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

HANFORD

The verbatim transcript of the Working

Group Meeting of the Advisory Board on Radiation and

Worker Health held telephonically on March 6,

2008.

STEVEN RAY GREEN AND ASSOCIATES NATIONALLY CERTIFIED COURT REPORTING 404/733-6070

C O N T E N T S March 6, 2008

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TRANSCRIPT LEGEND

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PROCEEDINGS

1 (1:00 p.m.)

WELCOME AND OPENING COMMENTS

DR. CHRISTINE BRANCHE, DFO

DR. BRANCHE: We're now on the record.

Anything else, Liz?

MS. HOMOKI-TITUS: No, that was it. Thank you.

DR. BRANCHE: Dr. Melius, now it's yours.

PURPOSE OF MEETING

DR. MELIUS: Okay, let me first start off, well, first thank everybody for taking the time to participate either this morning or this afternoon, depending on where you are. And let me just give a little background on this call.

Given the scope of the Hanford site and the scope of the SEC petition for the Hanford site, what we've tried to do is to organize our review of the Hanford site by SC&A, the site profile document as well as the SEC evaluation report in a way that we can be able to evaluate sort of discrete sections of

that report rather than trying to do one large review and then have to, you know, which could take a long time and then would take a long time to try to resolve.

We're trying to look at this as sort of discrete areas within the report and trying to prioritize what we will review so that we can keep the process moving as efficiently as possible. NIOSH is still in the process of collecting records there and developing certain parts of the site profile and those have relevance to the SEC petition, the evaluation of that petition, so we're taking that out.

The area for the SEC petition that we thought was the best place to start was the part of the petition that NIOSH was recommending be added to the SEC class. So we have focused on the thorium and americium issues in the initial report review that SC&A did. And that report has been shared with many people as of December 2007, so their review (sic).

I will add because there were difficulties with access to documents from the

site due to some DOE budgetary problems this is sort of labeled as a draft report because not all the information that they needed or wanted access to could be accessed at this time. We're still working on getting that taken care of. However, to the extent that we can move along with the process and at least get an initial evaluation done and possibly approve part of the SEC petition we thought it would obviously help the claimants involved in this as well as try to move this process along.

So the main purpose of this call today is focusing on that part of the NIOSH/SEC evaluation report and the review by SC&A.

After we've talked about that, we will probably spend a little bit of time talking about some sort of organizational issues like what will be the next steps involved.

So to focus on the thorium and americium issues, like Chris asked is if, Arjun, you could give a brief summary of your review of the SC&A report focusing on that. Then we'll ask NIOSH to sort of respond to that and discuss and see where we stand and

then see what we need to do to be able to move forward on this petition.

So, Arjun.

OVERVIEW

DR. MAKHIJANI: I'd be happy to do that, Dr.
Melius.

The basic area covered by the report focused on the two radionuclides as you mentioned, Thorium-232 and Americium-241. And we focused on that because NIOSH had already identified that they could not do dose reconstruction for those two radionuclides for certain buildings and certain periods. As for thorium, it was up to the end of 1959 and for americium it was up to the end of 1968. And there were certain buildings identified. I won't name them all.

And we focused basically on seeing whether within that period there were other buildings or workers who moved between buildings who were involved in thorium and americium work. And that was the basic purpose of this particular short report.

And we found that there was thorium exposure within the identified period by NIOSH

in buildings other than those that were identified. Specifically, there were buildings in the 300 Area that were not within the NIOSH identified buildings where thorium work seemed to have gone on. There were also areas of dumping, waste areas and so on, where workers may have been exposed.

And there was also the question of

And there was also the question of within a particular area workers seemed to be able to move between buildings and those workers did not have to log in and log out of those buildings every time they went in and out. So there was a question of roving workers and how they might be identified and how the exposure potential to thorium might be defined by the buildings named by NIOSH.

And we did a number of interviews including with the petitioners and any workers, Kathy and I did, and we found the same in the 200 Area for americium. And we identified -- you have the report, and there are tables both for thorium and for americium where exposure potential beyond the areas listed by NIOSH was identified.

