainly, you know, these shots at Pacific Proving Ground were in essence criticality events, but the people that were there, their proximity and their exposure to those events were controlled to a certain degree, so we need to examine that.

DR. WADE: This is Lew Wade. Just to add to the

discussion. You know, SC&A has a contract and a task to look at full-blown reviews, and Ames was the first of those reviews. SC&A's just at the beginning of that process. Now again, the Board can decide how it wants to deal with that, but they are just at the beginning of that process. I would assume what would happen next, unless we were to intervene, would be that they would take the evaluation report and really start to go through a full-blown evaluation of it and the NIOSH processes and procedures to this point.

DR. MAURO: Lew, this is John Mauro. One of the matters we discussed, I believe in our last working group meeting, was that –- I believe Jim Melius, you had mentioned this, it may be more efficient, rather than for SC&A to go through the full-blown review at this point in time, in fact this is exactly the trigger point, a judgment would be made whether we actually move into a more focused review whereby we would explicitly look at specific issues as they emerge, they are emerging during this conversation, or whether we would be mandated to go through a more formal comprehensive review of the entire document. And I think this is one of the decisions that will need to be made.

As you may recall, when we originally planned

this work, under Task V, we did propose it as a full-blown review, allocated a full 1000 work hours to do the review and deliver a fairly substantial comprehensive review of the petition and evaluation report. However, we also recognize as we move through the process, and at the point we're at here, it may be more cost effective to zero in on specific issues that not only are discussed here during this discussion and others that may come forward, but also as SC&A moves through the process and we alert the working group to issues that emerge -– So it would be more of a living process, hold down the issues that we will be specifically looking at so that it will become in effect something more of a focused review as opposed to what would be called more of a comprehensive review.

What I think is something --- What I think is happening is it's becoming clear that the boundary between what one would call a full-blown review, what one would call a focused review, may be a little blurred and perhaps properly so. So I guess I'd like to put that on the table as part of the discussion.

DR. WADE: All right. Again, this is Lew Wade again. Again, we're interested also, at least in the contractual language, with the review of the overall

process. I think we need to be mindful of the fact that, you know, in this case the recommendation of NIOSH is to add a class. Again, that doesn't negate the fact that the process needs to be reviewed. Now how the working group wants to deal with that is, I think, a topic for discussion.

DR. MELIUS: I think that's sort of part two of this call. Part one, I think is we need to decide on how to go forward, and I guess the alternatives are what John just called a focused review that we look into, you know, have them do a limited amount of work focusing on just specific issues that have been raised with the idea that that could be completed in time for the June meeting. Secondly, would be a more comprehensive review of the whole evaluation report which may or may not be able to be completed in time for the June meeting. And then third I think would be not to have them do any additional review, and just, you know, see if there was room on the agenda for the April meeting for NIOSH to present its report, the Board to make a decision on going forward at that time.

I don't know if any of the other members of the working group have any preferences on how to go forward. I think the default is that this is

scheduled for presentation at the June meeting.

DR. WADE: That is correct.

DR. MELIUS: Mark, do you have any comments?

MR. GRIFFON: It seems to me that, you know, just looking at this petition, or evaluation report, while we're talking here really. I haven't read it thoroughly, but it seems like it lends itself to a more targeted review. SC& A's already reviewed a lot of the background material, and I think there's a couple things that we've already mentioned that could stand out that we might want a little more input before we make a decision on this, but I think, I don't think resources will be best (unintelligible) doing a full review of this, this petition. I think a targeted review would be the way to go.

DR. DEHART: This is Roy. The targeted review has proven in the past to be an efficient way of doing things and focusing on the major issues, and I would concur with that.

DR. WADE: Let me ask David Staudt a question, and I -- David and I have talked about this in anticipation of the call. David, I assume that contractually we would have no difficulty switching the focus from a full review to a targeted review in this case, contractually, is that correct?

MR. STAUDT: That's correct.

DR. WADE: Okay.

DR. MELIUS: I agree with the idea of a targeted review or focused review, and I think that would be the way to go forward. It would allow us to put some of these issues that have been brought up and I think do need to be addressed. It may be that as we discuss them in the more general sense at the next April Board meeting that will help to frame some of that review, but I think it's something that would be useful to have, this focused review or targeted review, that information along with the sort of background information, background review that SCA's already done; we'd have that available for the June meeting.

DR. WADE: Okay so -- This is Lew Wade again. The way I had sort of story boarded this out, is that there would be a report of this working group to the full Board in April, on the Ames issue. There would also be a report by John Mauro on the status of the SC&A activity on the Ames issue. Those two discussions could result in very specific instructions to SC&A for a targeted review to be accomplished before for use at the June meeting. So that's very doable.

DR. MELIUS: Then I would suggest that we move forward. I don't know Lars if you have any comments on that or...

DR. FUORTES: I have no comments. I really don't know what your procedural options are, and so I just listen. My comments were only relevant to other sites, so thank you.

DR. MELIUS: We'll move forward in that direction on the Ames.

DR. MAKHIJANI: Dr. Melius, this is Arjun. I have a question. We, we did prepare -– As you know we spent about 120 hours doing the background work of (unintelligible) and stopped at a small fraction of the overall thing and -- The materials are all in rough draft form, as notes. And I was a little unclear when we report, when SC&A reports to the Board, what kind of and how much of that material to finalize, or should we just leave it that way and give you a, have a little bit of a summary of what all we did?

DR. MELIUS: I would think that a summary would, sort of background work would suffice, along with a you know more detailed report on you know the more specific you know issues we've discussed. And however certainly that background work may very well

prove to be you know useful for the discussion of the Ames petition and evaluation that would take place at the June meeting. For example, the Board may have questions on other issues that we haven't raised or... You know, obviously none of us I think have had time to go through this report in great detail yet since we just received it late yesterday, so there may be other questions that come up. And so I think it's useful for you having done that and you know to be able to answer questions to the best of your you know ability at being in more general questions, but that we would expect your report to be you know a more focused report and that's what would be discussed at the you know what you would present at the June meeting.

MR. GRIFFON: Jim, just to clarify on that. You're, we're anticipating to to define the targeted review for SC&A at the April meeting, correct?

DR. MELIUS: Correct.

MR. GRIFFON: Okay.

DR. MELIUS: At the April meeting the plan would be for the work group to have a short meeting that we would then, among ourselves, and then develop sort of focused tasks that would need to be done for the June report.

MR. GRIFFON: Okay.

DR. MAURO: This is John Mauro, so as I understand this conversation the only deliverable we will have for you between now and the April meeting in Denver will be a presentation before the Subcommittee, perhaps, and then the full Board, related to our initial findings from the review we have performed, and also --

DR. MELIUS: No, no.

DR. MAURO: Go ahead.

DR. MELIUS: I don't think you need to do any presentation on this. Correct me if I'm wrong, Lew, with the contractor, but I don't think you would need to do any presentation on this at the April meeting. The Board, the work group, will present at the April meeting, and there may be other issues you will present on at the April meeting, but I don't think there's any need to discuss Ames other than, you know, for us to report back what we have done, what the work group has done, at the April meeting.

DR. MAURO: So we have no deliverables related to Ames up through and including the April meeting.

DR. MELIUS: I believe so, and my only hesitation is I don't want to get in trouble with our contracting officer.

DR. WADE: Yeah, you're fine. I think coming out of the April meeting will be a list of the specific issues that the Board wishes SC&A to focus on in their review. That will come about through a small group meeting of the work group and then a discussion of the work group with the full Board that will result in that task being issued, as I understand what you're saying, Jim.

DR. MELIUS: Yeah, correct.

DR. WADE: That's fine.

DR. MELIUS: Anybody have in questions or comments on that?

MR. RUTHERFORD: Dr. Melius, I'm sorry, this is LaVon Rutherford. You had asked earlier how many people were affected by the 250 day criteria that makes (telephonic interference), and it appears there's one individual that may be affected.

DR. MELIUS: Okay.

MR. RUTHERFORD: I just wanted to get you that answer. I'm sorry for interrupting.

DR. MELIUS: Thanks a lot. Roughly, how many applicants, claims are there?

MR. RUTHERFORD: Fifty-four.

DR. MELIUS: Fifty-four. Okay, that's helpful to know. Thanks.

Now, want to turn to the more general issue of of the you know what SC&A's work on evaluating these reports, these SEC evaluation reports. And they put together a report and received I think several months ago actually proposing an approach to, for their review of the evaluation reports. That report predated our work group report on evaluating SEC or reviewing SEC evaluation reports and an approach for doing that, and so we need to try I think to meld the two approaches in doing that.

The other change that took place is, which we also discussed at the last meeting, in our work group report proposed that the NIOSH, NIOSH develop a more detailed outline of proposal outlining what their evaluation would be for an SEC evaluation report. Currently NIOSH produces a very generic plan for their evaluation report, which I think as we discussed at the last meeting that was appropriate given at the time they produced that plan they haven't really had time to delve into the, you know, all the data and so forth, so it's very hard for them early on to develop a more specific evaluation plan.

We suggested they do so as sort of a second step, and I think Larry correctly objected to that, I think pointing out that it would sort of add another step

and another round. It would only serve, while it may be helpful I think one has to balance that with the extra workload for NIOSH and the delay in moving forward on the SEC evaluation. There's already a tight time period for that for NIOSH, and then if we added this sort of second step it would serve to delay things and though it might be helpful, that amount of helpfulness would be outweighed by the delay and extra work.