In the case of americium we also

identified exposure potential in Building 325. And we also had some discussion in the report about the tank farms and exposure potential at the tank farms. So broadly -- and so sorry, and the last point is that there may have been thorium exposure in parts of the 100 and 200 Areas, but we haven't nailed down all the findings definitively because, as you mentioned, we have had some difficulties in accessing the documents we wanted. But for the 200 Area for americium and the 300 Area for thorium we did find that exposure potential was beyond the buildings identified by NIOSH.

DR. MELIUS: Anything else, Arjun, or -DR. MAKHIJANI: Well, I guess I didn't say
what the relevance of this is. The relevance
basically is since NIOSH has said that they
don't have the data to do the internal dose
reconstruction for these two radionuclides for
the specified period, the main sort of
immediate question that you and NIOSH and SC&A
had agreed on for an initial focus in order to
move matters along was to see what the NIOSH,
how well the NIOSH description actually fit

the exposure potential so far as our review

went. And that was the purpose of it, and

that report was presented to the working group

and NIOSH some time back for their own review.

DR. MELIUS: Thanks, Arjun.

Sam, do you want to comment? Or I'm not sure who, I believe it's you speaking on behalf of NIOSH?

NIOSH UPDATE

DR. GLOVER: Yes. This is Sam Glover.

Yes, Jim, Dr. Melius, NIOSH reviewed SC&A's report, and also as you mentioned, access to some data has taken some time, thorium and americium. We conducted additional research and in looking at how the class would be administered and with the additional research we've done regarding employees, NIOSH has agreed or we put forth that we would revise the ER report in time for the next Advisory Board meeting in support of the following change to the class definition.

That change would be -- let me read the original class definition and then you can hear what the revision would be. The previous definition was for internal thorium

radiological exposures for September 1, 1946 through December 31st, 1959, in the following facilities: the 300 Area including the metal fabrication building, 313; the reactor fuel manufacturing pilot plant, 306; 300 Area maintenance shop, 3722; and the radiochemistry laboratory, 3706. Or, for number two, internal americium exposures from January 1 of 1949 through December 31st, 1968, in the 231Z, 242Z and the plutonium finishing plant, the 234, 5Z plant.

We recommend proposing the change class to be the following: from September 1 of 1946 through December 31st, 1961 in the 300 Area or January 1, 1949 through December 31st, 1968, in the 200 Area. So it greatly simplifies the administration based on what we find in the files and how the class will actually be administered.

DR. ZIEMER: This is Ziemer. Can I ask a question, Sam? Could you relate that now to the remarks that Arjun made? It sounds like what you're covering is all inclusive of the areas that Arjun described. Am I understanding that correctly?

1 DR. GLOVER: That's correct. The class 2 definition extends, we recommend that we 3 extend it for two additional years beyond what 4 our original discussion had with thorium where we went through '59 before, and now we're 5 saying through '61 based on the bioassay data 6 7 that we've observed. And that is the 300 Area 8 and for the 200 Area for the americium 9 exposures. So those would be, I believe, 10 inclusive of what Arjun described. DR. ZIEMER: And, Arjun, you also had some 11 12 additional areas in the 100 Area also in the 13 thorium. Is that correct? 14 DR. MAKHIJANI: Well, Dr. Ziemer, it wasn't 15 quite clear what the exposure potential was in 16 the 100 Area. I mean, there were reactors 17 that were using thorium slugs, but information 18 19 DR. ZIEMER: But possibly not internal 20 exposure then. 21 DR. MAKHIJANI: Yeah, since we didn't kind 22 of conclude one way or another since there 23 were slug failures in numbers of them, and we 24 don't know what the exposure potential might 25 have been during the slug failures.