And to some extent as I reviewed what SC&A proposed was really was some part of their proposal was triggered by that evaluation plan, sort of a three-step process, sort of review the petition, the second one based on the evaluation plan, the third based on the review of the evaluation report itself. And what I think we need to do is to move that more into sort of a two-step plan. There would be what I think would prove to be helpful here with Ames where initially SC&A did background review of the documents and some of the information provided with the petition. This case it was a well-documented petition with a lot of information so even though there was not a full, you know, site profile, site profile review to base on, there was a significant amount of information, and that proved to be helpful.

So step one would be sort of a background, but step one would be sort of a background of evaluation, what is available information be on site on the petition, some sort of review of that, and there'd be subsets of that depending on whether or not site profile is available or any site profile review has been done.

And that would be in preparation and there would be a second step that would evolve that would be after the evaluation report was available and would follow. And what I think we need to do in work group and be willing to do this in working with SC&A for the April meeting is sort of prepare a modification to their proposed procedures that would incorporate this two-step process and would also incorporate some of the criteria in procedures that we put in place in our work group report that we had presented at the last meeting.

So I guess I put that forward for consideration and discussion by the Board. I know not everyone has all these documents in front of them, so I may not be describing them all in appropriate detail, but we need a full Board discussion of this and I'd be willing to prepare something and I'll circulate it to the work group before the meeting so that we can, and

SC&A, so that at the April meeting we had some time as part of our work group report we can discuss these procedures.

Any comments or questions on that, or have I thoroughly confused everybody?

DR. DEHART: Jim, this is Roy. I was going to raise this issue. I don't think there's a newer report than the November 30th recommendation that was made for Board procedure for review, special cohort. Am I correct on that?

DR. MAURO: That's correct.

DR. MELIUS: That's correct.

DR. DEHART: Okay, I had gone through this as we've had it prior to this meeting, and I think you're kind of hitting it right on the head. We need to enfold the recommendations into our recommendations to the Board, and I don't know about the two-step, but that certainly is an approach, but we do need to roll over our criteria so that where it's appropriate, it matches what SC&A is proposing.

DR. MELIUS: Yeah, I agree. This two-step, I think each one of these situations is going to be different, so it's always going to be hard to describe how many of the subsets of this procedure there are, 'cause I think we're going to in effect

end up, I think there's not a huge number of SEC petitions and not a huge number of sites that I think we're going to deal with individually on a site, and some of them will depend on timing and some will depend on where we are 'cause often we're in the midst of doing a, you know, a site profile review on some of these sites also, and we're going to end up, you know, adapting what procedures we have, so the information available and where we stand. I think what's probably is more important is that we make sure their procedures, you know, these criterion, incorporate those.

I think secondly I think what we're looking for, at least in many of these evaluations, reviews of the evaluation reports, is going to be a more focused review rather than a very general one. So now, we may get a petition in that's very broad and we'll end up with a very broad review but certainly there's many of these I think that we can try to focus on issues that should be more efficient and should help the process.

DR. MAURO: Jim, this is John Mauro. In anticipation of this discussion, I did again carefully review the draft procedures and the report of your working group, and the three elements that

you describe are in my mind very doable. What I mean by that is, as you pointed out, we had a three-phase process. But I do agree that it is appropriate to meld what we called phase one and phase two.

In phase one we originally envisioned a fairly comprehensive plan that would be put forth, but it's clear that not only is it the initial plan by NIOSH it appears not to be necessary, nor is it desirable to attempt to do something like that so early in the process. And what we're actually experiencing is the process of the evaluation of the material is very much a living process so the blending of what we were calling phase one and phase two into a single phase certainly makes sense and our proposed procedures can be readily modified to reflect that. So that's very straightforward.

I also carefully looked at your set of criteria in our work-up, and I think there's a very nice mating between the two, and I think we can reformat, or reconfigure our work, so that there is a seamless relationship between your frame work for review and our set of procedures, so I don't see any difficulties in making that transition.

Finally, a third element, namely morphing our procedures to read more along the lines of the target

is to get to a point where we get the focused reviews. I think that also -- in fact, our procedures do not exclude that, that is, actually have some language in there already, but I think a little bit more along those lines needs to be developed and is certainly very doable, so the three elements that you just described as to actions that may need to be taken to fix our draft procedures are very doable.

DR. MAKHIJANI: Jim, if I might comment. This is Arjun. NIOSH putting up the documents on the O drive and giving us access to the Ames database in this case was very helpful to do this background research, so that was kind of an important element, and you know, kind of being able to go through and develop at least a preliminary impression of where things were with the Ames Evaluation Report that NIOSH put out, even though there wasn't a lot of time, the background work, and having those documents available, downloaded, sorted, and having one or two people here go through it, that was extremely helpful.

DR. MELIUS: Yeah, I think we always have to guard against sort of getting too focused and you know missing something important, so having you know

sort of the familiarity with what is available and what information I think is very helpful.

Mark, do you have any comments?

MR. GRIFFON: No, no, no. I think the path forward sounds appropriate, Jim.

DR. WADE: Jim, this is Lew Wade. In anticipation of the April meeting, I'll work with the contracting officer to look at the contract task particularly as it's currently structured and see that if there is elasticity in it that's fine, if there are things we need to do that's fine, in anticipation of the kind of change you're talking about, but I don't really foresee any difficulty here.

DR. MELIUS: That's all I had on the agenda for this work group meeting. I don't know, Lew, if you were expecting...

DR. WADE: No, but before we close. When this work group is all done, which I guess we're getting close to, I wouldn't mind just spending two minutes, non-substantively, making sure that people are ready, who will participate in the afternoon discussion, if there are documents they need to be aware of or things they need to download, that we do a little bit of that. No substantive discussion of the issues.

But Jim, so when you close, before everybody hangs up, if we could just take one little minute to do that kind of bookkeeping. So if you're done...

DR. MELIUS: We're done, so you have your one minute, Lew.

DR. WADE: Larry or Jim, could you just list the documents that people would be well to have in front of them for this afternoon's discussion.

DR. NETON: This is really only a few documents. One is obviously the SEC Evaluation Report for the Y-12 Petition, and that is I think all working group participants have a hard copy as well as an electronic copy of that document. It is also available on the OCAS web site for those who wish to download or print it out. The other set of documents that have just recently been put out there are some example dose reconstructions that are on the so-called O drive that are, I think there are six examples that we put out there for some discussion this afternoon. Other than those two documents, I mean there are a lot of other Y-12 documents that may come into play, but...

MR. GRIFFON: The only other one I would say, Jim, I just updated the matrix.

DR. NETON: Right.

MR. GRIFFON: So for continuity purposes I think it might be useful to crosswalk that while we're doing the petition review.

DR. NETON: Yeah, Mark put out the updated Y-12 comment resolution matrix yesterday and folks should have that available to work from.

DR. MAKHIJANI: Jim, this is Arjun. I only found one example on the O drive. Am I looking in the -- Oh, I see.

DR. NETON: It's called DR Examples, and there's a sub-directory for each example.

DR. MAKHIJANI: I see it now, sorry.

DR. NETON: It's pretty buried, but it should be in there.

DR. MAKHIJANI: I see it.

DR. NETON: This is sort of a work in progress. I'll have to warn you, there are other examples, you know, to the extent that I can look at them and review them and get them distributed, you know, we may want to talk about them, but at a minimum I think we should be able to go over these six.

DR. WADE: Mark, anything else you want to prepare your work group for?

MR. GRIFFON: No, I think you know if you have a little time now to maybe look at the matrix and the

petition (unintelligible). I think those are the primary documents, so I agree with Jim.

DR. WADE: Okay, so 1:00 p.m. Same time, same station -- Sorry, same time, same number. I was reverting back to my serial days --

DR. MELIUS: One quick question, Lew. You had asked earlier, or you had mentioned earlier, there's going to be a presentation on the Nevada Test Site SEC?

DR. WADE: That is my understanding, correct.

MR. PRESLEY: This is Bob Presley. We have not had anything on that yet. I don't see how we can have a presentation if the working group on the Nevada Test Site hasn't seen it yet.

DR. WADE: Okay. Larry, any comments?

MR. ELLIOTT: The evaluation report for the Nevada Test Site petition, it's an instance where under 82.12 we've identified where we cannot do dose reconstruction, and we have worked with the claimant to process an 83.14 SEC, and that report will be delivered this afternoon.

DR. MELIUS: Okay. This is not, my understanding there was not a petition submitted on the Nevada Test Site.

MR. ELLIOTT: No, there's no petitions. This is

not in reaction to a petition; this is in reaction to our identification of a claim where we cannot do dose reconstruction.

DR. MELIUS: Oh, okay, okay. But I thought I saw some press coverage about a petition being submitted?

MR. ELLIOTT: Yes, you probably saw that from Senator Reid's office.

DR. MELIUS: Yeah.

DR. WADE: That's downstream.

DR. MELIUS: Okay, that's where I was confused on it.

DR. WADE: Okay, I think we're done with this call. Very productive, and thank you all. And Lars, thank you for making the time available, and we'll -- Those of us who are involved in the next working group, that's Mark's, on Y-12, we'll call back in at 1:00 p.m.

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