1 these are areas that we had some difficulty 2 investigating in terms of not being able to 3 fully research the documents. 4 DR. ZIEMER: Is that still an open question? 5 DR. MAKHIJANI: Yeah, I believe it would be, 6 but it wouldn't interfere with what NIOSH is 7 saying because workers actually, so far as we 8 could determine --9 -- Kathy, correct me if you have a 10 different kind of summary of all our 11 interviews --12 -- because when they went from the 300 13 Area, say, to the 100 Areas, and they were 14 assigned originally to the 300 Area, they 15 actually had to log in. They had to get 16 permission. There was a whole procedure, and 17 there's a paper trail generally associated 18 with that. So so long as the definition is 19 being extended to the 300 Area where the 20 primary thorium work took place, I think it wouldn't interfere with the later 21 consideration of other issues in other areas. 22 23 DR. ZIEMER: Thank you. 24 DR. MELIUS: Anybody else on the working 25 group have questions or comments?

1 (no response) 2 DR. MELIUS: Okay. 3 DR. ZIEMER: So the bottom line is now that 4 both NIOSH and SC&A are in agreement on the 5 extent both in time and in areas where the 6 thorium and the americium exposures occurred. 7 Is that correct? 8 MS. DeMERS: This is Kathy DeMers, for the 9 designated time period. 10 DR. ZIEMER: Yes. 11 DR. MAKHIJANI: Yeah, I mean, that is a 12 caveat. This paper is limited to those timeframes. 13 14 Thank you. DR. ZIEMER: 15 DR. MELIUS: So the next steps would be is 16 that NIOSH would be able to, would revise 17 their, I guess you would amend your SEC 18 evaluation report to include the new 19 definition and the justification for that. 20 And do you think you can get that done prior 21 to our April Board meeting? 22 DR. GLOVER: It is our intent to get you a 23 revised ER report prior to the Board meeting, 24 you know, in time that you guys can take 25 action.

DR. MELIUS: Yeah, because I think what we would be able to do is, if we had that on the agenda for the April Board meeting which is the sixth, seventh and eighth, something like that, in early April.

DR. BRANCHE: It's April 7th, 8th and 9th, and I have the SEC petition status update for Hanford for the afternoon of April 8th, but that's tentative.

DR. MELIUS: Okay. Good, well then we'd be able to take action then on this. And then also obviously give time for everybody to review the language and so forth.

ACTION ITEMS

Rosemary White (ph), do you have any comments or questions?

MS. WHITE: Thank you. Yes, I do have a concern, and that is for at the July meeting in Richland, Washington, NIOSH discussed creating a supplement for the first part of the set, and that never happened. So I would like to know, I think that a lot of this could have been avoided had they followed through on their word that they were going to do a supplement and expand the areas, include all

of the areas and not list the individual buildings. That was discussed at the July meeting, and I think that should have happened.

I'm also concerned that this has the, NIOSH accepted the report for evaluation, the petition for evaluation in December of 2006. And here we are in 2008, and it's still not complete. And there are still obstacles. There are still many obstacles. There are still access obstacles. These need to be resolved.

DR. MELIUS: One of the obstacles though has been access to data from the site, and we'll discuss that in a moment.

Is everybody in the working group comfortable with this approach or...

DR. ZIEMER: It appears to me that it's a practical approach given the circumstances.

DR. MELIUS: I think the thought was, you know, again, given some of the circumstances here, given the delays, the most important thing and the one we could reach the quickest resolution on, we hoped, was this. The part that was this, the part that I think everybody

was in agreement should be in the special exposure cohort class, and we just sort of resolved, refined that and resolved how to best implement that.

So I think that's good, and then we can move on to some of the other issues that have to be dealt with. Though again, that may take some more time, and I don't think it's something we'll have to wrestle with also. I don't think the work group needs to take action, official action, here with this. I think we'll review the language and then deal with it at the Board meeting coming up unless anybody feels otherwise.

MR. CLAWSON: Jim, this is Brad Clawson speaking. I have no problem that we're going forth with it in this way. I just wanted to make sure that there still are several outstanding issues that we need to take care of. But with time restraints and so forth we need to keep pressing forward.

DR. MELIUS: Okay. Thanks Sam and the people, Stu and the others at NIOSH, Larry, for working with us to get this issue resolved in the way that it has been.

URANIUM INTAKE ISSUES

I'd like to move on to sort of what we think is the next issue that we need to discuss. I think within the past three weeks, couple weeks, SC&A has produced a sort of a second chapter -- I don't know what to call it -- the second report in their review of the SEC issues that have to do with uranium intake issues. And I think what we would be asking is that for NIOSH to review that report and then I'm not going to ask you to necessarily commit now, but if you can sort of give it to us at some point soon a timeframe for that, then we would schedule another conference call to discuss that report.

DR. GLOVER: Dr. Melius, are you talking about the uranium report that was recently released, correct?

DR. MELIUS: You've just, I think just received it as of February 14th, but I'm not sure exactly when it was transmitted. It was probably after that at some point.

DR. GLOVER: As far as the value in it and getting access to the references and doing so we agreed to work on the americium and

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thorium. I don't know if you want to, I notice in the recently released not publicly released matrix there's still some open areas on the americium and thorium.

One of the reasons I bring this up is that we have been working with DOE to get key word searches done for americium and thorium and the next issue would be uranium. So we need to work with them to, they have been very, their budget issues have been very difficult and so we certainly will, we'll take a look at those, but we may have to take that into account.

DR. MELIUS: Well then, I guess I was going to do that, talk about that next and --

DR. MAKHIJANI: Dr. Melius, before you do
that could I make a clarification --

DR. MELIUS: Sure.

DR. MAKHIJANI: -- about Sam's last remark?
This is Arjun. The matrix just went out, but
the matrix was produced in parallel with these
two reports. And one of the things I think I
would propose, Dr. Melius, is that we go back
and re-label the items that have been resolved
by this NIOSH proposal so that there's no

misunderstanding about what's in the past and what remains to be addressed.

Because I think many of the issues in the matrix have to deal with some of the areas that have been covered today if I remember correctly. And so we can label them as resolved and maybe issue a revised matrix in the next week or two. That might clear up most of, or at least some of what Sam is referring to.

DR. MELIUS: Okay.

DR. ZIEMER: And that would also help us identify what is left in terms of gaps on thorium and americium. I think we want to, we do want to close those gaps and not leave them there and move on to the uranium without making sure we've closed the gaps on the thorium and the americium as well.

DR. MELIUS: I think the other, I guess my caveat on that is that we need to see about the access issue and whether we will have access to the, you know, which one will we have adequate access both for NIOSH and SC&A to be able to address.

DR. ZIEMER: We'll have to go with what's

available obviously, right.

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DR. MELIUS: Exactly, and I think maybe this -- Sam, correct me if I'm wrong, but the way I'm thinking about it would be to look at both those issues. Let's sort of figure out priorities for access. Where are the different ^ responses for ^ stands. I don't know if NIOSH has had a chance to see, look at the uranium report from a perspective of in order to respond to what SC&A's concerns. they need to access additional records or not or is it more efficient to go back and try to finish up on the americium and thorium issues in terms of extent and timeframe and so forth. And I don't know if you can answer that now, Sam, or think about it or what.

DR. GLOVER: I think we will have to evaluate the report. It certainly has been looked at. We haven't formulated an appropriate plan on how to. I think part of what we want to do today is prioritize. Certainly, we could talk about how to finish up the thorium and americium since we have some active things dealing with that. And what is it going to take to get the uranium

done.

MR. ELLIOTT: Dr. Melius, this is Larry
Elliott. I'd like to make a comment on a very
general, broad context here that goes to what
you were just speaking about, our coordination
of data requests in front of DOE.

And just so everyone knows, we are working with the Department of Energy and with SC&A to coordinate and prioritize our requests for information. And so we certainly, you know, this working group discussion will help I think inform better how to prioritize and structure the requests that we need to make. And so I just want that out there so everyone knows that this is going on with us, SC&A and the Department of Energy.

Also, I'd say that I think everybody needs to understand that as we understand it, the Department of Energy is not cutting funds, but they, in this fiscal year, they were not provided enough funds to accommodate all of the requests for information that we have placed before them. And so they're running out of those funds that were allocated. I know that they're trying to do what they can

to see if they can replenish that or better, through efficiency measures, utilize the funds they have.

I don't know if anyone's on from DOE or not, but I just felt that that needed to be heard by those who are attending this work group discussion.

DR. MELIUS: Larry, if I can ask a question, and I don't know if you can answer, but somehow I had the impression that it was a fiscal year 2008 issue, and that once the budget got passed for 2008, which is just took place before the first of the year, that they would be able to sort of resolve the resource issue and that things would start moving along. And I guess I'm a little concerned that it doesn't appear to be resolving or maybe it's just taking more time than we had heard and figure out how to resolve it and how to allocate for this year.

MR. ELLIOTT: Well, I, too, thought like you that it was a continuing resolution issue and as soon as their fiscal year funds were appropriated, then they could start infusing the money in the proper way to the right

1 2 3 4 5 6 7 8 9 what's really going on. 10 DR. MELIUS: We requested that they have 11 12 MR. ELLIOTT: Yes. 13 14 15 16 17 18 19 20 21 22 address. 23 MR. ELLIOTT: 24 25

folks. But now I learn that it's evidently not that. I'm sorry DOE has not got a representative on the call today. I asked for them to participate in this discussion this morning, and unfortunately, they're not here. But, you know, I think it is important that we all correctly understand this, and I think only DOE can give us the proper insight to

somebody at the April meeting of the Board?

DR. MELIUS: Okay, because I think that would be helpful to the extent that it can't, unless it's resolved by then, but it sounds like it's going to take some time. And at least so we have, you know, on public record that, what's going on and what the implications of it is for dealing with this site as well as other sites that the Board has to address and that NIOSH is trying to

Absolutely, and right now we are faced with this situation at Hanford and we also are seeing it at Nevada Test Site. I

1 want claimants to understand though that the 2 priority data information request that we 3 have, the top priority, is for any claim-4 related information that we request of DOE. 5 And as far as I can discern or tell, those 6 types of requests are still being processed 7 even in Hanford, even at Nevada Test Site. 8 It's the kind of request that we have put 9 before them in large and broad depth here 10 about site profile and SEC evaluation pieces 11 that they hadn't evidently accounted for or 12 anticipated in their budgeting process. 13 DR. MELIUS: Those also do affect claims. 14 MR. ELLIOTT: Absolutely. 15 DR. MELIUS: It may not directly, but --16 MR. ELLIOTT: They do affect claims, yes. 17 DR. MELIUS: Okay, well, thanks, Larry, for, 18 appreciate the update. 19 DR. MAKHIJANI: And then, Dr. Melius, may I 20 ask a question? 21 DR. MELIUS: Sure. Go ahead, Arjun. 22 DR. MAKHIJANI: In regard to the outstanding 23 thorium issues versus the uranium issues and 24 the priorities might it be helpful to have a 25 technical working call especially in view of

1 the document restrictions? I'm, personally, I 2 haven't been personally reviewing the 3 documents with NIOSH. Kathy's been doing 4 I think it might be useful to have a that. 5 technical call if Sam agrees, and then report to you and sort out whether we should go after 6 7 the thorium remaining issues and the uranium 8 first and give Sam a little bit more time also 9 to address that question. 10 DR. MELIUS: I think that's a good idea, and 11 such a good idea I'm going to tell you that I 12 was just thinking of suggesting the same. DR. MAKHIJANI: Sorry to jump the gun on 13 14 you. 15 DR. MELIUS: No, no, it's fine. I think 16 that's probably the best and not to resolve it 17 here on the phone today and understand that 18 we'll be able to report back certainly 19 possibly at the April meeting about where we 20 stand and have a new schedule and so forth. 21 So is that agreeable to the other 22 members of the working group? 23 DR. ZIEMER: Yes. Yes, I agree. That would 24 be probably a wise step. 25 MR. CLAWSON: That sounds good to me, Jim.

1	MR. SCHOFIELD: Jim, I've just got one quick
2	question. Before we have that technical call,
3	this is actually probably a question for
4	Larry, if there's going to be any chance
5	they're going to have any more data on the
6	internal exposures and bioassays for the
7	americium and thorium?
8	MR. ELLIOTT: Sam or some of the technical
9	support folks are going to have to answer
10	that. I don't have that answer, Phil.
11	MR. SCHOFIELD: Okay, thanks.
12	MR. ELLIOTT: Sam, I don't know. Do you
13	have an answer?
14	MR. HINNEFELD: This is Stu. I don't think
15	Sam quite heard the question. But, Phil, as I
16	understand your question, you were asking with
17	the additional data captures that are being
18	pursued, is there any chance they would find
19	additional monitoring data related to internal
20	exposures to thorium and americium that might
21	affect what we're doing today?
22	MR. SCHOFIELD: Correct.
23	MR. HINNEFELD: Is that your question?
24	MR. SCHOFIELD: That is correct.
25	MR. HINNEFELD: My understanding, and Sam

1	I'm sure will correct me if I'm wrong, is that
2	we don't anticipate finding additional
3	bioassay or bioassay for thorium or americium
4	that would affect what we're doing today.
5	This is more, I think the research is more
6	extent of use and extent of potential exposure
7	and potential exposures associated with those
8	uses outside the 200 Area or the 300 Area
9	depending on which radionuclide you're talking
10	about. Those are the kinds of things we have
11	to research, not so much the expectation we're
12	going to see any more bioassay data for these
13	two radionuclides.
14	MR. SCHOFIELD: Okay, I was just hoping I
15	could narrow down a little bit by
16	MR. HINNEFELD: We didn't hear that last
17	comment. There was some static.
18	DR. MELIUS: I think it was a background to
19	discussion.
20	DR. GLOVER: That is correct. What Stu
21	said, that is correct.
22	DR. BRANCHE: There was another speaker
23	trying to speak.
24	MS. DeMERS: This is Kathy DeMers, and I've
25	got a question. I'm running into problems

1 getting data released that I've already copied 2 because of the official use only issue that 3 apparently hasn't been resolved to Hanford's 4 satisfaction. 5 Larry, do you know anything about the 6 progress they're making on that? 7 MR. ELLIOTT: I know that there was a 8 discussion today about OUO. Have not had a 9 discussion back to DOE yet; it's just been our 10 side discussing the issue. But we're close to 11 being ready to go back to DOE and pose some 12 arguments about this. 13 MS. DeMERS: Okay. 14 MR. ELLIOTT: I'll keep you posted. 15 MS. DeMERS: Thanks. 16 DR. MELIUS: For those of us on the phone 17 who aren't always up to date on that jargon 18 could someone explain it? 19 MR. ELLIOTT: OUO is official use only, and 20 it goes in -- well, there's no, it's labeled 21 and is attached to certain documentation that 22 some people would consider to be business 23 confidential. Others might look at it and say 24 I don't understand how it could be business 25 confidential, but that's what it's used for.

1 DR. MELIUS: Okay, that's helpful. 2 MR. ELLIOTT: And so when we see these pages 3 stamped OUO, we question whether or not the 4 intent in so designating the document as such 5 is based in a competitive advantage or is it based in someone's interpretation of how the 6 7 document should be used or can be used. 8 DR. MELIUS: Yeah, and I understand. 9 MR. ELLIOTT: Very nebulous, tricky, mucky 10 stuff. 11 DR. MELIUS: Even worse than Privacy. 12 MR. ELLIOTT: Yeah. 13 FUTURE PLANS 14 Then what our plan will be is DR. MELIUS: 15 that NIOSH will do the supplement or whatever, 16 the evaluation report with the new definition 17 and justification for that. That hopefully 18 will be ready before our April, and circulate 19 before our April Board meeting. And we should 20 be able to take action at the April Board 21 meeting on that definition. 22 Meantime Arjun will be talking to Sam 23 and try to resolving these issues, the 24 technical issues, regarding documents and sort

of what, how do we, what next steps to take

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and Arjun will also revise the issues matrix and update that in the context of all that we, discussions that we've had here today. And so I think that before that time is, we'll have an update hopefully a discussion with the Department of Energy at our next Board meeting regarding this, the overall, delays or slowness in releasing records and accessing the records on the site.

Does that correctly capture what we've talked about?

DR. GLOVER: Yes. All right, so right now we have a revised report due to you? We're going to have a technical call, and we can work out a date to be sometime before the upcoming meeting. And then OUO and data access, was it --

DR. MELIUS: The fourth one was Arjun's going to revise the issue matrix. And I will confess that the delay in getting the issue matrix was mine. Arjun had sent it to me some time ago, and in doing all the e-mails trying to schedule this work group call, I sort of was ignoring that e-mail from him. And I didn't notice it until I asked him about it

1 earlier this week. 2 DR. BRANCHE: Jim, this is Christine. 3 just want to make sure there was an additional 4 item that you would like to have DOE speak to 5 this data access issue at the Board meeting in April. Is that right? 6 7 DR. MELIUS: Correct, yes. 8 DR. BRANCHE: We'll see what we can do about 9 that. 10 DR. MELIUS: Okay. I had the impression you 11 had already invited them but --12 DR. BRANCHE: No, they were invited, but we 13 often confer with them about any specific 14 issues. 15 DR. MELIUS: This would be an issue that, 16 you know, Pat Worthington discussed it last 17 Board meeting and we thought it was taken care It doesn't appear to be, and I think they 18 19 need to understand that. 20 DR. BRANCHE: Okay, thank you, Jim. 21 DR. MELIUS: If not, if no more, then that 22 should conclude this work group call. 23 DR. ZIEMER: Very good, thank you. 24 DR. BRANCHE: One second. This is 25 Christine. I just want to make certain that

everyone who, Jim said everything is cool. You have your next items, and we will officially close the call now. Thank you everyone.

DR. MELIUS: Can we just say one thing as clarification for the, certainly for the petitioners that the next, this will be scheduled on the next Board meeting. And there'll be also opportunity for the petitioners to comment at that time. And certainly we will get the supplementary report and so forth will be made available to them and will be posted on the website. So that should be widely available to everybody as will the timing of the call and so forth.

DR. BRANCHE: Jim, this is Christine. I would simply suggest, I would add one slight addendum. The generous time that's made available for petitioners or anyone else to comment on any of the Board's issues would be during the two public comment periods. That will be the afternoon of the first day of the Board meeting on April 7th, and in the evening beginning at 7:30 on the second day which is April 8th. Those are the times that best

1 accommodate comments from the public because 2 we build in the time. I just want to make 3 certain that people understand that that's the 4 time that's most generously accommodating for 5 them. This is Ziemer. Christine, I 6 DR. ZIEMER: 7 do want to point out though that if we do have 8 the petition before us for action, we do need 9 to accommodate the petitioners at that time 10 during the meeting as well. 11 DR. BRANCHE: I agree. I was about to say 12 that we would accept those comments then, but 13 if people wanted to be loquacious, they could 14 do it earlier rather than later. But thank 15 you, Dr. Ziemer, you're absolutely right. 16 All right, then this concludes the 17 call. Thank you very much. MR. CLAWSON: Hey, Jim, this is Brad. 18 19 You're going to get out to the rest of the work group when they have this technical 20 21 discussion. I'd just kind of like to be a 22 part of that and just kind of listen in. 23 DR. MELIUS: We will work something out on 24 that, yes. 25 (Whereupon, the working group meeting

CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that Shane Cox, Certified Court Reporter, reported the above and foregoing on the day of March 6, 2008. I, Steven Ray Green, transcribed said proceedings, and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 1st day of November, 2008.

STEVEN RAY GREEN, CCR, CVR-CM, PNSC

CERTIFIED MERIT COURT REPORTER

CERTIFICATE NUMBER: A-2102